

CORMAC Solutions Limited

CORCARE

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

We carried out this announced inspection on the 23 and 25 January 2019. The service was given two days' notice of this inspection so arrangements could be made for people to be contacted by telephone to provide feedback on the service's performance. At the last inspection in June 2016, the service was rated Good in all areas. At this inspection we identified a breach of regulations and found that the service required improvement in relation to our key questions 'Is the service safe' and 'Is the service well led'.

Corcare is a domiciliary care agency. It provides personal care to predominantly older people living in their own homes throughout Cornwall. The service was set up to provide home care support for people living in rural areas not covered by other care agencies. At the time of our inspection the service was providing support to approximately 70 people. The service provides short visits at key times of the day to support people with specific tasks to enable people to continue to live in their own homes.

People told us, "I'd tell anyone they won't go far wrong if they can get on the list for them" and "My daughter has been so pleased that she has recommended the Service to other people in the village on several occasions."

For the last two years the service had been working closely with hospital staff as part of the "Hospital System Response Team" pilot project. This project aimed to improve patient flows through the Royal Cornwall Hospital Trust by facilitating timely discharges to home care services. The close working relationships developed during this project enabled the service to accept packages of care and provide initial care visits based on information provided by hospital staff. This meant people could be discharged earlier and the service was often able to provide initial care visits on the same day they were requested.

This project had been significantly expanded in December 2018 in an attempt to manage expected winter pressures. Corcare was provided with nine additional agency staff each day. This was intended to provide the service with additional capacity to enable more people to be discharged home from hospital. However, this had impacted on the service's overall performance and reliability.

Issues in how people's details and needs were communicated to the new agency staff had significantly increased the risk of information being miss transcribed and un-necessarily increased the risk that planned visits would be missed. Team leaders told us, "A lot of time is used explaining rotas to [agency] staff because they cannot access our system" and "The impact is on the team leaders they have been spending huge amount of time sharing information with [agency staff] who do not know the area. It has caused an awful lot of extra work and frustration from our customers."

The majority of the agency staff used were based outside Cornwall and some were traveling significant distances from "beyond Bristol" to complete 12 hours care shifts. This meant they had very limited knowledge of local geography and that traffic issues on the main roads into the southwest impacted on the timing of people's care visits. During our inspection one agency staff member was over an hour late to their

first visit as a result of travel disruption on route to Cornwall. Agency staff told us, "Mostly I am on time but if something happens on the road you can run late" and, "You sometimes run late where it is a rural area and the postcode does not work. The most difficult bit is just finding the houses in this area."

Since December 2018, three visits had been missed, there had been an increase in the number of visits provided more than 30 minutes late and, people were not being supported by staff they knew well. People told us, "They are late more often than not, especially all the new carers who can't find the house", "I am getting all new carers these days, from Wales and Birmingham and everywhere so they don't know me like the old carers used to" and, "They are always late. I think it's because of all the new carers who are not local and don't know their way around." One person's relative commented, "I am the main carer for [my relative] and I get [my relative] up and on the commode in time for their visit. They are late most days and I am concerned when they are late about [my relative] getting pressure marks while waiting." This meant the service was not providing person centred care and was in breach of the requirements of the regulations.

The service's quality assurance systems were effective had identified this decline in performance and the had been registered manager and team leaders recognised this was a significant issue. Their comments included, "[The agency staff] have to use Sat Nav as they don't know the area and that has led to a lot of late visits", "We have had quite a lot of missed visits" and "I don't think there have been many missed visits but there have been many late visits." At the time of our inspection the registered manager and provider's nominated individual were in the process of developing plans to meet people's ongoing needs at the end of the three month period of agency staff support.

People told us they felt safe while receiving support and that all of their staff were kind and compassionate. All staff had completed safeguarding training and understood their role in protecting people from abuse and avoidable harm. All Accident and incidents had been recorded and investigated to identify any learning and establish how similar events could be avoided in future.

Staff were well trained and sufficiently skilled to meet people needs. However, a number of staff raised issue with the quality on online training provided recently and we have recommended the service seeks advice on how this training could be made more engaging and beneficial.

