

Prime Time Recruitment Limited

Cordant Care - Manchester

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

We inspected Cordant Care – Manchester on 28 June 2016. Our last inspection took place February 2014. At that time we found the service met the standards we inspected against.

Cordant Care – Manchester, is a Community based adult social care service registered to provide personal care to people living in their own homes. At the time of our inspection eight 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 or to participate in activities. 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 trust the staff; I am very happy with my support."

Staff had received training concerning the issue of recognising and reporting abuse. They knew how to 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 their home environment and the level of support needed to support them with day to day tasks. Medicines were administered in a safe way.

There were enough suitably trained and qualified staff to meet people's assessed needs. Staff were employed according to robust recruitment procedures. Pre-recruitment checks had been made to help ensure that new staff were suitable to support people in their own homes and to maintain people's safety.

The service worked with other care providers to help meet people's needs. People said they 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.

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 also said they were treated with dignity and respect. The staff said they were happy in their roles and felt supported. 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.

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 was safe.

We saw people were relaxed in the company of staff and responded to them in a positive way.

Staff understood safeguarding procedures and how they should report any suspicions of abuse.

Medicines were managed safely and people received their medication at the right times.

Is the service effective?

Good ●

The service was effective.

We saw from the records staff had a programme of training and were trained to care for and support people who used the service.

We found the service was meeting the legal requirements relating to the Mental Capacity Act 2005

Records showed people had regular access to health care professionals, such as GPs, opticians, district nurses and specialist nurses.

Is the service caring?

Good ●

The service was caring.

The service was caring. People told us staff treated them with kindness and respect and that staff were aware of how to promote people's privacy and independence. The service advocated on behalf of people who were unable to advocate for themselves.

Care plans and risk assessments were detailed and based upon people's life histories and personal preferences. Staff supported people to be involved in their own care planning.

Is the service responsive?

Good ●

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

Complaints about the service had been dealt with appropriately and in a timely manner. Complaints were taken seriously and used to continue to drive forward improvements in the service.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in place and clear lines of accountability. Staff told us they found senior staff to be approachable and accessible.

Staff felt well supported which enabled them to provide a good standard of care.

The service had a robust quality monitoring system that promoted change and improvement of the service.

Cordant Care - Manchester

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 28 June 2016. The inspection was announced. The provider was given 24 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. The inspection team consisted of one adult social care inspector.

Before we carried out this inspection we reviewed the information we held about the service. This included the provider completing a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed past inspection reports, notifications, safeguarding concerns and details of the service's registration.

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.

On the day of our inspection we spoke with the registered manager, two care workers and visited one person in their home and spoke one other person over the telephone. We looked at four records relating to the care of individuals, staff training and recruitment records and records relating to the running of the service.

Is the service safe?

Our findings

Comments from people who used the service included, "Yes I do feel safe, I like it here and the staff support me well. I am satisfied."

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.

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 and other specialist equipment people needed to keep them well. This guidance was communicated to staff through the risk assessments and care plans kept in people's homes and in the main office.

People said they got appropriate support with taking medicines. One person told us, "They [staff] give them at the correct time." We saw each person had a medicines risk assessment in place which detailed the level of support they needed with taking medicines. Medicines administration record (MAR) charts were in place to record the administration of medicine. This made it easier for staff to administer medicines correctly and reduced the risk of errors occurring. Staff signed the MAR charts when they administered medicines and records showed completed MAR charts were checked by senior staff. With their permission, we examined a MAR chart in one person's home and found these to be accurately completed and up to date. Staff told us they undertook training about the safe administration of medicines and records confirmed this.

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 registered manager told us that they 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 had access to a wide pool of staff to cover any absences such as sickness or annual leave and people we spoke with who used the service told us they were supported by staff who knew them well. We were therefore satisfied that there were enough staff to meet people's needs safely.

We looked at four staff recruitment files. We saw appropriate checks had been made prior to members of staff commencing their employment. We saw that application forms had been completed, formal interviews had taken place, gaps in employment had been identified 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 provider had a robust disciplinary policy. Records showed the service had dealt appropriately with

matters following the provider's policies and used a wide range of disciplinary actions including a written warning. This meant people who used the service could be confident that the provider effectively managed poor performance which demonstrated their commitment to providing safe care and support.

Is the service effective?

Our findings

Comments from people who used the service included, "Yes I am happy with the service. I think it is effective in meeting my needs. I have no complaints."

