

## CORMAC Solutions Limited

# CORCARE

### 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?	Good ●

# Summary of findings

## Overall summary

### About the service

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 72 people.

### People's experience of using this service

People and their relatives told us they received a reliable service, had agreed the times of their visits and were kept informed of any changes. People felt safe using the service and staff treated them in a caring and respectful manner. Comments included, "You can't fault their care", "I have faith in Corcare and feel safe with them" and "We are very satisfied with the service."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Care plans were personalised to the individual and recorded details about each person's specific needs and wishes. These were kept under regular review and updated as people's needs changed.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

The service's rotas were well organised and there were enough staff available to provide all planned care visits. A mobile phone call monitoring application was used to ensure all visits were provided and to share information securely with staff. No one reported having experienced a missed care visit.

The service had been working with the Royal Cornwall Hospital Trust by taking additional packages to help with the increased number of hospital discharges, to assist with winter pressures. During the winter of 2018/19 the service had been provided with agency staff to create additional capacity. At the last inspection we found the way this additional work was being managed had impacted on the service's overall performance and reliability.

At this inspection we found the service was in the process of managing another group of agency workers to increase the service's capacity to accept hospital discharges. We found lessons had been learnt from the previous project and this additional work was being well managed by a dedicated team.

Staff were recruited safely and they received regular supervision and support from management. New staff completed an induction which involved training and a period of shadowing more experienced staff. Training

was regularly updated so staff were aware of any changes in working practices.

There was a positive culture in the service and management and staff were committed to ensuring people received a good service. Staff told us they were well supported and had a good working relationship with each other and the management team.

People, their relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

There were clear processes for management to check the quality of all aspects of the service. The provider had a defined organisational management structure and there was regular oversight and input from senior management.

The full details can be found on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection and update

The last rating for this service was requires improvement (report published 14 March 2019) and there was a breach of regulations. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# CORCARE

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service for older people.

#### Service and service type

CORCARE is a domiciliary care service that provides personal care and support to people living in their own homes in the community. This includes people with physical disabilities and dementia care needs. 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.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. There was a manager in post and they had submitted an application to become the registered manager. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours notice of the inspection visit because it is a domiciliary service and the manager is often out of the office supporting staff or providing care. We needed to be sure that we could access the office premises to look at records and arrange to visit people in their own homes.

The inspection started on 21 January 2020 and ended on 30 January 2020. We make phone calls to people and staff on 27, 28 and 29 January 2020. We visited the office location on 23 and 30 January 2020 to see the manager and office staff; and to review care records and policies and procedures.

### What we did before the inspection

We reviewed the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report. We also reviewed notifications we had been sent. Notifications are specific issues that registered people must tell us about.

### During the inspection

We spoke with 14 care staff, the manager, the operations manager and a team leader. We visited three people in their own homes and met two relatives. We telephoned 14 people and five relatives to gain their views of the service, this included people receiving a service under the NHS project. We reviewed records of staff rotas, staff recruitment, training and support as well as audits and quality assurance reports.

### After the inspection

We continued to receive further information from the service. The service provided records relating to staff training and quality assurance information. We received feedback from a healthcare professional.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks in relation to the safe delivery of people's care visits. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- Any identified risks were well managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. Staff were given guidance about using equipment, any environmental risks in the person's home, directions of how to find people's homes and entry instructions.
- There was a positive approach to risk taking to enable people to regain and maintain their independence.
- People had agreed the times of their visits and told us the service was reliable, which meant they knew when to expect staff. No one reported ever having had any missed visits. People told us they were kept informed of any change to their times or if staff were going to be late. People said, "They always ring if they are running late" and "The carers try hard to be on time but can run late, then I get a call from the office."
- Equipment provided for staff to use in people's homes was regularly checked as safe to use and serviced in accordance with best practice.

