

# Prime Time Recruitment Limited

# Cordant Care Chester

## Inspection report

12 Grosvenor Court  
Foregate Street  
Chester  
Cheshire  
CH1 1HG

Tel: 01244559051  
Website: [www.cordancare.com](http://www.cordancare.com)

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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

This was an announced inspection carried out on the 19 and 20 April 2016.

Cordant Care Chester is a small domiciliary care agency who is registered to provide personal care to people who live in their own homes. The service currently supports three people who have a range of complex health and support needs.

The service has a registered manager in post since February 2015. However, we noted that during our inspection the named manager was based at a different location with the registered provider and a new manager had been appointed. We were informed by the audit compliance manager during our visit that the appropriate applications to deregister the previous manager and to register the new manager were being currently being processed with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service has not been previously inspected by Care Quality Commission.

People were protected from the risk of abuse or harm. All staff had completed safeguarding adults training and were able to describe different ways that people may experience abuse. Staff and managers had a good understanding of the procedures they were required to follow to ensure people were kept safe.

Risk assessments were completed for each person supported, and identified any risks to their health and safety. Assessments gave clear information to guide staff on how to minimise risks to people and themselves when providing care and support.

The registered provider had robust recruitment procedures in place, which helped ensure people's safety. All staff were subject to a range of checks to ensure that they were suitable and safe to work with vulnerable people.

People were supported by staff who had received appropriate training. All staff received training to enable them to fulfil their roles which included essential subjects such as moving and handling, safeguarding people and medication training. Staff were also supported through supervisions and team meetings.

The manager and staff showed an understanding of the Mental Capacity Act 2005 (MCA) and described how people were involved in making decisions in their day to day support. Staff had not received training in the Mental Capacity Act 2005 (MCA) and the manager informed us during our visit that this would be arranged and completed by all staff. The audit compliance manager informed us following the inspection that they would be reviewing the policy and procedure on the MCA in the near future to ensure that staff had access to the relevant guidance.

Staff were kind, caring and patient in their approach and it was evident through discussions that they took time to get to know people well. Staff understood the importance of maintaining people's privacy, dignity and independence.

Support plans were person centred, detailed and written in a way that accurately described individual care, treatment and support needs. A thorough pre-admission assessment was completed to ensure the service could meet people's individual needs. People who used the service had a care plan that was personal to them with copies held at both the person's own home and in the office premises. The structure of the care plans was clear and information was easy to access. This meant that staff were clear about how people preferred to be supported. Support plans were evaluated, reviewed and updated as required.

Staff had a very good understanding of the different types of dementia and how the condition may impact on people's behaviour. Staff were aware of any changes to people's behaviour or health needs and took appropriate actions to address any concerns with the relevant health professionals.

The registered providers complaints procedure was accessible to people and their relevant others. Family members told us that their complaints were acted upon. Records we viewed confirmed this.

People spoke positively about the manager and described him as approachable and understanding. Robust systems were in place to check on the quality of the service and to ensure that improvements were made as required. Records we saw were regularly completed in line with the registered provider's own timescales.

## 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

Risks to people's health, safety and welfare were identified, assessed and regularly reviewed.

Robust recruitment procedures were in place.

There were robust and effective procedures in place for the safe management of people's medicines.

### Is the service effective?

Good ●

The service was effective

People were supported by staff who had received appropriate training and supervision to carry out their role.

People were consulted and consent sought prior to care being delivered. Staff understood the importance of people making their own decisions.

Staff ensured people were supported to access healthcare professionals when required.

### Is the service caring?

Good ●

The service was caring

Staff were kind, caring and respectful in their approach and had developed meaningful relationships with the people they were supporting.

People's preferences regarding how they wanted their support to be delivered were respected by staff.

People's privacy and dignity was maintained. Staff understood the importance of this for the people they supported

### Is the service responsive?

Good ●

The service was responsive.

There was a complaints procedure in place and this was made readily available to people.