The service's recruitment practices were safe. All necessary pre-employment checks had been completed to ensure new staff were suitable for employment in the care sector. There were sufficient numbers of staff available to provide all planned care visits.

People's care plans were developed from information provided by professionals combined with feedback from staff following initial care visits. People and their relatives had been involved in both the development and review of care plans and they told us, "We have been through my whole care plan and checked it was accurate." We found people's care plans were detailed, informative and up to date. Staff told us, "The care plans are very good."

Staff and the registered manager had a good understanding of Mental Capacity Act 2005(MCA). Staff told us they always sought permission before providing support and people's care plans included information for staff on how to support people to make decisions about how their care was provided. Daily records showed people were able to decline aspects of planned care and people told us, "The carers are very flexible and can adjust the way they do things for me to meet changes in the way I'm feeling."

The service was led by a registered manager who was based in the service full time. The manager was supported by five team leaders and two administrators whose roles and responsibilities were well defined.

Staff were well motivated and spoke positively of the service's leadership. Their comments included, "You are always made to feel part of the team", "The managers are really switched on" and "I find the [registered manager] really good. Very supportive. She always asks how you are doing, she does not just go through the motions." People, relatives and professionals were also complementary of Corcare's leadership and told us, "The staff in the office are approachable and professional", "They are well managed, professional, friendly and easy to deal with" and, "The service is very well managed."

The service had appropriate systems in place to ensure all complaints were investigated and resolved. Questionnaires were used to directly gather people's feedback on the services performance and we saw responses prior to the introduction of the use of agency staff had been complimentary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not entirely safe. People's needs were not being met at the time of our inspection as care visits were not being provided on time and some planned visits had been missed.

Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

Medicines were managed safely.

There were appropriate systems in place for the assessment and management of risk.

There were sufficient staff available to provide all planned care visits.

Requires Improvement ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service was not entirely well led. Decisions made by the provider's management in relation to data protection issues had impacted on the service's ability to meet people's needs.

The registered manager provided staff with appropriate leadership and the staff team were well motivated.

Quality assurance systems were appropriate had had identified the issues raised in the safe section of this report.

Requires Improvement ●

CORCARE

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 checked 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 23 and 25 January 2019 and was announced two days before in accordance with our current methodology for the inspection of domiciliary care services. The inspection team consisted of one adult social care inspector and two experts by experience who had knowledge and experience of this type of service.

The service was previously inspected on 25 July 2016 when it was found to be good in all areas. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection spoke with 15 people who used the service, eight relatives, eight members of care staff, four team leaders, the registered manager and the provider's nominated individual. We also communicated with three health professionals about the service's performance. In addition, we inspected a range of records. These included five care plans, four staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Is the service safe?

Our findings

In December 2018, the service had begun using significant numbers of agency staff. This was because Corcare had been tasked to accept additional packages of care to facilitate discharges from the Royal Cornwall Hospitals trust with the aim of reducing winter pressures within the hospital. However, the majority of the agency staff used were from outside Cornwall and had very limited knowledge of the county and its challenging geography. On some occasions records showed agency staff were traveling from, "beyond Bristol" to complete 12 hour care shifts in Cornwall. These significant journeys combined with their lack of local knowledge had impacted on the Corcare's performance. Agency staff told us, "Mostly I am on time but if something happens on the road you can run late", "If you are running late [the managers] call me to check what is happening and that I am safe" and, "You sometimes run late where it is a rural area and the postcode does not work. The most difficult bit is just finding the houses in this area."

At the time of our inspection the service was not ensuring people's visits were on time and this meant people's needs were not being met. There had been a noticeable decline in the service's performance since December 2018. This had resulted in three planned visits being missed and an increase in the number of care visits being provided more than 30 minutes late.

People recognised there had been a recent decline in the consistency of visit times. They told us, "They are late more often than not, especially all the new carers who can't find the house", "The timing is the only issue, that is really poor" and "They are always late. I think it's because of all the new carers who are not local and don't know their way around." One person said, "Sometimes, breakfast is given to me so late that lunch follows only an hour or so later" while a relative commented, "I am the main carer for [my relative] and I get [my relative] up and on the commode in time for their visit. They are late most days and I am concerned when they are late about [my relative] getting pressure marks while waiting."