The staff we spoke with told us they felt supported by the registered manager. Staff told us they received the training, support and supervision they required to be able to deliver effective care. Records we reviewed showed there were systems in place to ensure staff received regular supervision and an annual appraisal of their performance. We saw that supervision sessions were used to discuss policies and procedures, the values of the organisation, training and development needs and any ideas staff might have to improve the service.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). However following the Supreme Court decision in 2014, the accommodation settings in which a person might be deemed to be deprived of their liberty include 'domestic settings' such as supported living schemes and community shared life schemes. We therefore checked whether the service was working within the principles of the MCA. We found consideration had been given to the MCA and the provider had ensured all the correct processes were followed to protect the rights of the people they supported. This included, capacity assessments and best interest meetings.

Records we saw outlined that all care staff undertook core mandatory training which was updated annually. This included moving and handling, safeguarding vulnerable adults and infection control. We noted that on the day of our inspection a staff training event was taking place at the office.

The registered manager told us that in addition to the mandatory training, staff undertook specialist training which was based upon the needs of the individuals they worked with. For instance staff that supported people to use breathing apparatus had received the appropriate level of training.

The registered manager explained that only staff trained to a certain level supported people with high dependency needs. This ensured people who used the service could be confident they received support from staff with the appropriate skills and knowledge. People we spoke with confirmed they were confident staff were properly trained and they felt comfortable being supported by them.

We saw from observations and from care plans that people who used the service had complex health care needs which required input from a wide range of health care professionals. In the care plans we looked at, we saw individuals had been seen by a range of health care professionals including GPs, district nurses,

opticians, chiropodists and specialist nurses. Visits were recorded in the daily records for each person and in care files.

Is the service caring?

Our findings

Comments from people who used the service included, "The staff are caring, and I feel like they care for me. I like them and think they like me." And, "Yes staff treat me with respect and maintain my dignity, that is important to me. Staff know what to do."

We visited one person at home and observed the care and support given was warm and friendly. Staff interacted using humour when it was appropriate. Staff asked permission from the person before showing us round their home and accessing personal information. This demonstrated that the staff understood the importance of confidentiality and ensured people were involved in all aspects of their care and support. People's homes were personalised with pictures, ornaments and furnishings. Rooms were clean and tidy which also demonstrated that staff respected people's belongings.

The registered manager told us about one person who they had successfully worked with for a number of years. This person had a variety of complex care needs and had often demonstrated behaviours which had challenged the service. This had included self-harming and had required a high level of management and clinical input from the service. They told us about the hard work and commitment the staff had shown to build up the trust resulting in the positive relationship they now had. This had resulted in a significant reduction in the number of incidents which had occurred and the individual was being supported in such a way which promoted their independence and enhanced their sense of well-being. They explained this was at risk because the local authority were in the process of sourcing another provider for this person. This was because the provider had not submitted a tender to continue the support before the deadline. The registered manager told us they had requested a best interest meeting for this individual as they felt a change of provider would have a negative impact on their health and well-being. This was a good example of how the service advocated on behalf of people who could not advocate for themselves and worked within the principles of the MCA to protect the rights of the people they supported.

Staff we spoke with knew people well. One member of staff we spoke with told us, "I love my job. We are worried what will happen if [name] leaves us. We are like a family, we understand what is important to [name] and we know what makes [name] happy."

Staff we spoke with demonstrated a commitment to providing high quality care and support to people. One staff member told us, "I enjoy interacting with people and helping them. I am passionate that people should get good care, like one of my own family."

People told us they were involved in planning their care. They said staff asked them about what and how they needed support with. Care plans contained information about people's likes and dislikes, hobbies and interests. This helped the service to provide holistic care based upon what the person wanted rather than simply performing care tasks for people. For example one person receiving support had requested, "I want to be involved in all decision making regarding my care. I like to be asked my advice and to add my input in all aspects of my life. I am an independent man and would like to be treated as such." After the inspection we spoke with this person. They confirmed that the staff ensured they were involved in making decisions in

all aspects of their life. They told us, "[my care] was handled in the right way; they were willing to answer any questions or worries I had. I would recommend Cordant Care to others."

Is the service responsive?

