Prime Time Recruitment Limited

Cordant Care - Leeds

Inspection report

Suite 2, 2nd Floor
31-32 Park Row
Leeds
West Yorkshire
LS1 5JD

Tel: 01134573150
Website: www.cordantcare.com

Date of inspection visit:
18 February 2016

Date of publication:
13 April 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an announced inspection carried out on 18 February 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was the first inspection we have carried out at this location.

Cordant Care provides care and support for people with complex health needs who live in their own homes. The service also provides care and support through a live-in service.

At the time of this inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found medicines were mostly managed safely, although one person had been administered two medicines which their medication administration record stated they should not receive at the same time. The epilepsy guidance in one person's care plan needed to be more specific to their needs.

The provider carried out audits which identified where gaps existed in their processes and systems. Some issues highlighted in the action plan required timescales to make this more effective. Medication audits were regularly completed and had identified some gaps in recording.

People and relatives told us the care provided was very good and staff were able to identify the health and support needs of the people they cared for. Staff told us how they protected people's privacy and dignity and the relatives we spoke with confirmed this happened. Relatives told us staff arrived on time and stayed for the full duration of their shift.

The provider worked closely with health professionals to ensure people who required complex care were effectively supported. Health professionals spoke very positively about the care and support delivered by the provider.

People told us they felt safe and we saw there were systems and processes in place to protect people from the risk of harm. Staff knew how to identify abuse and where they should report their concerns to. Recruitment procedures used by the provider were generally well-managed, although gaps in employment history were not always checked.

Risk assessments and assessment of needs were used to create care plans which were detailed and explained how people wanted to receive their care and support. Reviews of services which involved people and their representatives were recorded in care plans.

Staff were satisfied with the induction they received. Staff were up to date with their training programme

and they received specialist training where needed. . Staff received regular contact from the registered manager who had created a schedule of supervision dates for 2016.

Staff were able to describe the Mental Capacity Act (2005) in relation to their role. The registered manager had made further training in this area available to staff which was to be completed by the end of March 2016.

The provider had a robust system for managing complaints and had used this effectively in dealing with a concern we looked at.

People, relatives and staff spoke positively about the registered manager who had a visible presence in the service. We found they were accessible and maintained regular contact with the people they were supporting and staff they managed. Quality audits were taking place and had already identified areas for improvement. Some actions required timescales to be specified.

We found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Medication was generally well managed, although staff had administered two medicines to a person which should not have been given at the same time.

Recruitment practices were mostly found to be safe, although the employment history for one person had not been explored.

People and relatives felt safe using the service. Staff understood safeguarding procedures and were familiar with the 'whistleblowing' policy.

Is the service effective?

Good

The service was effective

The provider worked closely with health professionals to ensure people receiving care and support were effectively supported. Clinical guidance was obtained for complex care packages.

Staff received an appropriate induction and were up to date with their training needs. Specialist training was also provided for staff as required.

Staff were able to describe how the Mental Capacity Act (2005) affected their work with people. The registered manager had made further training in this area available to staff.

Is the service caring?

Good

The service was caring

People and their relatives were happy with the support they received from staff who were familiar with people's care and support needs.

Staff told us ways in which they respected people's privacy and dignity, and relatives we spoke with told us this happened.

Is the service responsive?

Good

The service was responsive

People's assessment of needs and risk assessments were used to create detailed care plans which were focused on providing person-centred care.

People and their relatives received regular reviews which were used to update care plans.

The provider had a robust complaints procedure which had been used effectively to manage a concern we looked at.

Is the service well-led?

Good

The service was well-led

The organisation had a positive culture and was committed to delivering effective care for people.

Relatives and staff spoke positively about the support they received from the registered manager who regularly made contact with them.

Quality audits were taking place and had already identified areas for improvement. Some actions required timescales to be specified.

Cordant Care - Leeds

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector and one inspection manager who visited the provider's premises.

