

Corinium Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

Corinium Care Limited is a domiciliary care agency that provides live-in care and support to people in their own homes. The agency has been involved in these services for many years. At the time of the inspection the service was providing live-in personal care to more than 180 people. The agency was providing care to people in different locations throughout England. These services were managed by the agency from an office in Nailsworth, Gloucestershire. One field service manager had recently been appointed to manage services for people in a small area in Kent where they lived. There were plans to extend this to the rest of England to provide more support locally for people and staff.

At the last inspection on 30 June and 3 July 2015, the service was rated Good. At this inspection we found the service remained Good.

Quality assurance procedures were used to monitor and improve the service for people and included them in developing their care and support. Feedback from people and their relatives or supporters was used to improve the service when their views were sought annually. Feedback about the handover between staff when there was a change in care worker had been highlighted and addressed. However, monitoring and auditing of systems could be improved to ensure accidents and medicine management records were complete. The service took immediate action to introduce a new checking system. We have made a recommendation with regard to the oversight monitoring of the service to ensure this will be sustained.

People were supported to maintain good health and be involved in decisions about their health. They were provided with individualised care and support. Staff had the knowledge and skills to carry out their roles and their training was updated annually. The live-in care workers knew people well and treated them with dignity and respect. Their changing care needs were monitored and the care plans were updated when required. People were positive about the care they received. One person told us, "The carers are always kind and efficient." One relative commented in our survey, "Corinium has been a revelation. During the course of the last year, my parents, both of whom have dementia and receive 24 hour care, have received care from just four carers from Corinium. Each has been entirely appropriate for my parents' needs. I couldn't recommend them highly enough."

Risks to people's and staff safety were identified, assessed and appropriate action was taken. Staff had completed safeguarding adults training and knew how to keep people safe and report concerns. People's medicines were safely managed. There were thorough recruitment checks completed to help ensure suitable staff were employed to care and support people. People were encouraged to make choices about their care and support and to be as independent as possible. People were protected by staff having regard to the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions.

Regular care manager meeting ensured concerns were discussed and procedures were updated in line with national and local changes in legislation and guidance. Care workers were well trained and supported by

the agency office staff. Changes to their support in the field were planned with the employment of additional field care managers living in the same area. Healthcare professionals supported and monitored people's health when required.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The Service remains Good.

Is the service caring?

Good ●

The service is Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The monitoring of the service with regard to the review of accidents and the auditing of medicine records required improvement to highlight and rectify any inconsistencies in practice. The service took immediate action to introduce a new checking system.

People using the service and staff were happy with the service and felt the agency met their needs.

Corinium Care Limited

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 2014.¹ This was a comprehensive inspection.

This inspection took place on 12, 27 and 30 October 2017 and we spoke to people and their relatives on the telephone. The inspection was announced. We gave the provider 48 hours advance notice of the inspection. We did this to ensure staff would be available to meet us at the agency's office. Inspection site visit activity started on 12 October when an Expert by Experience telephoned people who used the service and their relatives and ended on 30 October after our second visit to the agency office. We visited the office location on 27 and 30 October to see the manager, office staff and to review care records, policies and procedures. The inspection also included telephone calls to care workers on 9 November. The inspection was carried out by one inspector and an Expert by Experience who telephoned people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information sent to us in the provider information return (PIR). 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. Before this inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is legally required to send us. We also had feedback from healthcare professionals.

We spoke with six people using the service and two relatives on the telephone. We had an email response from four relatives and one healthcare professional. We had feedback from CQC questionnaires from 23 people using the service, 10 relatives, 111 staff and two healthcare professionals. We spoke with six care workers on the telephone and one field care manager. During the agency inspection we spoke with a representative of the provider, the registered manager, two care managers and three office staff in charge of administration, bookings and marketing. We reviewed eight care records for people who received personal care including their medicine record and checked records relating to four staff recruitment, three staff training and supervision records. We also looked at various records related to the management of the

service.

Is the service safe?

Our findings

People involved in accidents and incidents were supported to stay safe and action was taken to prevent further injury or harm. Accidents and incidents were recorded in people's care plans and included the action staff had taken. One recent accident record had included a referral to an occupational therapist. The registered manager sent us ten recent examples where the accident record included necessary follow up intervention for example, from an occupational therapist and a district nurse. The provider completed an audit of all accidents in their monthly Key Performance Indicators with information recorded on an electronic system.