### Staffing and recruitment

- There were enough staff employed to cover all the planned visits to people's homes. The service only accepted new packages of care where there were enough staff to cover them. Vacant time slots were clearly identified and offered to new people.
- At the time of this inspection the service was providing additional packages, under a joint project with the NHS, to help with the increased number of hospital discharges during the winter. Agency staff were supplied to cover these packages which meant the additional work did not impact on people already using the service.
- Staff confirmed their rotas included realistic amounts of travel time, which helped ensure they arrived for visits at the booked times. Staff had access to rotas on their mobile phones. Rotas could be viewed up to a week ahead and staff checked their phones each day in case any changes had been made. If changes needed to be made urgently then staff were called by the office to ensure they were aware of the changes.
- Staff had been recruited safely. All necessary recruitment pre-employment checks had been completed to help ensure new staff were safe to work with vulnerable adults.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. Safeguarding processes and concerns were discussed at staff meetings.
- Staff understood their roles and responsibilities in relation to ensuring people's safety. They were confident any specific safety concerns reported to the manager would be addressed. Staff knew how to report safety concerns outside the service and told us people were safe.
- People felt safe. People said if they didn't feel safe they would speak with a member of the care staff or the registered manager and were confident they would help them solve the problem.

#### Using medicines safely

- Medicines were well managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
- People's care plans included information about the support the person required with their medicines and it was clear the service encouraged people, wherever possible, to manage their own medicines.
- People told us they were happy with the support they received to take their medicines.

#### Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People told us staff practiced good infection control measures.

#### Learning lessons when things go wrong

- All incidents and accidents had been documented and investigated by the manager. Any areas of learning identified were shared appropriately with staff to improve safety.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before, or as soon as possible after, they started using the service to help ensure their expectations could be met.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.

Staff support: induction, training, skills and experience

- People and their relatives spoke positively about the staff and told us they had the skills necessary to meet their needs.
- Staff felt supported and had regular supervision and an annual appraisal to discuss their further development and any training needs.
- Regular spot checks were also carried out to check staff competency and practices.
- There was a system in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice. Most training was achieved by online courses and some staff did not find this method suited them. However, they told us they were able to complete courses in the office where managers were available to support them.
- All new staff completed formal, face to face training in line with nationally recognised standards and a period of shadowing before they started to provide care independently. Staff told us this training was informative and useful. Staff were encouraged to develop their skills and supported to complete diploma level.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans gave clear information about the support they required with meals, snacks and drinks.
- People's dietary needs and preferences were recorded in their care plans.
- Staff had been provided with training on food hygiene safety.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- If needed staff supported people to see their GP, community nurses, and attend other health appointments regularly.
- The service worked with other agencies to help ensure people's needs were met. Staff recognised changes in people's health and sought professional advice appropriately.

## Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff were provided with training on the Mental Capacity Act 2005 and were aware of how to protect people's rights.
- People were asked for their consent before they received any care and support. For example, before assisting a people with personal care and getting dressed.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's preferred routines were recorded in their care plans. This meant staff were able to deliver care in line with people's wishes.
- People told us they had a team of regular staff and all staff treated them with kindness and compassion. Staff were friendly and caring towards people and knew what mattered to them. People said about staff, "I look forward to them coming", "They all do a great job", "All are very respectful", "The care is good", "The carers are always kind and speak nicely to me" and "I trust all of the staff."
- Some people lived with a relative who was their main carer. Staff understood that supporting the family carer was important in helping people to remain living at home. Relatives told us staff always asked how they were coping and supported them with practical and emotional support.
- Where possible staff had background information about people's personal history. This meant they could gain an understanding of people and engage in meaningful conversations with them.
- The service recognised people's diversity, they had policies in place that highlighted the importance of treating everyone as individuals. People's diverse needs, such as their cultural or religious needs were reflected in their care planning.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in day to day decisions and had control over their care package. People said, "Staff always check with me before doing anything" and "They don't just do a job, they ask me first."
- Where people had difficulty communicating their needs and choices, care plans described their individual ways of communicating. Staff demonstrated a good knowledge of people's communication needs and how to support them to be involved in their care and support.
- People told us they were able to contact the office to discuss aspects of their care and support at any time. A manager visited people regularly to review their care plan and ask about their views of the service.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them in a dignified and respectful manner. As one relative told us, "All of the staff respect her dignity."
- Staff supported people to be as independent as possible. Care plans described what people could do for themselves and where they needed support.
- Staff and management were very aware that they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy.

