Prime Time Recruitment Limited

Cordant Care - Reading

Inspection report

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Date of inspection visit: 30 November 2016
Date of publication: 26/01/2016

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?	Good

Overall summary

This inspection took place on 30 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to contact a representative of the service management in person.

Cordant Care - Reading is registered as a domiciliary care agency and as such provides personal care and support to people in their own homes. At the time of our inspection 10 people were receiving services. Some of them needed short visits at key times of the day, for example in the morning to help them get up. Other people, with more complex needs, received 24-hour care.

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.

People told us they felt safe using the service and trusted the staff who supported them. People commented, "I always feel safe" and "I feel ever so comfortable when they are around."

Staff had received training concerning the issue of recognising and reporting abuse. All of them knew how to

Summary of findings

report any concerns and were confident that any allegations made would be fully investigated to keep people protected. Risk assessments were in place, providing information about how to reduce the risks people might face, including home environment and self-medication risk assessments. Medicines were administered in a safe way.

The number of staff sufficed to meet people's assessed needs. Staff were employed according to robust recruitment procedures. Pre-recruitment checks had been made to ensure that new staff were suitable to support people in their own homes and maintain people's safety.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005.They were knowledgeable about protecting legal rights of people who did not have the mental capacity to make decisions for themselves. Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements. If decisions had to be made on a person's behalf, they were made in their best interest at a meeting involving professionals and family if appropriate.

People felt involved in their care and were given opportunities to make choices regarding their care and support. Staff understood the principles of consent and delivering individualised care. People described staff as caring and kind. They also told us that staff knew their needs, providing them with the support that they expected.

People also said they were treated with dignity and respect. The service sought to meet their needs in relation to equality and diversity values.

The staff were pleased to work for the provider and felt supported in their role. The provider promoted an open culture where both staff and people using the service could raise concerns without fear of being frowned upon. People knew how to complain and felt their complaints would be investigated and responded to.

Summary of findings

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 safe.

People told us they felt safe; appropriate safeguarding and whistleblowing procedures were in place. Staff knew how to respond to allegations of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Risk assessments supported people to develop their independence while minimising any inherent risks.

Good

Is the service effective?
The service was effective.

People received care from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were aware of their responsibilities regarding the Mental Capacity Act.

Staff assisted people in contacting healthcare professionals to support them to maintain good health.

Good

Is the service caring?
The service was caring.

Staff were kind and compassionate, they treated people with dignity and respect.

People's independence was encouraged by involving them in making decisions concerning their care. They felt they could make suggestions and give their opinions about their care to staff and the registered manager at any time.

Equality and diversity were promoted as people were paired with staff who understood their particular needs.

Good

Is the service responsive?
The service was responsive.

Care plans were in place, and they were personalised to meet the needs of individuals. Staff had a good understanding of the needs of each person they supported.

People knew how to complain and felt that they were able to raise any concerns and they would be listened to and responded to appropriately.

Good

Is the service well-led?
The service was well led.

There was a positive culture within the staff team in which providing a good quality service to people was emphasized.

Good

Summary of findings

People said the registered manager and staff were approachable and always strove to make sure they were satisfied with their care and support.

A number of quality assurance and monitoring systems were in place, included those seeking the views of people that used the service.

Cordant Care - Reading

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 30 November 2015 and was announced. The provider was given 48 hours' notice before we visited the office. As the service provides care to people in their own homes and is operated from a central office, we needed to be sure that staff and management would be on the premises during the inspection. On 30 November one inspector visited the central office of the service and on 14 December an expert by experience made phone calls to people who used the service to obtain feedback on the care they received. 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 looked at the information we held about the provider and this service. This included such subjects as incidents, unexpected deaths or injuries to people receiving care, as well as safeguarding. We refer to these as notifications and providers are required to notify us about these events.

As part of our planning for the inspection, we had asked the local authority if they had had any information to share with us about the care provided by the service.

During the inspection we spoke with the registered manager and the quality director. We also contacted three people and four staff on the telephone. We looked at four records relating to the care of individuals, four staff training and recruitment records and records relating to the running of the service.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe when the staff were in their homes.

Staff knew how to protect people from the risk of abuse and told us they received regular training on the subject. They understood the different types of abuse that could occur and how to report any concerns. Records showed staff had annual training on safeguarding adults and staff confirmed this. Any issues identified by staff had been reported and investigated appropriately. We were therefore satisfied that the provider had taken the necessary steps to protect people against the risk of abuse.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. These included any environmental risks in people's homes and any risks in relation to the health and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people's homes and entry instructions. This guidance was communicated to staff through the risk assessments and care plans kept in people's homes and in the main office.

The number of staff required to meet people's needs was based on the number of hours of care the provider had to give.The number of staff required to meet people's needs was based on the number of hours of care the provider had to give. The manager told us that they currently had enough staff in place to meet people's needs. It was confirmed by the staff rota which clearly showed the exact allocation of every member of staff. The provider used part-time and full-time employed members of staff to cover any absences such as sickness or annual leave. We were therefore satisfied that there were enough staff to meet people's needs.