Medicines were safely managed. People were supported or prompted to take their medicines and staff applied prescribed creams as directed. One person told us, "They give me my medication and of course they record it I see them do it." A relative told us, "They do record the medication" and "They [care staff] rang me once to ask why her medication had changed and to make sure it was done by the GP." People were encouraged to store their medicines safely. Staff were trained to administer medicines and had annual refresher training. Medicine incidents were recorded and GP's were informed to ensure any corrective action was taken. The homely remedy procedure was updated by the registered manager to ensure safe administration of medicine at all times. One care staff member told us how they would enquire from the pharmacist about the use of a homely remedy purchased and take the person's medicine list with them to ensure safe administration.

People were kept safe by staff trained to recognise signs of potential abuse and who knew what actions to take to safeguard people. There were clear policies and procedures for safeguarding people which included 'whistle blowing'. Whistle blowing is a term used when staff report an allegation of abuse by another staff member. Staff knew who to call for assistance should they need help or advice. All incidents had been recorded and reported as required. Everyone told us they felt safe with their care worker and knew who was going to be with them in advance. One relative told us, "They (staff) tend to be matched to her needs and personality, she has had these ones for three months so you build a rapport and of course that makes us all feel she is safe with them." All staff had completed safeguarding adults training. Contact details of the person's local safeguarding authority, including out of hours, were on people's care plans.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to keep them safe. When two staff were needed to hoist people this was arranged to ensure their safety. People were provided with the information they needed about new staff. One relative told us, "In the two week period we have different ones (care staff) at the moment but we don't mind that. There are no issues, I feel confident that mum is safe with her carers." The agency staff checked that people were satisfied with their new care worker and would arrange a replacement if necessary.

People had individual risk assessments in place and they were reviewed annually or when there were any changes. One person had a risk assessment for medicine as they occasionally refused their medicines. Another person was at risk while being hoisted as their limbs were stiff and needed careful handling. Care manager's visited the person before the service started and completed a risk assessment to identify any

potential hazards for the person and care worker in the home. The PIR told us, "Risks are discussed with clients/representatives and are either removed, or identified on the care plan with advice on how to effectively manage them." One person told us the manager came to see them before the service started and the two hours they spent there was "very impressive" to ensure they received the care they wanted.

The Provider information return (PIR) told us, "Equipment in use is recorded in the care plan, along with service history and contact details of who is responsible for inspecting equipment." This ensured people and staff were protected when equipment had been checked and serviced as required by the manufacturer. There was a health and safety risk assessment of the agency office to include fire safety for both floors used. There was a comprehensive business continuity procedure where adverse conditions for example, information technology failure, severe weather and an infectious disease outbreak had contingency plans identified.

There were thorough recruitment procedures where checks had been completed to help ensure suitable staff were employed to care for and support people. Staff recruited from overseas also had a police check completed in their own country. Most staff were recruited from English speaking countries but they had a telephone interview before they arrived. Care staff completed an induction programme when they started and the manager told us potential staff must pass all elements of the training and competency assessments in their week long induction programme. New staff shadowed experienced staff during the handover period until they were competent. Handover between staff at change over helped with people's continuity of care. The live in staff were contacted weekly by the 'bookings staff' to ensure they were well supported and could share any concerns they had.

Staff were trained in infection control and told us they used personal protective equipment and washed their hands to prevent cross infection.

Is the service effective?

Our findings

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. 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. We checked whether the service was working within the guidance of the MCA. Where necessary people's capacity to consent to receive care and support, for example, personal care, taking their medicines and managing finances had been assessed. Mental capacity assessments had been completed. The registered manager told us people who lack mental capacity to make specific decisions would have a 'best interest' record completed to ensure other people were involved in what was best for the person which protected them and the care staff. We saw an example of a mental capacity assessment record where a person could consent to personal care and medicines but would be unable to manage this alone without care staff prompting them.

Care plans were detailed and the live in care staff knew people very well and how they liked to be supported. People were empowered to make choices and have as much control and independence as possible. The care workers we spoke with had completed Mental Capacity Act training and were aware of people's rights and the need to obtain their consent to personal care and administration of medicines. The registered manager described the process when a person without mental capacity was required to have a 'flu' vaccination. The care worker contacted the care manager and the relatives to ensure a 'best interest' decision was made. The service ensured they had copies of people's Lasting Power of Attorney and knew whom to contact when decisions needed to be made.