At the time of our inspection there were three people using the service who received personal care. We spoke on the telephone with one person who used the service and two people's relatives. We spoke with two health professionals, five members of staff, the quality manager and the registered manager. We spent time looking at documents and records that related to people's care and the management of the service. We looked at three people's care and support plans.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports. We contacted the local authority and Healthwatch. Healthwatch stated they had no comments or concerns about this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted the local authority who told us they had no reported concerns.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Requires Improvement

Is the service safe?

Our findings

We looked at the medicines administration records (MAR) for three people. One person's MAR showed they had been prescribed Lemsip as a PRN (as and when required) medication. The MAR dated January 2016 contained the specific instruction, 'One to be taken as requested every four hours. Do not give with Paracetamol'. We saw that Lemsip had been given every morning throughout January 2016. We also found paracetamol had been administered on eight dates in January 2016. This meant the person may have been at risk due to the combination of both medicines being given on the same dates.

The MAR for another person showed the dosage of Metformin they had been prescribed was different to the medication records contained in their care plan. We checked two other care plans and found the MAR and the medication record in the care plan both matched.

We looked at the epilepsy guidance for one person and found staff had access to information about different types of seizures people may experience. The guidance was not always specific to the person whose care plan we looked at. For example, the information recorded described action staff should take if 'a tonic-clonic seizure lasts two minutes longer than usual length'. However, the records we looked at did not indicate how long this type of seizure would usually last. A timescale for when staff should contact emergency services was listed elsewhere in the epilepsy guidance, although it was not clear which types of seizures this applied to. The guidance did not indicate whether there were warning signs of an impending seizure.

We concluded this was a breach of Regulation 12(2)(g), Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with a member of staff who was able to identify different types of seizures. They told us, "We time it and depending on the seizure, if it's over five minutes we administer buccal." Buccal midazolam is a medicine used in the treatment of epilepsy. Staff we spoke with and the records we saw confirmed staff responsible for administering this type of medicine had received specialist training.

Relatives we spoke with told us they felt staff were competent in administering medicines. One relative told us, "They work off the MAR sheet and they stick to it." We looked at training records and found staff had received medication training as part of their induction. We saw staff had completed a competency check which tested their knowledge on medication administration. We saw staff scored highly and the quality manager told us staff who scored less than 100% in these assessments were given additional guidance until they achieved this pass mark.

One relative we spoke with told us staff administered prescribed medicines for their family member, although the person self-administered 'over the counter' medicines. This meant the person was being supported to retain their independence in managing their medicines as much as possible.

People who used the service and their relatives told us the safety of the service was good.

We spoke with staff who were able to describe the action they would take if they were concerned about a person being harmed. Staff told us they would report any safeguarding concerns to the registered manager who they were confident would take immediate action. Staff also knew which agencies to contact outside their organisation to report abuse.

Staff told us they had received safeguarding training as part of their induction and the training records we looked at confirmed this. Staff told us they were aware of the provider's whistleblowing policy. 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

The registered manager showed us the provider's safeguarding policy which was up to date and identified how the service would respond to allegations of abuse. They also showed us how they would record safeguarding incidents.

We looked at the recruitment process followed for three staff members and found this was mostly well managed. We saw evidence of identity checks and references being taken, although there was limited employment history on one application form which the provider had not explored. We found the appropriate checks had been carried out with the disclosure barring service (DBS) for each staff member. The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

The care plans we looked at included risk assessments covering areas such as the living environment, equipment, moving and handling, falls, choking, and medication. We saw a choking risk assessment in place dated September 2015 which recorded 'Encourage [name of person] to eat slowly with verbal prompts'. The information gathered from risk assessments was used to develop individual care plans which provided staff with enough information to manage risk effectively.

Staff we spoke with were able to confidently describe the action they would take in response to an emergency. One staff member told us, "I'd phone 999, provide first aid and act quickly." Another staff member said they had recently responded to a person who had fallen in their own home. The staff member checked the person for injuries and called for an ambulance.

The registered manager told us they had provided staff with a rota which covered a full six month period up to June 2016.. One staff member said, "I know exactly what I'm doing." During our inspection the quality manager told us they were planning to introduce a new system for managing rotas. In their provider information return the registered manager stated, 'The implementation of our new system will further improve management reports and ensure succinct and frequent communication with all service users and care workers'.