The recruitment process also helped to ensure people's safety and well-being. Appropriate checks had been made prior to members of staff commencing their employment. We looked at the recruitment information for four staff members and saw that relevant application forms had been completed, formal interviews had taken place and appropriate references had been sought. In addition, a Disclosure and Barring Service (DBS) check had been carried out for each prospective staff member. The DBS check includes a criminal record check and a check on the list of individuals barred from working with vulnerable adults. These measures helped to ensure that only people suitable for the role were employed. The registered manager told us the importance of checking the suitability of potential new staff before they commenced delivering care and support.

Each person had a medication or self-medication risk assessment in place that detailed the medicines they had prescribed and the level of assistance required from staff. All staff had received training in the administration of medicines. Where possible, the provider used a single pharmacist who provided printed medicines administration record (MAR) charts and medicines in blister packs. This made it easier for staff to administer medicines correctly and reduced the risk of errors occurring.

There were robust contingency plans in place in case of an untoward event. The contingency plan assessed the risk of such events as petrol shortage or severe weather conditions.

The provider had a robust disciplinary policy. Records showed the service had dealt appropriately with matters following the provider's policies and using a wide range of disciplinary actions including a disciplinary dismissal.

Good

Is the service effective?

Our findings

The people we spoke with told us they felt the staff were competent to provide care for them. One person said, "I think they do get training – they have the right skills." Another person told us, "Some of them are really good but the regulars are excellent - know what they are doing."

People were supported by staff who had the necessary skills and knowledge. Staff were recruited through a competency-based interview and were asked client-specific questions. As people's needs constantly changed, staff were given further training in order to suit the individual needs of people.

There was a comprehensive induction programme designed for staff which was flexible and adjusted to people's experience and needs. New staff members were given enough time to read all care plans and learn about policies and procedures. The new staff were shadowing more experienced members of staff for the period of two weeks to ensure their practice was safe and followed the agency's care plans and risk assessments.

All of the staff we spoke with told us they had received enough training to enable them to provide people with effective care. This included training in a number of different areas, such as safeguarding adults at risk, awareness of epilepsy, moving and positioning people, and autism awareness. Training was either delivered face to face, via e-learning or through the use of practical hands on training sessions.

The service used links with organisations that provide sector-specific guidance and training to ensure best practice in leadership and the delivery of care, such as Social Care Institute or National Institute for Health and Care Excellence (NICE).

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff understood the principles of the MCA. They told us they had received training in the MCA and understood the need to assess people's capacity to make decisions. Members of staff we spoke with were able to give examples of how they asked for permission before doing anything for or with a person when they provided care. The staff told us how they supported people to make decisions. For example, people were shown a choice of clothes to wear or food to eat. Staff were aware that any decisions made for people who lacked that capacity had to be in their best interests.

Each staff member was supervised regularly on a six monthly basis by their manager and was given an annual appraisal. This provided both staff and the registered manager with the opportunity to discuss their job roles in relation to areas that needed support or improvements as well as acknowledging areas where they performed well.

People were supported to eat and drink enough and maintain a balanced and healthy diet. The support varied depending on people's individual choices and circumstances. For example, some people needed to have their meals cut in bite-size pieces due to their condition, whilst others could not have any drinks containing caffeine. Such requirements were always followed and people were provided with food and drink according to their dietary needs.

The service had supported people to access services from a variety of healthcare professionals, including GPs, dieticians, occupational therapists, dentists and district nurses to provide additional support when required. Care records demonstrated staff shared information with professionals effectively and involved them appropriately.

Good

Is the service caring?

Our findings

All people we spoke with told us that staff were kind, caring and polite. One person told us, "I think they're very kind." Another person said, "They care for me with respect and dignity."

Staff had a good knowledge and understanding of people, their needs and expectations. The service matched staff to people they supported by allocating staff who had similar interests to the person. For complex care packages, staff were introduced over a period of time to give the person the opportunity to feel comfortable with the worker before they were permanently allocated to their team.

People told us they were involved in making decisions about their care, that they felt listened to and that their decisions were respected. We saw from the care records that when people had started using the service, they had been involved in the initial assessment of the care they required.

Care plans were outcome-focused and showed that the care and support were oriented towards recognizing people's choices and independence. Examples we were given included such aspects as personal care, meal preparation and activity planning. A person had been provided with support, but as time had passed, their daily community activities had become repetitive. The service had responded by creating a pictorial activity chart which had included the person's favourite activities as well as new ones to provide choice and promote decision making.

Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were pleased to be called by their first name while others chose to be addressed by their title and surname.

Staff respected people's wishes and provided care and support in line with those wishes. People told us staff always checked if they needed more help before they left. Before leaving the homes of people with limited mobility, staff ensured they had everything they needed within their reach. For example, people could easily access drinks and snacks, telephones and alarms to call for assistance in an emergency.

The registered manager said they sought to meet people's diverse needs by matching them with staff that understood their cultural, ethnic and religious needs. Additionally, all members of staff were required to undertake equality and diversity training.