Staff received suitable training, support and individual discussions called supervision. Induction training was a week long and care staff were tested to ensure they had reached the required level. There were 19 office staff and we looked at a record of their six monthly individual meetings with their manager. The records identified additional training the staff wanted and how well they had completed their individual roles. Care workers had annual training updates to ensure they had sufficient knowledge to carry out their roles. They completed all mandatory training the provider required which included medicine administration, moving and handling, first aid, health and safety and safeguarding adults. The training record for all staff was updated to show when staff training was due. Other more specific training was also completed, for example dementia care.

Care workers were supported through individual weekly telephone contact from a manager and during people's annual review in their home. The people they were supporting were discussed, any concerns they had and their training needs. Care workers told us they were well supported by the agency office staff. One care worker told us, "They [agency office staff] look after staff." Another care worker told us, "The agency is very supportive, 100%" and "The training is brilliant." People and their relatives told us the care staff were well trained. They said they were well matched with their care worker and chose from the start which care worker would be suitable and were able to try as many as necessary.

People's dietary needs were recorded in their care plan and discussed with them as part of the care planning process. One person had their food cut up to assist with their meals. People living with dementia were monitored and supported to eat to help ensure they maintained their weight and wellbeing. One care worker told us a person was losing weight although they were eating well and they visited the GP to ensure they were well. Care workers took people shopping to choose their meals and usually ate with them. One relative told us, "They [care worker] will cook his meals and they go out shopping together, they know he likes his cakes". Another person's care plan told staff they normally had finger food to help support their ability to hold food.

People were supported to access healthcare services. One relative told us, "They [care worker] know his needs better than I do, they call a doctor if necessary and will inform me and keep me updated." Another relative told us, "The carer will come along to the doctors with us so she understands what is going on. " One healthcare professional told us, "I have found all the staff I have worked with from Corinium Care to be very willing to work with us and use their initiative to contact the team with any concerns. The staff are always courteous to the clients and respectful of the fact they are residing in the clients homes. There is always a manager available within 24 hours to respond to any calls or questions I might wish to discuss and the manager for our area will call to check everything is going well when they have started a new contract with one of our clients, we are also invited to attend the initial assessment visit if appropriate."

Is the service caring?

Our findings

People had positive relationships with staff and they and their relatives told us staff were kind and caring. The live in care workers knew people very well and were able to provide the optimum support and companionship. People were taken on shopping trips and out in the community to visit places and meet their friends. One relative told us, "I have always found the people at Corinium very easy to communicate with and they have provided an excellent service in finding carers who 'fit in'. We have always found the carers themselves to be very sympathetic and understanding to both my late father's and now my aunt's needs." The staff we spoke with were compassionate when they described how they cared for people and used caring language to refer to them by name and tell us what they liked to do. For example one care worker told us how the person leads conversations and they watch DVD films together. Another care worker told us if a person living with dementia seems unhappy with the care they will always stop and try again later.

Staff supported people respectfully and gave them encouragement to be independent. People's lifestyle preferences were recorded and any details of their social and cultural interests. One person had a large garden and gardening was important to them. They liked to go out in the garden as often as possible and watch programmes on the television related to wildlife and gardening. One relative told us about the care workers, "All of them are lovely they are all kind and caring, we've built a rapport" and "Most of the long term carers are like family especially the ones we have at the moment" Another relative told us, "Corinium have been reliable, caring and thoughtful."

One person's care plan told staff the person didn't like to be entertained but enjoyed funny stories about care workers own lives. One relative told us, "They have always sent to us very suitable carers" and they are "kind and very efficient, even helping with the house and garden. They all seem to be good cooks and make the family feel welcome when they go to see my mother but are equally thoughtful and discrete. I can't praise them enough, they listen to our and my mother's needs and act on them."

One person's care plan was written in the first person and explained in detail what was important to them in order to remain relaxed and calm when living with dementia. For example, "Carer needs to engage with me by chatting, reading magazines with me, singing and playing little games with me, otherwise I can become withdrawn and low in mood. I do enjoy music very much and this is always calming to me. I like to sing along to music. A carer who can bring along a musical instrument so that we can enjoy music together would be wonderful." The care plan went on to explain the person's previous occupation and how this had influenced their need for activity and communication. The television programmes they liked to interact with were listed which may help the care workers when a person living with dementia is unable to recall what they like. The person's care plan was very detailed and had been updated many times when accidents and incidents had happened.