We found the service's visits schedules were well organised and included realistic amounts of travel time between consecutive care visits. Staff told us, "We get enough travel time and "There is travel time on the rotas." In addition, a telephone based call monitoring system was used to enable staff to report their arrival and departure times from each planned visit. This system alerted the manager and team leaders whenever a planned visit was not provided on time.

During our inspection these systems identified that one agency staff member was running over an hour late for their first care visit. Team leaders contacted this staff member to ensure their safety and establish why they were running late. The staff member reported that traffic disruption on route to Cornwall had caused them to be late and that it would be a further 20 minutes before they arrived. In order to minimise the impact of this disruption on people using the service team leader had reallocated subsequent visits to other staff. However, this incident did result in two people receiving late care visits on the day of our inspection.

Prior to December 2018 the services planning and visit monitoring system had worked well and records showed people had normally received their visits on time and for the correct duration. In 2018 no visits had been missed before December and staff told us, "I've not heard of any [missed visits] in years", "I don't think I

have ever missed a visit. It does not happen often" and "There is always enough time for the visits, I have never had to rush". Team leaders said, "We are usually quite good at providing visits at the same time every day."

The registered manager and team leaders recognised there had been a decline in the reliability of the service. Their comments included, "[The agency staff] have to use Sat Nav as they don't know the area and that has led to a lot of late visits", "If the issues are at the weekend it is very difficult. If visit has been missed we try to send somebody so it is late not missed but it takes a lot of time", "We have had quite a lot of missed visits" and, "I don't think there have been many missed visits but there have been many late visits."

The introduction of the use of agency staff had also impacted on the consistency of staff who provided people their support. People's comments included, "I am getting all new carers these days, from Wales and Birmingham and everywhere so they don't know me like the old carers used to", "It's a problem getting new carers because they always have to look in the book at what they have to do or ask lots of questions so that wastes time and they are only here for half an hour" and, "I don't like having all of these different staff because I have a catheter and that's very personal and embarrassing so I feel uncomfortable with strangers." One person's relative said, "We have had a few problems lately as my [relative] has dementia and wouldn't co-operate with the different carers because they are strangers."

These issues with lack of staff consistency, timing of care visits and missed visits meant the service was not always providing safe care and treatment. This is a breach of the requirements of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Everyone we spoke with reported that the service provided safe care and relatives said they had no safety concerns. People told us, "I feel safe as houses with all of them", "I can't cope on my own anymore, even with family help. So without the excellent support from Corcare I would not be able to feel safe living in my own home anymore" and, "They definitely keep me safe because I have a habit of sleeping in, and nobody would have noticed if I had become very unwell. The carers did notice one time, and called an ambulance for me".

All staff understood their role in protecting people from abuse and all forms of discrimination. Staff had completed safeguarding training and told us they would inform their managers of any concerns in relation to people's safety. Records showed the service had made appropriate referral to local authority where concern had been identified in relation to people safety and/or wellbeing.

Risks in relation to the person's care need and the environment of their home were assessed as part of the care plan development the process. Where significant risks were identified staff were given guidance on the actions they must take to protect both the person and themselves from those risks. Where people's medical condition meant their skin integrity was at risk staff monitored these issues closely and made appropriate referrals to health professionals when necessary. People told us, "I have diabetes and they check my skin every day, I haven't had a single problem since I have been getting [the carers]" and, "They check my skin thoroughly for sores and red marks and put cream on every day so I am comfy".

Any accidents, incidents or near misses that occurred were recorded and reported to the service's manager. Records showed these events had been fully investigated to identify if any changes could be made to improve safety and prevent similar events from occurring again.

System were in place to ensure people's care needs were met during periods of emergency and travel disruption. The priority of each person's care visits had been categorised as part of the assessment process

taking into account their individual needs and available informal support networks. This information was readily available to on-call staff and had been used to effectively to prioritise care visits during periods of travel disruption caused by snow.