- People told us staff always stayed for the full time of their visits and were never rushed.
- People's confidentiality was respected and people's care records were kept securely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised to the individual and recorded details about each person's specific needs and wishes. This included step by step guidance for staff about tasks they needed to complete at each visit and how people liked things to be done. People's care plans were reviewed regularly or as people's needs changed.
- People had information in their homes which showed when their visit would be carried out and what would be provided for them. People told us they knew about this information and had been involved in the development of the care plan.
- The service used an electronic care planning system and staff could access basic information about people's care needs on their mobile phones. Staff told us they were always informed of changes to people's needs as and when these occurred via their phones.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being. If staff had significant concerns in relation to a change in a person's needs they reported this information directly to the office.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about support people might need to access and understand information. For example, if people needed hearing aids or glasses.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale. Information about the complaints procedure, and who to contact, were in the information packs kept in people's homes.
- People and their families told us they knew how to make a complaint and felt their concerns were listened to and actioned. Comments included, "Never had to make a complaint but feel comfortable to make one" and "I have written a letter once about all the different carers that were coming in and the manager came to see me to sort it out."

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we recommended the service sought guidance on how information relating to care visits could be effectively shared with agency staff who provided those visits. At this inspection we found systems for giving agency staff information about clients addresses and their needs had sufficiently improved.

### Continuous learning and improving care

- Lessons had been learnt from the previous hospital discharge project and the current project was being well managed by a dedicated management team. This meant that providing this additional work had not impacted on the delivery of the existing service.
- Systems for giving agency staff information about people's addresses and their care needs had improved. It had not been practical to supply agency staff with company phones which meant they could not access information, about people's needs, in the same way as the permanent staff. However, this had been overcome by allowing time in agency staff's rotas for them to call into the office to pick up information about the people they were visiting before carrying out the calls.
- Lessons had also been learnt from the previous hospital discharge project in relation to how the service communicated with the recruitment agency supplying staff. Management had been clear from the start of the contract about the skills the agency workers needed. The service did not hesitate to refuse workers who did not meet the standard needed to ensure people received safe and appropriate care. This had helped to ensure people received a consistent standard of care.
- The manager attended regular organisational management meetings to support joint learning and share information about the organisation.

### Working in partnership with others

- The provider worked in partnership with other agencies, to help ensure ongoing improvement and sustainability. This included the joint work with the Royal Cornwall Hospital Trust, to assist with winter pressures, by taking additional packages to help with the increased number of hospital discharges.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made. A healthcare professional told us, "I have always found them to be very professional, extremely efficient to deal with and they provide feedback with regards to client interventions."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team had good oversight of the service and understood the needs of people they

supported. There was a strong emphasis on meeting people's individual needs and staff demonstrated a thorough understanding of people's differences and individual preferences.

- People and their relatives told us they had confidence in the way the service was run and were positive about the service they received. Comments included, "I can't recommend Corcare enough", "Excellent service", "I am happy with the service they give me, its' managed well" and "The service has been great, without it Mum would still be in hospital and she has improved so much since being back home"
- The values of the service were based on enabling people to remain living at home for as long as possible. Staff took pride in their work and showed commitment to supporting people to achieve good outcomes. Commenting, "I have regular clients and I think this is good for people. They get to know and trust you" and "People get a good service from Corcare."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and registered provider understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a management structure in the service which provided clear lines of responsibility and accountability.
- There was good communication between the management team and care staff. Staff said they felt respected, valued, supported and fairly treated. Staff said, "Fantastic to work for, so fair", "Corcare good company to work for", "The management team are very supportive with any concerns we have and offer guidance to us when needed" and "Management are very approachable and helpful."
- There were clear systems and processes for the manager to check the quality of all aspects of the service. The provider had a defined organisational management structure and there was regular oversight and input from senior management.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed at the service and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings took place regularly to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions.
- People and their relatives were asked for their views of the service through questionnaires and regular visits from management.
- People felt involved in the development of their care plans and told us managers listened to, and acted upon, any issues they raised.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers. One worker told us, "They were marvellous about sorting out my work when I had illness in my family."