People's confidentiality was respected. The provider had a clear policy on confidentiality which staff were made aware of at induction and was included in a staff handbook given to all staff. Staff told us confidentiality was important. One person had a 'Living will' which documented their choices regarding

health care and the information was recorded in the care plan. The Provider Information Return (PIR) informed us that staff were provided with additional support when providing end of life care and may be referred for professional counselling. One relative commented, "Corinium Care was superb. They provided well trained, highly professional and delightful carers. They sorted out any issues as soon as they arose. I have no hesitation in recommending them, and I can't thank them enough for the support and re-assurance they gave my mother in the last years of her life. The PIR also told us, "Our caring approach to clients/representatives and staff is what characterises Corinium Care. We have in the past invited clients to lunch in the office with their carer's and office staff and plan to do this again." One relative told us, "The carers are always kind and efficient." One person told us, "Nearly all my carers have been fine, very few have not been satisfactory, mostly those who have not been carers for very long. Several of my carers have become real friends."

Several relatives in our survey and when we spoke to them made positive comments about the service. For example, "Corinium has been a revelation. During the course of the last year, my parents, both of whom have dementia and receive 24 hour care, have received care from just four carers from Corinium. Each has been entirely appropriate for my parents' needs. I couldn't recommend them highly enough", "Even though my wife can't communicate they [care worker] don't talk over her they chat to her and play little games with her to encourage her to move her fingers, I admire the patience and tolerance they give to my wife" and " Corinium Care is as close to perfection as is possible. From our initial enquiries, the assessment of my mother, the choosing of individual carers, through to the ongoing central office constant monitoring and support, the system has been faultless. The care given by the individual carers has been exemplary. Not only have Mum's practical needs been more than met, her quality of life has been enhanced.

Is the service responsive?

Our findings

The service provided care and support which was personalised and responsive to people's needs. The registered manager or care manager completed an assessment of people's needs before the service started. The information was used to complete the care plan record. People received personalised care and their daily routine records were detailed. Care workers told us what people liked to do and how they took them out and helped them with the personal care they chose. They said some people liked to have a bath and others liked a general wash. The care workers described the meals people liked and the correct consistency in some cases when people were assisted with their meals. One person told us how the care worker helped them, "We do things together, I have a care plan but we decide on a day to day basis what I can and can't do, it works very well."

We looked at several care plans and there was detailed information regarding all aspects of people's care and their preferences. For example one person became more anxious and confused in the evenings and required the care worker to reassure them they were safe and "gently return her to the evening's activities." One care worker described how one person was assisted to use a bath hoist. Daily records had relevant detailed information. For example, the care worker had recorded a person had choked a lot with their tea drink and the district nurse had visited and referred the person to the Speech and Language Therapist. The care workers we spoke to were very knowledgeable about the people they supported and described their care in detail.

The care plans were reviewed annually when a care manager visited the person or sooner when changes occurred. Changes to people's care plans were always updated by the office staff and a new care plan was issued. Care workers kept detailed daily records of people's care and when healthcare professionals visited. One relative told us, "She has a very good care plan which is updated once a year or as her needs change, each carer follows it well" and "Seniors come out once a year, it's important that they do as we live in a rural area. Another relative said, "They [care worker] follow the care plan to the letter" and "The care manager comes out and we talk about everything and update the care plan."

One healthcare professional told us they had always found the staff to be both professional and helpful. They said the care staff worked exceptionally hard and provided exceptional care. They told us the communication with the agency office staff was good and staff responded promptly to telephone calls and emails and were always willing to attend meetings when required. One person told us, "Everything I have ever received from Corinium has been first class, I can assure you I am totally happy with everything" and "They send me a profile of the next carer if I haven't had her before then they will text after a few days to see if I am happy." One staff member told us the handover was very good but sometimes the next care staff member was late. Another care staff told us there was a 24 hour handover so the person living with dementia could get used to the new person. Generally care staff stayed for several weeks or months but had a two hour daily break each day sometimes covered by a relatives or another agency care worker.

People were supported by staff that gave a clear handover when there was a change of staff. One relative told us, "Both of the carers know each other very well and they keep in communication with each other so

they don't really need a handover but if it's someone new for the two week period then they have a long handover and go through the care plan." One healthcare professional had concerns about staff handovers and felt additional time was sometimes required to ensure all relevant information was passed to the new care worker. We discussed handover times with the registered manager and they agreed this can sometimes be limited when another care staff member is waiting for a handover elsewhere. At other times a handover can include a 24 hour period when a person received complex care. One person told us, "The handover is Ok". One relative told us, "I have great admiration for Corinium they fulfil our needs very well and are very supportive to their staff, they keep in contact with them and guide them".