Staff were familiar with the content of people's care plans understood their history and needs. The staff we spoke with were able to give good examples of how they would notice any change in people's health and well-being. This would be recorded and reported to the registered manager. One of the relatives told us, "My daughter has a complex condition, you see - they find a way, even if she can't talk – they found out that offering her food around 12 doesn't work with her, 2pm and she cleans her plate!"

Staff were aware of their responsibilities in confidentiality and preserving information security. They knew they were bound by a legal duty of confidence to protect personal information they may encounter during the course of their work. The team leader and registered manager had high regard for confidentiality and said they were always trying to ensure that staff knew how to access and how to share any personal information safely.

The service had received 18 compliments from people and their relatives since the registration in March 2015. One person had written, "[Name] is a great support worker and help me throughout a bad phase. She always cheers me up and puts me in good mood".

Good

Is the service responsive?

Our findings

People told us that the care was personalised and responsive to their needs. One person said, “They changed the timings when I was unwell and scheduled an extra hour”. Another person said, “She knows a lot about my condition and also did more research on Google. She is amazing”.

People received personalised support that met their individual needs. Staff described how they assessed and reviewed people’s needs to ensure the support was relevant, personalised and up-to-date. People’s background, history and culture were always taken into account where applicable and necessary.

Support plans confirmed that people’s needs had been assessed and were reviewed at regular intervals. These were kept under regular review to ensure any risks identified were assessed and risks minimised as far as possible. Care plans were personalised to the individual and recorded details about each person’s specific needs and how they liked to be supported. Care plans gave staff clear guidance and direction about how to provide care and support that met people’s needs and wishes. Details of people’s daily routines were recorded in relation to each individual visit they received or for a specific activity. This meant staff could read the section of people’s care plan that related to the visit or activity they were completing.

Cordant Care - Reading offered a range of services to support people to live at home and link people into other agencies when necessary, as in the example of contacting an occupational therapist to assess an alternative wheelchair.

The service was flexible and responded to people’s needs. Staff provided a wide range of support which included assistance in job seeking, helping to arrange a travel to another county or offering ice skating as a winter activity to a person. Staff told us this helped minimise the risk of social isolation of people and enabled people to pursue their hobbies or interests.

People’s views on the service were sought regularly. People felt able to contact the office at any time concerning any matter and they were confident these matters would be dealt with. One of the relatives told us, “They do listen to concerns – they listened to me – one of the carers used mum’s phone a meeting was called immediately to look into the matter.” Formal surveys took place on an annual basis where people could express their views both on positive aspects of provided care and possible improvements to be made. The results of the survey proved that people were happy with the care received from the service. However, if any areas for improvement were highlighted by people, the manager would act on it. For example, additional training for staff would be arranged or a staff meeting would be organised to discuss the issue.

People were aware of the service’s complaints procedure and processes, and were confident they would be listened to. One person told us, “I know how to complain but never had reason to.” The explanation of the complaints process was included in information given to people when they started receiving care. The manager had received eight complaints since the service had been registered in March 2015. Records indicated that the manager had responded to them appropriately, in line with the provider's policy and procedure for managing complaints.

Good

Is the service well-led?

Our findings

The registered manager ensured that values were followed in delivering care and support to people. The values of people's dignity and independence were the basis of the person-centred approach in the service. Staff valued the people they supported and were motivated to provide them with a high quality service. Staff told us the registered manager had worked to create an open culture in the home that was respectful to people who use the service and staff.

There was a clear management structure, including the registered manager. Staff were fully aware of the roles and responsibilities of managers and the lines of accountability. Every staff member felt supported in their role and did not have any concerns. They said the registered manager was accessible and approachable.

People and staff were actively involved in developing the service. Both people and their relatives were constantly asked for feedback, listened to and the registered manager acted upon their suggestions. For example, unlabelled medication dose boxes had been replaced by blister packs and Medication Administration Records (MARs) were provided by a pharmacy to reduce possibility of medication error occurrence.

Regular meetings held on a weekly basis kept staff up to date and reinforced the values of the organisation and their application in practice. Staff told us these meetings were useful and they were able to contribute to the service development and improvement by sharing their ideas. Staff also stated that they were encouraged to raise their concerns if they had encountered any difficulties. In such cases, the registered manager worked with them to find solutions.

The registered manager completed regular audits of the service. These reviews included assessments of care plans, complaints, training, risk assessments and daily notes. The audits were used to address any shortfalls and plan improvements to the service. As the result of the audits, appointments had been made for people with a physiotherapist, an occupational therapist, or staff had been told how to improve their records in daily notes.

Innovation was recognised, encouraged and implemented in order to drive a high quality service. Audit results were used as a basis for amending the service's policies and arranging relevant trainings where needed. Appropriate action plans were created by the registered manager, with the help of the quality director and the audit team.

When some concerns about the performance of care workers had arisen, they had been appropriately addressed in line with the provider's policies, including supervisions and disciplinary procedures.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.