We asked the registered manager whether they used a specific tool to identify the number of staff needed for each care package. They told us, "It depends on the needs of the client." We saw people had a sufficient number of support workers allocated to them who were familiar with their care and support needs. In the event of regular staff not being available there was adequate cover in place.

Relatives told us staff always arrived on time and stayed the correct length of time. They said they received consistent care workers. One relative said, "They're quite early actually, usually 10 to 15 minutes. They don't go until the hours are finished. If they get held up in traffic they phone me."

The registered manager told us they used an on-call system for handling enquiries outside office hours. This

duty was split between five members of staff, although the registered manager said relatives had their own contact details if they needed to reach them. Staff we spoke with told us they had used the on-call system and confirmed their enquiries had been dealt with promptly and effectively.

Good

Is the service effective?

Our findings

We asked staff about the quality of the induction they received. One staff member told us, "I thought it was great. It was detailed." Another staff member said, "It was very thorough." In addition to receiving an introduction to the service, we found staff received mandatory training in areas including fire awareness, food hygiene, health and safety, first aid, safeguarding, medication and Dementia care. The registered manager told us staff competency was checked at the end of each session and they monitored the system to identify where staff needed additional support.

We saw staff were provided with specialist training where this was necessary in order to provide complex care. This covered areas such as catheter care, epilepsy awareness, and life sustaining interventions. A health professional told us, "I know their training was very comprehensive. Staff voluntarily came into meetings to receive more training for this package."
During our inspection, we found a compliment the provider had received which noted, 'I have found during visits that Cordant staff are very competent'.

We saw the provider had a supervision and appraisal policy which was up-to-date, although this did not identify how often both would take place. The registered manager told us supervision would be provided every three months and staff would also receive an annual appraisal. At the time of our inspection none of the staff team had been in post long enough to need a supervision session. We saw the registered manager had created a schedule of supervisions for 2016. One staff member we spoke with confirmed they had arranged a date with the registered manager for supervision. Another staff member confirmed they received informal support from the registered manager. They said, "I do get regular check-ins with [name of registered manager]. We've had several discussions."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff we spoke with told us they had received information on the MCA as part of their induction. They were able to describe how the MCA affected their work and we found a mental capacity assessment in the care records for one person who did not have capacity. The registered manager said staff had recently been given access to an e-learning course on the MCA and would be expected to complete this by the end of March 2016.

One relative we spoke with said staff supported their family member by giving them choices where they were able to make decisions. They told us, "They don't take over [name of person's] ability of what they can and can't do." Staff we spoke with gave examples of how they gave people choice. For example, asking people what they wanted to eat and wear. One of the care plans we looked at contained information on how to promote independence in areas such as personal care preference and choosing what to wear. For

example, '[Name of person] likes to be asked whether or not they would like to get washed and dressed first or if they would like to have their breakfast first'.

Staff we spoke with were aware of the need to gain a person's consent to care. One staff member said, "I always ask him before we start if he's ready to have a wash." Staff told us if the person they were assisting refused care, they would try again after a short break and would provide encouragement. They recognised the need to discuss anyone continuing to refuse care with the registered manager. One staff member told us, "If it continues, I'd raise that with the office and the family."

Care plans we looked at contained specific information about people's likes and dislikes for food and drink. One care plan stated, 'For meals I enjoy hearty traditional meals, my favourite are a traditional Sunday roast and shepherd pie'. One staff member we spoke with told us they had made a traditional Sunday dinner for this person.

We spoke with a staff member who said, "We always offer [name of person] choices. [name of person] likes sausages and cornish pasties. One person we spoke with told us, "I usually ask 'what's on the menu?' and they make it." Staff told us they took one person out shopping and helped them buy the food and drink the person wanted.