The service operated safe and robust recruitment procedures. All necessary checks had been completed to ensure new staff were suitable for employment in the care sector. This included Disclosure and barring service checks. There were sufficient numbers of staff available to meet people's needs and the service was actively recruiting at the time of our inspection. Managers told us, "We aim to grow the service but have been unable to due to availability of staff."

There were appropriate systems in place to support people to manage their medicines safely. Staff had completed medicines training and people's care plans included guidance on the level of support people needed with their medicines. Most people told us they managed their own medicines but said staff always offered to provided support. People's comments included, "I have my medicines in a blister pack and can administer them myself, but the carers always check by asking me if I've taken them each morning" and staff told us, "A lot of people self-medicate. It is all on the MAR (Medicines administration record) sheet and the care plan what we have to do". Any support staff provided was detailed appropriately in the person's daily care records.

All staff had completed infection control training and supplies of Personal Protective Equipment including disposable gloves and aprons was readily available from the service's office. People told us their staff consistently used this equipment and their comments included, "I've never had anyone who doesn't use gloves and aprons when they help me wash or use the toilet".

Is the service effective?

Our findings

The service worked collaboratively with hospital based health professionals as part of a project to improve discharge processes. This partnership enabled the service to accept new packages of care based on assessments completed by hospital staff and meant the service was then able to provide initial care visits on the same day they were requested. Care visits were initially provided by experienced staff who completed all necessary risk assessments and the person's full care plan was developed within the first week of support.

All new staff completed training and a period of shadowing experienced staff before they were permitted to provide care independently. People told us new staff initially observed experienced staff providing care and staff said, "I was shadowing for three or four weeks." Staff new to the care sector were supported to complete the care certificate. This nationally recognised training programme is designed to provide new staff with an understanding of current good practice.

Staff were knowledgeable and sufficiently skilled to meet people's support needs. Records showed all staff had completed regular training updates and there were systems in place to ensure staff completed all necessary training. People said their staff knew how to meet their needs and commented, "They use a stand-aid to help me and they all seem to be well trained at using it." Staff told us, "I am up to date on all my training" while agency staff commented, "I have had some double runs and the permanent staff are very, very good. It is like utopia."

Professionals told us, "[The carers] are very professional and knowledgeable" and, "The carers are well trained and responsive and act in a professional manner."

A number of staff reported that the current e-learning training was less useful than the training they had previously received. Their comments included, "We are pretty fed up of e-learning it is of little value", "Training is mainly via e-learning. It is pretty boring but needs to be done" and, "The training used to be a lot better; we do a lot of e-learning now."

We recommend the provider seeks guidance from suitably experienced external experts on how staff training could be made more engaging and beneficial.

Staff told us they felt well supported. There were systems in place to ensure staff received regular supervision and each team leader was responsible for supporting a small staff team. Staff told us, "I get supervision all the time, once a month I think", "Supervision, that is done regularly. They are exceedingly strict about supervision" and, "We get supervision every month; they come and observe a visit and then have an office based meeting about a week later."

The service used technology appropriately to ensure people's care needs were met. Staff had been provided with mobile smart phones and a digital care planning and call monitoring system was used to ensure all planned visits were provided. This system alerted team leaders when care visits were not provided on time. During our inspection we saw team leaders contacting staff to find out why they were running late and where necessary reallocating individual care visit to minimise the impact on people when staff were running

late.

People's care plans included details of their dietary needs and preferences. This included guidance on how people preferred their drinks to be served and information on how their medical condition could impact on the nutritional needs. People said they were happy with the support they received with meals and told us staff always offered to make them a hot drink at the end of each care visit.

People told us staff had supported them to arrange health care appointments and their comments included, "[The staff] help with arranging the District Nurse, letting them know when I need them to come out" and "The staff don't exactly liaise with other health professionals for me, but they will notice things and say to me 'you must get the nurse to look at that soon'. Then they will give me the number or call the GP surgery if I ask". Professionals told us the service made appropriate and timely requests for support and shared information effectively.

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. The registered manager and team leaders had a good understanding of this legislation. Where people lacked the capacity to make specific decision the service had consistently acted in the person's best interest. Records of best interest decision making showed people's relatives and health professionals had been appropriately involved in these decision-making processes.