People and their relatives had access to a clear complaints procedure. Any complaints raised were taken seriously, investigated, acted upon and a written response was given to the complainant. We looked at two complaint records where a detailed investigation was clearly recorded and action was taken where staff had additional training. One person told us, "I know them in the office they are very respectful and nice people I've known some of them for years" and "I have no complaints". One relative told us, "In the last year I've had no complaints but I would know who to complain to, I know who does what in the office I know their first names" and "I do feel confident with them I know they are doing a good job, Corinium respond well if I have any queries". People and their relatives told us they could not think of anything Corinium could improve.

Is the service well-led?

Our findings

Quality assurance systems were in place and monitored by the providers monthly Key Performance Indicators from the computerised records which included a list of compliments from people and their relatives. They looked at for example, medicine issues, accidents, pressure ulcers and service failure. Quality assurance systems also included regularly asking people and their families about the service. People and their relatives had completed surveys to check their satisfaction with the service and any comments were acted upon to improve the service. The action points for the 2016 survey had been completed and records showed the agency staff had spoken to people and their relatives individually to address their concerns with for example, short handover times and communication about the new care workers. One person told us, "They all seem very well trained and are very strict on handovers especially if they haven't been before then they have a long handover." CQC sent surveys to people and 23 people responded and they were mainly positive about the service. One person told us, "The care worker has been exceptional. I cannot speak too highly of her and can only hope that her replacement is as good." Another person told us, "I have been impressed with the experience that carers have. They have shown respect and care for my dignity. Food is prepared to tempt me."

However; accidents and incidents records that had been sent to the agency office to be checked by a care manager did not show when and if the care manager had checked the record and whether any reflective practice had highlighted possible preventative measures. We discussed this with the registered manager and they agreed to ensure care managers would date when they had reviewed the record and add any necessary additional information relayed to the care worker to prevent similar incidents and ensure records were available to aid the provider's oversight of any trends or analysis. People's medicine administration records we looked at were not always correctly completed when a separate line for each medicine had not been used and staff signatures were incomplete. Regular audits of the medicine charts when they were returned to the agency office would have highlighted any inconsistencies so that these could be rectified and staff practice improved. The registered manager had immediately completed some medicine audits and sent us some examples where actions were taken to improve practice. However, it was too early to judge at this inspection whether the newly introduced systems would be effective in improving these recording concerns and whether they could be sustained and maintained over time. We have made a recommendation to ensure this practice is sustained.

We recommend the service reviews its oversight monitoring to ensure that all areas for improvement and trend analysis are recorded with clear actions, the person responsible for completing the task and timescales.

There was a registered manager in post. 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. There was an open and transparent culture by the provider representative and the registered manager in the way people were treated including staff. People told us how well the agency was run and during the inspection we had full assistance from the

provider's representative, the registered manager and office staff with regard to looking at records and contacting people and their relatives.

Staff felt well supported by the registered manager, care managers and the agency office staff who they were in regular communication with to share any concerns and update people's care plans. One field based care manager had been recruited in an area and this has proved to be effective in supporting staff and visiting people to complete additional six monthly reviews. The provider's vision is to have additional field based care managers in other areas to improve the support for staff and people. Staff told us in our surveys, "Corinium is an excellent company to work for. I am very proud to be associated with the high standard of care they provide and the support provided for us as a carer", "quick access to care manager when I want to discuss issues", "It is heartening to see how live in care can enormously increase the quality of life of people who wish to remain as independent as possible and remain in their own home" and "Very professional management team who set high standards for the care of their clients, they lead by example and are caring and supportive of their staff."

There is a client monthly newsletter for people where in October 2017 people were asked to complete the annual survey. The Corinium team had made it through to the South West regional finals of the Great British Care Awards 2017 and Corinium had formed a charity link with the Research Institute for the Care of Older People which specialises in the diagnosis, support and treatment of people living with dementia. Monthly care managers meetings were held and the minutes included actions to be completed and were reviewed at the next meeting. Topics included client concerns/good news and review of procedures. One relative told, "Every year we get an update on the company and they give us a lot of notice if there are any changes like the fees going up."

The PIR told us how Corinium Care Ltd works in partnership with relevant professional bodies, including United Kingdom Home Care Association (UKHCA) and CQC to identify specific and sector-wide issues and identify strategies that enable delivery of highest care standards. Works collaboratively and attend monthly management meetings with sister companies to identify best practice. Identify training requirements for all staff including senior management. Maintains overall budgetary responsibility/accountability to ensure business operates in a financially secure framework. One person told us, "The company, in its dealings with both myself and its staff are always competent and efficient. I have been extremely pleased with the service offered by Corinium and have an excellent relationship with them."