Support plans were person centred and enabled staff to understand how best to meet people's needs.

People's health needs were clearly outlined to staff and staff had a good understanding of how to help people if they became unwell.

### **Is the service well-led?**

The service was well led

Effective quality assurance systems were in place to review and monitor the care and support people received.

The manager was described as approachable and understanding. There was an open and transparent culture at the service.

The registered provider had a good understanding of significant and notifiable events which required reporting to the CQC.

**Good** ●

# Cordant Care Chester

## 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 over two days and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be at the office. The inspection team consisted of one adult social care inspector.

As part of the inspection we spoke with two of the people using the service, three relatives and two staff. We also spent time with the manager and audit compliance manager. We observed staff supporting people and reviewed documents; we looked at three peoples' care records, medication records, three staff files, training information and policies and procedures in relation to the running of the service.

Before the inspection, we reviewed the information we held about the registered provider including previous notifications and information about any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law. We looked at information provided by the local authority commissioners and safeguarding teams. The information we received raised no concerns about the service.

## Is the service safe?

### Our findings

People were safe. Family members told us "Staff are not allowed to support [my relative] until they are fully aware of the risks associated with their health. I think that this keeps them safe from poor practice".

During our visit we noted that the registered provider had taken appropriate measures to ensure that people were protected from the risk of harm or unsafe care. Support plans contained individual risk assessments that identified what measures and controls staff were required to follow to keep people safe. Each assessment highlighted the potential hazard, who might be at risk and the precautions that could be taken to minimise the risk. Risks relating to falls, mobility and medication were clearly recorded and staff had a good awareness of how to support people safely. Risks to people arising out of their personal and environmental circumstances were also reviewed and assessed.

Staff spoke confidently about their role and responsibilities in ensuring that people were kept safe from harm. Records we viewed showed that staff had completed safeguarding adults training. The registered provider had a safeguarding policy in place to guide staff on how to report safeguarding incidents or any concerns they had relating to people using the service. Through discussions it was clear that the manager and staff knew what abuse meant, they described the different types of abuse and how they would report concerns they had about people's safety. The manager had a good awareness of the local authority safeguarding procedures and records showed that they worked in partnership to address any concerns raised.

There were procedures in place to safely support people with medicines. People using the service had varying medicine support needs, clear explanations of each of these were given in the medication support plans. Staff told us "Each person's needs are assessed before we support them. We then build our support around what they need help with. It's very important that we get the medication right as some people we support have very complex needs". Staff assistance ranged from reminding people to take their medications through to more complex administration, for example the use of a percutaneous endoscopic gastrostomy tube (PEG). Staff had completed competency based training prior to administering medication to people using the service. In addition, the registered provider accessed a nurse specialist to coach and assess staff competency where more complex medication procedures were required. This ensured that staff were able to safely administer people's medication. Staff had access to the registered provider's medication policy which provided detailed guidance on the management of medicines.

Staffing levels were regularly reviewed to ensure there were enough staff to support people safely. At the time of the inspection the service employed six care staff. Recruitment procedures were in place to minimise the risk of unsuitable staff being employed. Applicants were asked to complete an application form setting out their employment history and any care experience they had. Before applicants were offered jobs, written references were sought and disclosure and barring service (DBS) checks were carried out. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruitment decisions, and also minimises the risk of unsuitable people working with children

and vulnerable adults.

Support plans clearly identified who was responsible for the maintenance and upkeep of people's personal equipment. The manager told us this was discussed as part of the initial assessment for clarity to ensure that people and staff were kept safe. We saw that the registered provider had noted a piece of equipment was overdue for maintenance checks and alerted the family members. This showed that risks to people's safety were continuously assessed and monitored.

There was a business contingency plan in place to ensure that a continuity of care could be provided in emergency situations that might disrupt the service. This gave directions to staff on what actions to take in the event of loss of business systems, staff, severe weather and a health crisis.