People said staff always asked for permission before providing support and their comments included, "I make all the decisions myself and the staff consult me or talk to me about any changes that they think might be needed" and said staff respected their decisions. Daily care records showed people were able to decline planned support. Staff described techniques they used to support people to make choices and decision during care visits. They told us, "People definitely make their own choices", "It is perfectly fine for someone not to have a wash if they don't want one. If it has been a while you try to encourage them" and, "We can't make people do anything they don't want to do."

Is the service caring?

Our findings

People and their relatives consistently reported that Corcare staff provided compassionate and caring support. They told us, "We have been using Corcare for just over a year and couldn't live without them now, it's hard to accept help but the carers are so kind and helpful, it has been a Godsend" and, "With regards to their general care, I can't fault it. At one time my shower was broken, so once a week they brought hot water from downstairs in pans and kettles to wash me and keep me safe from that point of view".

Care plans included information about people's back ground, life history and interests. This was provided to help staff develop a rapport with people during initial care visits, to understand how a person's back ground might impact on their current needs and to help staff identify topics of conversation the person may enjoy.

People told us they enjoyed their care visits and got on well with their support staff who had a good understanding of their individual preferences and sense of humour. People's comments included, "They listen to me and treat me as a person. We have a laugh, it's like friends coming around", "They are a lovely bunch of staff", "I couldn't ask for better staff; they are friendly, polite, professional, and nothing is too much trouble" and, "The staff are all caring and likeable people. They go out of their way for me." Relatives were also complimentary of the staff team's approach and commitment. They told us, "They make [my relative's] day when they come. He has a big smile on his face when they are here", "Every one of the staff are lovely" and, "It's a hard job, really thankless, but the staff come every day and seem like they are happy to be there."

Staff were provided with individualised guidance on how to communicate and share information with people. This included details on how to present information and choices to enable people to make meaningful decisions about how their care was delivered. People told us staff always asked permission before providing help and staff said, "I always treat people as I would want to be treated" and, "It's very much led by the person I ask them what they want me to do."

Daily care records showed people were able to decline aspects of their planned care and that staff respected these decisions. One person said, "The carers are very flexible and can adjust the way they do things for me to meet changes in the way I'm feeling, such as leaving me in bed later or getting me a different drink if I don't fancy my usual brew". Staff told us they always respected people's choice and commented, "It is perfectly fine for someone not to have a wash if they don't want one. If it has been a while you try to encourage them" and, "We can't make people do anything they don't want to do." Where support was repeatedly declined staff provided gentle encouragement and worked with the person to ensure these refusals did not adversely impact on their wellbeing. A health care professional told us, "I have had a particularly complex case, which called for very high levels of empathy and discretion and they have been excellent at engaging with this reluctant client to prevent a crisis situation."

People and their relatives told us staff always respected people's privacy and dignity. Their comments included, "[The carer] stands outside the closed shower room door while I wash and change, so that they would be there if I needed help or if I fell but I can do what I need to do in private" and, "When they are

helping [my relative] bathe, they are really sensitive, gentle and keep her covered up. They always make sure it's dignified."

Everyone told us their staff were discreet and refrained from discussing any details of other people they might be supporting. One person said, "I live in the village and so does my long-term friend. We ask the carers about how is each other is going, but they won't tell". We found the service had appropriate systems in place for the storage of all confidential personal information in accordance with current data protection guidelines.

Is the service responsive?

Our findings

Corcare is designed to operate as 'The home care provider of last resort' in Cornwall. This means the service will accept packages of care for people living in remote and difficult to access areas where other services are not immediately available. Once people are discharged home from hospital the person's needs were regularly reviewed and care provided until another provider could be commissioned. This is achieved where the service is able to group together a number of support packages in a particular area into a viable run which another provider can then be commissioned to take on. Professionals told us, "Their short-term provision enabled us to discharge patients into areas previously difficult to place due to capacity. This worked and still does really well."