Staff we spoke with knew which people had special dietary requirements. For example, they identified where one person required supplements in their drinks and the measure required. Staff also told us where people were at risk of choking on food and told us how they minimised this risk. A staff member said they completed fluid and balance charts for one person. We looked at the care and support plan for this person and found it contained records of the person's food and fluid intake.

A health professional we spoke with told us, "They really listen to what the health professionals are saying." Another health professional said, "They have highlighted concerns within 24 hours." Care plans contained a list of health professionals involved in people's care for staff to use when needed. The registered manager told us, "If there's a concern, we need to know there and then."

Relatives we spoke with were satisfied staff took action in response to people's health needs. Staff told us they worked with health professionals where needed. One support worker told us they had arranged a GP visit in response to a deterioration in the health of a person they were supporting. They subsequently took the person to hospital and also supported them to a follow up appointment.

Good

Is the service caring?

Our findings

We saw one person's daily notes which showed staff were using different names for the same person. We asked the registered manager what the person preferred to be called. When they responded they also told us calling this person by another name could prompt challenging behaviour. We identified this preference was not recorded in the person's care plan. The registered manager told us they would address this.

People and relatives we spoke with spoke positively about the care and support they received from staff. They told us staff were caring and were confident staff knew the person they were supporting well. We saw a compliment the service had received which said, 'From my observation so far you have a committed team who are very interested in [name of person].

One relative we spoke with told us, "They're fantastic. There's not a lot of people who can work with that kind of complex case." Another relative told us, "They just do it at his pace." One staff member told us, "We give her time. We're not in a rush to make sure she has things at set times."
We spoke with a health professional who said, "I can't praise them enough. They've been excellent." Another health professional commented, "The staff are very caring. They highlight concerns straightaway."

We asked relatives if they were confident staff helped people to maintain their privacy and dignity. One relative told us, "I think that's excellent. They do respect him as a human being"

Staff we spoke with could describe how they protected people's privacy and dignity. For example, one staff member said, "We take on board how [name of person] might be feeling." Staff told us they ensured doors, curtains and blinds were closed before providing assistance with personal care. They told us they would explain to the person what kind of assistance they were going to provide and would cover the person where it was possible. Staff told us how they encouraged people to be as independent as possible with their personal care. Another staff member told us they ensured people had privacy when family were visiting the home.

The care plans we looked at were very person centred and written from the person's perspective. We found they contained lots of information which staff were able to use to deliver effective care. Staff were aware of people's preferences around how they wanted to receive their care and support. Staff we spoke with were able to demonstrate they knew people's likes and dislikes and relatives confirmed they had good relationships with people.

In their PIR the provider told us, 'The approach is always the same, with dignity, respect and compassion, taking into account that the end user's wishes are ultimately the most important part of the service we offer. Care workers are encouraged to communicate in an appropriate manner, at the right pace and with the right tone to ensure that clients feel satisfied that they are getting the respect that they deserve'.

Good

Is the service responsive?

Our findings

We found care plan consent forms were signed by the registered manager, but not always by the person or their relative. We saw this had been already been identified during a recent audit carried out by the quality manager. The registered manager told us they would try to record a signature from the person or their family member at the earliest opportunity. We found one care plan contained some information which was no longer up-to-date and contradicted more recent changes to the care and support provided. The registered manager agreed to look at archiving information which was no longer accurate.

A health professional we spoke with told us, "The care plan has been followed very closely by Cordant Care. It's very detailed and it's had a lot of scrutiny." We saw evidence of the provider working closely with other health professionals which meant they were able to deliver effective care and support for people with complex care needs.

We looked at three care plans and found people received an assessment of needs. This ensured the service was able to meet the needs of people they were planning to support. The information gathered was used to create robust support plans for people using the service. We saw the information contained in care plans was detailed and included personal preferences relating to care and support. One staff member we spoke with told us they had been involved in creating one person's care plan which they felt was an accurate reflection of the person's care and support needs.

We saw sections dedicated to people's goals which were entitled, 'By having your help I want to be able to' as well as, 'The things I would like to achieve are'. We found care plans helped to promote people remaining as independent as possible. One care plan stated, 'I do like to be asked what I would like for my meals, but I'll sometimes ask you to decide for me'.