## Is the service effective?

### Our findings

Family members told us "Staff ensure that [my relative] has access to the right health professionals when they need it. They make a good judgement call as to who is the best person they need to speak with".

Support plans clearly identified a range of health professionals who were involved in each person's life, how they were involved and relevant contact details were made accessible to staff. People were supported to attend and make appointments where this was outlined in their package of support. Records showed that district nurses, GPs, dieticians and memory clinic appointments were attended by people. Staff told us "We have recently worked closely with consultants in reviewing medication for a person we support. This is trial and error to make sure we get it right and we are recommending some changes again based on our observations of the persons behaviour". Staff were knowledgeable about the health needs of people using 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 as far as possible people to make their own decisions and to be helped to do so when needed. When people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

The registered provider's policies and procedures offered limited guidance to staff in relation to the Mental Capacity Act and we noted that staff had not received training in MCA. The manager informed us that training was accessible through the registered provider's training programme and he would arrange for staff to attend as soon as possible. The audit compliance manager informed us that the policy and procedure was due for review and consideration would be given to more detail being included for staff to refer too. However, both the manager and staff who we spoke with demonstrated a good understanding of the key principles of the MCA, and their roles and responsibilities in relation to this.

People and their family members told us that staff asked for their consent prior to any care or support being delivered. Staff told us "[name] can't always tell you what they want. We will offer choices visually to help if needed or we will judge their body language to establish what they would like us to do" and "I always ask a person if I can help them before I do something" and "If [name] says no to something I will go away come back later and try again. If they continue to say no then I will be respectful of their decision". It was clear through our observations that staff asked people for their consent before carrying out any activities, and knew that they needed to assist people to make choices where possible. An example of this during our visit was when staff offered a visual choice of snacks to one person. People's individual support plans demonstrated their right to consent, ability to make specific decisions and decisions that may need to be made in their best interests when required.

The registered provider was in the process of gathering information relating to who held Lasting Power of Attorney (LPA) for individuals. An LPA is an individual who has been given legal authority to make decisions on behalf of a person if they lack mental capacity. This information would ensure that the registered provider consulted with the relevant people when decisions were required to be made in people's best

interests.

Staff received regular training to support them to effectively carry out their roles. They told us "We are contacted and booked on training updates by the office staff" and "The training is very good". The manager informed us, "We make sure staff receive the right training before they support people and our nurse assessor will sign off competency for more complex health needs. We have to keep everyone safe". Family members told us "Staff have to access specialist training to be able to support [my relative]. It's important that staff know what they are doing to keep [my relative] safe". Records we viewed showed that staff received mandatory training in areas such as moving and handling, medication, basic life support, first aid and dementia awareness. In addition, specialist training such as catheter, tracheostomy and PEG care are sourced as required for individuals. The audit compliance manager informed us, "We provide training through three different methods, online, through our internal training team and also if we need something bespoke via external sources".

Staff received supervisions with the manager to ensure that they had an opportunity to discuss their role along with any areas of good practice or development. We noted that supervisions were not always completed within the registered provider's own timescales. We discussed this with the manager who confirmed that supervisions had not always been recorded and this was currently being addressed. Staff confirmed that regular meetings took place and that they felt supported by the manager.

## Is the service caring?

### Our findings

Family members told us the staff were caring and they respected their relative's privacy and dignity at all times. "It's important that [my relative] has consistency with their support. They have this with Cordant Care, the balance of staff we have is good" and "Its early days, but they have listened to our feedback about the staff and we are getting to know people slowly but surely". Observations showed that people were engaging with staff and relaxed in their presence. Staff approached people in a kindly, non-patronising manner, they were patient and when they were attending to their needs, were caring and respectful in their approach at all times". There was recognition from the manager about the importance of ensuring that people received care and support where possible from the same staff that people liked and trusted. He told us, "Staff are going into someone's home and it's important that personalities work. At the end of the day they are helping people with some very intimate and personal support needs. It has to be right for both people and staff".