In addition, the service had participated in the "Hospital System Response Team" pilot project. This has developed systems to enable increased numbers of discharges from hospital during periods of significant challenge. As part of this project one of Corecare's team leaders had been based in hospital with discharge staff to improve communication and give health professionals a better understanding of the support this service could provide. This collaboration has allowed the service to meet people's care at home needs quickly based on multi professional assessments. Relatives told us, "They are brilliant. When [my relative] was discharged from hospital late in the evening, I phoned them and they sent a carer out that night to get him into bed."

People's care plans were developed by combining details provided by professionals and commissioners with information gathered by staff during initial care visits. Staff told us, "The first visits are based on an interim plan (from hospital) and the team leaders visit within the first five days to complete the full care plans."

We found people's care plans were detailed and provided staff with sufficient guidance to enable them to meet people's needs. Staff told us, "The care plans are very good" and, "The care plans are pretty easy to read and are nice as they tell you word for word what you need to do on each visit."

Team leaders visited people regularly at home to review and update their care plans. People told us they felt involved in this process and that suggestion and requests they made were acted upon. People's comments included, "They do a quarterly visit and check the book, and ask if I am happy with everything", "We have been through my whole care plan and checked it was accurate" and, "It's really very useful to see the Team Leader regularly". Staff said people's care plans accurately reflected their current needs and that these records were updated promptly when changes were identified. They told us, "The care plans are up to date. Any change, I tell the office and make a note in the update box" and, "I know the team leaders go out to do reviews quite regularly as we quite often see them out when we are doing visits." Where people's support needs reduced following their return home this information was shared with commissioners and where appropriate the number or duration of visits was reduced. These reduced packages of care were then recommissioned with other services wherever possible.

At the end of each visit staff completed detailed records of the care and support they had provided. This

included; staff arrival and departure times and notes on any observed changes in the person's well-being or support needs. These notes were regularly returned to the service's office and audited to ensure the accuracy of the information recorded and that any accidents or incidents had been appropriately reported. These records showed that people had been able to request changes to planned visit times to enable them to participate in events or attend appointments.

People's care plans included information about their communication needs in line with the requirements of the Accessible Information Standard. This standard sets out guidance on approaches that should be used to share information and support the needs of people who have difficulty communicating. Care plans included information for staff on people's preferred methods of communication including details of any equipment or techniques that could be used to share information effectively.

There were appropriate systems in place to ensure any complaints received were addressed and resolved. Information on how to make formal complaints had been provided to everyone who used the service. Most people told us they had not needed to make formal complaints as any minor issues they raised with staff were dealt with. People's comments included, "If there's something that's not right I just need to let one of the carers know. I'm not the sort to complain all the time, but I would do if things were not being sorted out for me" and, "I know the number of the Office and how to contact the Team Leader, and although I don't like to make a fuss I would complain if something really wasn't right".

People's care plans included information on their individual preferences in relation to how support should be provided at the end of their lives. Where people had made decisions to decline specific treatments this was recorded within the person's care plan.

Is the service well-led?

Our findings

The service is provided by CORMAC Solutions Limited a company which is wholly-owned by Cornwall Council. Corcare was set up to address issues in relation to a perceived market failure identified by the Council following the introduction of changes to how care at home services were commissioned. Corcare is referred to as "the home care provider of last resort". It is expected to take on packages of care at home in areas where there is a lack of capacity or in outlying areas where current commissioning practices mean it is not financially viable for other services to provide this support.

For the last two years the service had actively participated in the "Hospital System Response Team" pilot project. This project aims to improve patient flow through the Royal Cornwall Hospital Trust by facilitating timely discharges to care at home services. In December 2018 Corcare had been provided with up to nine additional agency staff each day to enable more people to return home from hospital.

Following the introduction of the use of agency staff, senior managers in CORMAC Solutions Limited had decided that due to data protection issues details of the visits to be made by agency staff should not be shared with them via email or text message. This decision significantly impacted on team leader workloads and increased the risk that planned visits would be missed. This was because information including; people's names, care needs, visits times, addresses and guidance on how to access their properties had to be shared with agency staff via telephone calls. The use of this method of communication significantly increased the likelihood of important information being lost due to transcription errors. Team leaders told us, "A lot of time is used explaining rotas to [agency] staff because they cannot access our system", "It has presented further problems as [the agency staff] are not able to access the rotas. One team leader is having to focus on supporting the agency staff with their rotas" and, "The impact is on the team leaders they have been spending huge amount of time sharing info with [agency staff] who do not know the area. It has caused an awful lot of extra work and frustration from our customers."