The registered manager said people and their relatives were invited to attend reviews. They told us the frequency of reviews was dependent on the complexity of the care and support provided which meant they could be held monthly, bi-monthly or quarterly. Each of the care plans we looked at included evidence of a review taking place in January 2016. One staff member told us they had contributed to a person's review. They said, "All our input is important for the future of the care package."

Staff told us they recorded details of the care and support they provided to people in their daily notes. One relative told us, "They're always writing in that file." We saw evidence of daily notes which were detailed and signed by staff.

We asked people and relatives if they knew how to complain if they were dissatisfied with the service they received. One relative told us, "I'd go straight to [name of registered manager]. [Name of registered manager's] the guy that would sort it out straight away." Another relative referred to contacting a named worker in the office if they were dissatisfied. They told us, "I would ring her and talk to her."

We saw the provider had a complaints policy which was up-to-date and described how complaints would be

handled. We looked at the complaints file and saw a concern had been recorded. Whilst the person contacting the service had not raised this as a complaint, the registered manager had carried out an appropriate investigation and took action which included communicating their findings in writing to the person who contacted them with the concern.

Good

Is the service well-led?

Our findings

The quality manager showed us the system they used to record audits they had carried out for this service. We were told audits had taken place in September and December 2015. We saw the quality manager had audited recruitment, staff training and care plans. The audits had been effective in identifying some gaps in the recording for these areas. For example, one staff member had been identified as needing training which we found had subsequently been delivered when we checked the training records. However, we found some concerns highlighted in each audit were not always recorded in the overall action plan. The action plan also had some missing dates which the quality manager acknowledged needed to be added. They told us they would set completion dates with the registered manager and add these to their records.

We saw evidence of the regional nurse assessor carrying out regular audits of the MAR's. One of the MAR's we looked at contained some gaps in recording which had already been identified through the audit.

At the time of our inspection the service had a registered manager in post. They were supported by a complex care coordinator, a regional nurse assessor and other coordinators in the team. The provider information return stated, 'All Senior Managers are actively involved in the business and part of team meetings and workshops leading by example, Senior Managers are all contactable and will liaise directly with service receivers if requested.'

We asked people and their relatives if they were happy with the way the service was run. One person told us, "I am perfectly satisfied. As far as I'm concerned, it's first class. It's very good." One relative told us, "I'm overwhelmed with the service." A health professional told us, "They know each other's roles and responsibilities and manage that well." One staff member said, "They're a really good company. The office staff really do care." Another staff member told us, "I think they're great. They're always easy to talk to. There's always someone to talk to." A third staff member commented, "I feel pretty supported. I think it's a nice team. We've been open with our ideas." We found the organisation had received several compliments, one of which stated 'From my observation so far, you have a committed staff team who are very interested in [name of person].

One relative we spoke with said, "[Name of registered manager] texts or emails if he wants me to ring him. They do contact me" Another relative told us, "He's a lovely man, [name of registered manager]. I've never known anyone as good as that." A health professional told us, "I think it's managed very well by him." We also asked staff about the registered manager. One staff member said, "I think [name of registered manager is very good. He communicates with staff quite frequently." Another staff member told us, "He's very approachable and keeps you in the loop about your packages."

Relatives and staff told us the registered manager regularly visited people in their homes to provide updates and to check satisfaction levels. The registered manager also said they carried out weekly telephone calls to maintain contact with relatives, although these contacts were not formally recorded.

We asked the registered manager for evidence of any staff meetings which had been held. They told us these

meetings had not taken place as staff had not been in post long enough for a meeting to be scheduled.

At the time of our inspection the provider had not carried out satisfaction surveys with people and staff. The registered manager told us they were committed to carrying out an annual survey with people and staff. At the time of our inspection, no one had received a service over a 12 month period. The registered manager said satisfaction levels were discussed at reviews. The registered manager also told us they would introduce announced and unannounced spot checks to observe staff practice every six months.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The proper and safe management of medicines was not being carried out.