People's diverse needs in respect of their age, disability and gender were understood and were met by staff in a caring way. Staff knew people well, how they preferred to be supported and what mattered to them. One person had a particular morning routine which identified each specific element of their routine, including the use of different coloured bowls and sponges to meet their different needs. This was important to the person and staff ensured that this routine was carried out in accordance with their wishes. This contributed to people feeling that they mattered and were listened to.

Staff had formed meaningful relationships and spoke fondly of people. Staff told us, "Their quality of life is very, very important to me. Each person has their own personality which makes them the individual they are" and "I love working here. It's not like being at work, it's a real pleasure". Staff were able to clearly describe how they would protect people's privacy and dignity and why this was important. They told us "I always make sure that [name] has the door shut if they are receiving personal care, and always cover them up as much as possible" and "It's very important to [name]. Their support plan clearly tells you they are a very proud person. We need to make sure that we respect that". We observed staff talking with people about what they would like to do and chatting about the different options available. Staff were patient and respectful of people's different communication styles and used small, clear sentences to help people process information and make a decision.

The manager and staff told us that people were encouraged as much as possible with their independence, and supported to achieve anything they could do for themselves. Choices and decisions about their care and support such as what people wanted to eat, wear or what activity they wanted to do were always sought by staff. Records demonstrated that people were treated as an individual and where appropriate input from other significant people such as family members, was obtained to ensure people received the right care and support to meet their needs.

People who used the service had been provided with an information pack which included a service user guide about the service and standards they should expect from the agency. The pack included details of the manager, the registered provider and it included other key pieces of information about matters such as; how to make a complaint, confidentiality and maintaining people's safety and security.

## Is the service responsive?

### Our findings

Family members confirmed that the support that people received was built around their individual needs; one person told us "They know how to look after me and what I need". During a home visit we saw that staff knew people well and they were able to tell us how the person preferred to be supported. Staff were confident in responding to the persons requests and met their needs appropriately.

People received personalised care that was responsive to their needs. Prior to anyone using the service a full and detailed assessment of need was completed. Information gathered was specific to the individual, and reflected a number of important areas to ensure that support provided was flexible, consistent and reliable. Records included people's preferred routines, life history and important information relating to their health needs, outlining what specific support was required by the service. Where appropriate staff were provided with detailed information about how specific health conditions may present for people. Information sheets were also made available to give advice on how best to support people if they were showing symptoms that indicated that their health was deteriorating.

Support plans were person centred and provided staff with a good insight into the people they were supporting. A section outlined as 'Who I am' contained statements such as "I am a proud person and need some help to make sure I dress smartly" and "I have a very strict routine and it is important that you follow it so I feel safe" and "Please leave my bedroom door ajar as the dog likes to sleep in my room". Information relating to health needs was written in a simple and effective way that enabled staff to easily understand what support people required. Staff told us "Our assessment and support plans are written so that anyone would be able to confidently support people. They are always immediately updated if there are any changes to people's needs highlighted". Records showed that over time details had been added or changed to support plans to ensure they accurately reflected people as individuals, and to show how each person wished to be cared for or supported.

Staff completed daily care records which gave an overview of people's wellbeing, what support was provided and any other details that may be of concern. Records we viewed were completed regularly and in good detail. We saw that supplementary charts used to record food and fluid intake for people were completed. Staff were clearly able to describe the reasons for recording information after people had food or fluids and clearly identified the amount of food and fluid that people had eaten or drunk. However, we noted that the 'total fluid intake' was not always recorded to enable staff to assess how much people had drunk. We spoke with the manager who advised us that he would speak to staff immediately to ensure this was completed.

Care reviews were conducted by a nurse assessor and included a consultation with people and, where appropriate, their relatives. These provided people with a forum to share their views about their care and raise any concerns or changes. Comments received from people in their care reviews were incorporated into their support plans where their preferences and needs had changed. The registered provider had taken appropriate actions to address any concerns raised.