We recommend the service seeks guidance from suitably experienced experts on how information relating to care visits could be effectively shared with agency staff scheduled to provide these visits.

The service's leadership had endeavoured to manage this challenging situation. A team leader had been tasked, each day, to focus on supporting agency staff. Where specific risks had been identified additional systems were introduced to help manage these issues.

Team leaders, the registered manager and the provider's nominated individual all recognised that the use of agency staff had impacted on both the service's performance and its reputation. However, they recognised the use of agency staff had enabled people to return home from hospital. This was a significant benefit both to these individuals and the wider system. Staff comments included, "It has reduced pressure in the hospital", "I suppose people are better off as they are at home" and "It is not ideal but it has worked". At the time of our inspection the registered manager and the provider's nominated individual were beginning to develop strategies to ensure people's needs could be met at the end of the planned three-month period of

agency staff usage.

People were complimentary of the service's overall performance and told us, "I'd tell anyone they won't go far wrong if they can get on the list for them" and, "My daughter has been so pleased that she has recommended the Service to other people in the village on several occasions. We can't speak too highly of them. They're wonderful, really".

There was a registered manager employed to manage the service. 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.

The registered manager was based full time in the service's offices and provided appropriate leadership to the staff team. The registered manager was supported by two administrators and five team leaders. Each team leader was responsible for managing and reviewing the care needs of small groups of people and for supporting a team of staff. The roles and responsibilities of the registered manager and individual team leaders were well defined. Staff told us they were well supported and their comments included, "You are always made to feel part of the team", "The team leaders are very helpful", "The managers are really switched on" and "I find the [registered manager] really good. Very supportive. She always asks how you are doing, she does not just go through the motions."

People and their relatives told us the service was well managed and said, "The staff in the office are approachable and professional", "They are well managed, professional, friendly and easy to deal with" and, "I know who to speak to in the office and I feel like they would listen if I had a problem and do something about it." Professionals were also consistently complimentary of the service's leadership. Their comments included, "The service is very well managed" and, "I have always held [The registered manager] in very high esteem, she is not only a good Team Manager, but she has the professionalism to be able to hold a team together."

Staff team meetings were held regularly and were well attended. They provided opportunities for planned changes within the service to be discussed and for staff to share information about changes in people's support needs. Staff told us, "The team meetings are a good way of sharing information."

We found there were appropriate quality assurance systems in place. Call monitoring data was reviewed in real time and these systems had identified that visits had been missed and the increase in the number of late visits. Each of these incidents had been investigated and action had been taken to prevent similar issue from reoccurring. Where issues with staff performance were identified they had been addressed and resolved.

Team leaders had regularly worked alongside care staff to monitor their performance or as part of the quarterly care plans review process. People told us, "I know the Team Leader and we have a good chat about everything whenever they come to my home to see me", "I have seen the Team Leader two times over the three months I've been with them and you won't get much better than that from what I know" and, "Sometimes the Team Leader or a Manager comes to the door with the carer and they come in to assess how the carers are doing".

The service had equality and diversity policies in place and there were procedures available to ensure people and staff were protected from all forms of discrimination. Staff told us, "They really look after you well" and, records showed staff requests for variations in working patterns and other reasonable

adjustments to working practices had been acted upon. Staff valued this support as it had enabled them to continue their employment following changes in their personal circumstances.

Along with regular reviews of their care, annual questionnaires were used to gather feedback on the service's performance directly from people and their relatives. People told us, "I do remember receiving a feedback questionnaire - maybe it was last summer. I think they come around annually and I do feel it's worthwhile completing them because that way things might change if they need to". We reviewed the results of the most recent survey and found people's feedback had been positive and complimentary of the quality of support provided.

People's care records and other personal information was stored securely and confidentially, in line with legal requirements. All required notifications of significant incidents and events had been submitted to the CQC.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not receiving support from consistent staff teams and risks in relation to care visits being late or missed had not been appropriately managed.</p>