Our findings

People we spoke with who used the service told us they were happy with the responsiveness of the service. They told us, "This service really helped me when I had to move from my previous home. I was worried I wouldn't settle but the staff were great and I soon settled in well. Staff know when I am feeling unwell and they will make sure I get the medical support I need when I need it. They always discuss things with me to make sure I am happy with the care I am receiving."

We looked at the care files of four people who used the service. The files contained detailed personal histories, information on how each person liked to communicate and their likes and dislikes. We saw that this information had been used to personalise the care provided. We also saw the names of staff who had received training in relation to the specific care needs of each person were contained within the file. This was a good example of how the service worked in a person-centred way to ensure people's individuality was respected and promoted and how the service ensured they could respond appropriately to meet the needs of the people they supported.

Support plans we looked at 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.

Staff had a good understanding of the needs of the people they supported. They told us because they worked closely with the same people they were able to build up good relationships with them and got to know their support needs. Copies of care plans were kept at people's homes so they were able to refer to them as necessary. People confirmed this was the case and we saw copies of care plans in the home of the person we visited.

The service had a complaints procedure in place. This included timescales for responding to complaints received. People we spoke with who used the service were aware of the service's complaints procedure and processes, and were confident they would be listened to. The explanation of the complaints process was included in information given to people when they started receiving support.

Records indicated that the registered manager had responded to complaints appropriately, in line with the provider's policy and procedure for managing complaints. We saw this had involved disciplinary action being taken against one member of staff. This meant the provider took complaints seriously and were used to continue to drive forward improvements in the service.

The registered manager explained that packages of care would be provided in a person-centered way. They achieved this by carrying out a comprehensive assessment for each person who used the service and identifying the level of dependency they had. The registered manager explained that they would not deliver care in packages less than an hour as they did not feel good person-centered care could be delivered in fifteen or thirty minutes. This was an example of how the service understood the importance of being able to respond to people in a person-centered way.

Is the service well-led?

Our findings

We spoke with people who used the service about the leadership at the service and received positive comments about the registered manager. They told us, "I can always ring [registered manager]. [Registered manager] is always there if I need to talk to (them)" and, "Yes I know who the manager is, I can ring [name] if I need to. (They) will sort things out."

Staff we spoke with told us, "[Registered manager] is very 'hands-on'. (They are) available at any time if we need (them)." This showed the registered manager was accessible and promoted a culture of openness and transparency and was able to lead by example.

We saw that the values of the organisation, which included "to help you live as independently as possible within [their] own home, by providing staff that can make a positive difference to [their] daily life", were embedded in the care provided at Cordant Care - Manchester. The registered manager had a clear vision about how these values could be achieved for people who used the service and the staff team spoke with pride and passion about their roles.

There was a clear management structure, including the registered manager, and nursing staff to support people with any clinical care needs. Staff were fully aware of the roles and responsibilities of managers and the lines of accountability. Staff we spoke with said they felt supported in their role and did not have any concerns. They said the registered manager was accessible and approachable and they were happy with the values set out by the service provider making it a nice place to work.

There were systems and procedures in place to monitor and assess the quality of the service provided and regular spot checks were done to ensure staff were delivering the care people wanted. Staff meetings were held with staff that worked with the same people so they were able to share ideas and discuss good practice when working with a particular person. Staff we spoke with told us the management routinely asked them for their views about the service and any concerns they had.

We saw a range of audits took place on a monthly basis to monitor the safety of the service. These included audits of accidents/incidents, equipment, medication, infection control and clinical care needs. The registered manager met with area managers to report any complaints, safeguarding concerns or issues with staff. They also reported detailed information relating to people's care, the upkeep of equipment and specific risk assessments as part of a governance report to the service's head office.

We saw records which showed that supervisors within the service made announced and unannounced visits and quality assurance calls to people who used the service to ascertain satisfaction levels and carry out observations on the quality of care being delivered. The registered manager told us that the outcomes of these visits would then be shared amongst the management team to drive improvement. Throughout the inspection the registered manager spoke about their desire to constantly improve the service. They had a firm vision about improvements they wanted to make and things they were planning to introduce to ensure people felt more involved in the development of the service. This included actively seeking more feedback from people who used the service, staff and families along with other stakeholders and professionals

involved in Cordant Care – Manchester.

We found the service to have strong leadership and direction, a staff team willing to, "go the extra mile" and a culture of openness and transparency within the service. One staff member told us, "we are a great team, we are well supported and the people we support have the best care. I am proud to work here."