Staff were skilled in their knowledge of the different types of dementia and the impact this may have in

people's day to day life. Support plans around people's behaviour focused on the positive rather than the negative impact and identified proactive strategies. Where a person's behaviour changed or mood altered, staff spent time trying to identify possible causes and worked as a team. The staff team had completed a piece of work and identified how mirrors had caused distress to a person who had dementia. Distraction techniques had been used to no avail and the removal of the mirrors had led to a reduction in distress. One staff member told us "People who have dementia can lose the ability to recognise themselves. The reflection must have felt like someone else was in the room. That must have been frightening".

The provider's complaints policy and procedure was made freely available in the service and information about how to make a complaint was included in the service user guide. A copy of the service user guide was kept in people's personal files for their review and reference. We saw that the process outlined only guided people to raise complaints directly to the registered provider or to CQC. The manager and audit compliance manager confirmed that they would update information to ensure that contact details for the local ombudsman would be made accessible to people. Records showed that complaints received were acted on and reviewed by the registered provider to try to prevent similar issues occurring. Family members told us "If I have raised any concerns the manager is very quick to get in touch and try to resolve our concerns. They never try to 'fob' us off either which is very important to us".

The service sought regular feedback from people who used the service or their relatives. People were contacted as part of the service's audit process. People were also asked for feedback on their experiences as part of spot checks on staff. Annual surveys are issued by the registered provider but these had not been sent out at the time of our inspection.

## Is the service well-led?

### Our findings

Family members told us that they were satisfied with the service their relatives received and that contact with the management team overall was good. They told us "I know that I can contact them and I will be listened too. They have been responsive to us to date".

During our inspection we noted that the registered manager was located at another location with the registered provider. The manager in place at Cordant Care Chester is not currently registered with CQC. We discussed this during our visit and were informed that the application process to become registered manager had commenced. We advised the registered provider that an application to deregister the previous manager required completing. This was addressed immediately.

We asked staff to describe the culture and values of the service. They told us that the manager was approachable and understanding and described the management structure as open and transparent. They told us, "If there is anything we need, I know that we can go to the manager and as long as there is a valid reason, he will help us to get whatever it is" and "We are a very good team here. We work well together. The manager always listens to our views and feedback". Staff told us that they felt valued working at the service and they were always given the opportunity to develop their skills and knowledge. Through discussions with the manager and the audit compliance manager we found a culture that promoted openness, honesty, transparency and progression was in place at the service.

The registered provider told us in their provider information return and during our visit that recording minutes of team meetings had been an area of development. Records indicated that improvements had been made, for example we saw records of 'Patch meetings' that had occurred with the staff team. Staff told us, "We discuss our work in the meetings, how things are going, if anything has changed with the care package or even if we need something additional to help" and "We regularly have discussions as a team to make sure we are on the ball with what's happening. Communication is good". Staff felt they worked well together as a team and that there were good communication systems in place.

The manager and the audit compliance manager undertook a number of quality assurance audits to monitor and improve service provision. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services. Quality audits covered all aspects of the service including support plans, accidents and incidents, training, complaints, infection control, health and safety, and medication. Audits were regularly reviewed and action plans were written where areas of improvement were identified. Progress was then evaluated in line with identified timescales highlighted by the registered provider. We saw that concerns relating to the management of medication for one person had been highlighted and addressed through the audit process. The audit compliance manager showed us how the individual service audits were fed into the registered provider's organisational view for reflection and improvement of performance. This demonstrated that the registered provider aimed to ensure that people were provided with a good service that met appropriate quality standards and legal obligations.

Services that provide health and social care to people are required to inform CQC of important events that

happen in the service. Registered providers are required, by law, to notify us about and report incidents to other agencies when deemed necessary so they can decide if any action is required to keep people safe and well. The manager was clear on the process to follow and able to describe what required reporting to CQC.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system that was password protected to ensure that information was kept safe.