CorderCare Ltd

CorderCare Office

Inspection report

4 Lebanon Drive
Wisbech
Cambridgeshire
PE13 3RX

Tel: 01945475438

Date of inspection visit:
04 August 2016
05 August 2016

Date of publication:
25 August 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

Summary of findings

Overall summary

CorderCare Office is registered to provide personal care to people who live in their own homes. At the time of this inspection a service was provided by 10 care staff to 24 people living in Wisbech and the surrounding areas.

This announced inspection took place on 4 and 5 August 2016.

The service had a registered manager in place. 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 provider's policy on administration and recording of medicines had been followed, which meant that people received their prescribed medicines. Audits had identified issues with medicines' management and action had been taken.

People had their needs assessed and reviewed so that staff knew how to support them to maintain their independence. People's care plans and risk assessments contained person- focussed information, and information was up to date and correct.

There was a sufficient number of staff available to ensure people's needs were met safely. The risk of harm for people was reduced because staff knew how to recognise and report abuse. Staff were aware of the procedures for reporting concerns, systems were followed and concerns were investigated.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. Staff were well supported by the registered manager and senior staff through supervisions and staff meetings.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. We found that staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and could describe how people were supported to make decisions.

People received care and support from staff who were kind, caring and respectful to them. Staff treated people with dignity and respected their privacy.

People knew how to make a complaint. The provider investigated any complaints and as a result made changes to improve the service.

The service had an effective quality assurance system in place. People and relatives were encouraged to provide feedback on the service and their views were listened to and acted on.

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.

People were protected from harm because staff had an understanding of what might constitute harm and what procedures they should follow.

Risks to people's safety and welfare were assessed and managed.

Staff were following safe practices when they administered or recorded medicines, which meant people received their medicines as prescribed. Audits of the medicine administration process had been undertaken.

The recruitment process had been followed to ensure that only suitable staff were employed to work with people in their own homes.

Is the service effective?

Good

The service was effective.

Staff had reported incidents to the registered manager to ensure people's health and wellbeing were maintained.

Staff understood the Mental Capacity Act 2005 so that people's rights to make decisions about their care were respected.

People received care from staff who were trained and supported to provide safe and appropriate care. Staff knew the people they cared for well and understood, and met their needs.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind, caring and respectful.

People were involved in the decisions about their care.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were involved in the assessment and reviews of their care. Care records had been updated when changes had occurred to people's health and wellbeing.

People and their relatives knew who they could speak with if they had a concern or complaint. A complaints procedure was in place and the registered manager investigated and actioned any concerns or complaints.

Is the service well-led?

Good

The service was well led.

The registered manager was supported by the provider to undertake their role and responsibilities.

There was an effective system to monitor the ongoing quality of the service. This meant that any shortfalls in the service provided to people were identified and acted upon.

CorderCare Office

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 4 and 5 August 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. It was undertaken by one inspector.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also asked for feedback from the commissioners of people's care and the local authority safeguarding team.

Before the inspection, the provider completed 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.

Eleven people using the service, two relatives, six members of staff and one community professional responded to the CQC questionnaires sent prior to the inspection.

During our inspection we spoke with two people who used the service, two relatives and one community professional on the telephone. We spoke with the registered manager, the nominated individual, one senior staff member and three members of staff.

As part of this inspection we looked at records in relation to keeping people safe from harm and medication administration records. We also checked the care plans and risk assessments for four people. We checked the files of three staff. We looked at records in relation to the management of the service including audits, complaints and meeting minutes.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "Oh yes I definitely feel safe. They [staff] let themselves in and shut the door properly and put the key back when they leave." A relative said, "They [staff] look after [name of family member] when they care and we have regular carers [staff]." A member of staff said, "We [keep people safe] because we go by the care plan. We make sure [to check] if there have been any changes [in the provision of the person's care]. We do get [text] messages [on the mobile phone] if there have been changes, but we still check [the care plan]."

Staff told us they protected people from harm because they had received training in recognising the signs of harm and how to raise concerns. Staff were able to explain their responsibilities and the action they would take in reporting any incidents. They were aware that they could report allegations to other authorities outside CorderCare Office. One member of staff said, "I would contact the manager straight away and [if necessary] complete a body map [in the case of any injury]. I've done my training and know I can report [issues] to Norfolk and Cambridgeshire safeguarding or CQC." The registered manager said there had been one safeguarding concern. There was evidence to show the outcome and the process, which followed the service's policy. A community professional said, "[Name of registered manager] is very good and reports things [safeguarding concerns] on time and follows them through."

The registered manager said there had been no whistleblowing concerns. Staff confirmed they were aware of the provider's whistle blowing policy and their responsibilities to report poor practice.

The levels of risks to people were managed effectively. There was evidence that risk assessments had been written with the person as part of the planning of the provision of care and then discussed during reviews to ensure the information was up to date. This meant that staff were provided with the information they needed to keep people safe and minimise any risks. The risks covered areas such as people's premises, moving and transferring, falls and infection control. One relative said their family member received care that was "as safe as it can be" in relation to the risks.

Staff told us how they recorded and reported accidents to staff in the office if they occurred. One staff member said, "There is an accident form [which we have to complete] and then we have an informal chat with [name of registered manager]." The staff member went on to say that on one occasion the registered manager had arranged for health professionals to provide the necessary aids to independent living required to keep a person safe in their own home. The equipment had been put into the person's home within 24 hours. The staff member continued, "They [management] deal with things straight away."

Overall people and their relatives were happy with availability of care staff and told us there had been calls from the office staff if care staff were going to be late. They said that the staff arrived and stayed for the correct amount of time. Information provided by the registered manager showed that there had been no missed calls for people who used the service, out of 456 calls during a seven day period. Staff told us that they covered staff who were on holiday or went sick. One member of staff said, "There's one major plus about this company and that's we have time. If we need extra time [at a person's home] we just go to the

[registered] manager and we get time." One relative told us they received a rota so that they knew which member of staff should be providing the care and support each day and found it helpful. We saw that there were enough staff to meet people's personal care needs.

People were protected because there were effective recruitment procedures in place that were followed. We saw that all appropriate checks had been obtained prior to staff being employed to ensure that they were suitable to work with people using the service. One member of staff said, "I had an interview and they looked at the application. It was only when my DBS and references were in that I could work on my own. When I first started I did 'meet and greet' [to visit people they would provide care and support to] with another member of staff. I think it's a brilliant idea."

People told us they were supported to take their medicines as prescribed, and medication administration records (MARs) confirmed this. One person told us, "They [staff] gave me my [name of medicine] morning and night, but I had to stop it [the medicine] as it was making me unwell. They [staff] told me they couldn't [just] give me anything I asked, they had to be told [and it had to be recorded on the MAR chart]." There was information to evidence that staff had discussed medication with people. Staff who administered medication said they had received training and that their competency was checked. One member of staff said, "I did a full day[training] on medication, more of a refresher. It was really interesting and dealt with patches, eye drops and eye gels." Another member of staff said, "I did all my medication training and [senior] staff came with me until I was confident [to administer medication] and they then made sure I was competent [to administer medication]." Audits on medication had been completed and issues had been identified and actioned.

People told us staff used personal protection equipment (PPE) such as gloves and aprons when providing personal care. We saw that PPE equipment was available in the office. Staff came in to collect it so that they had sufficient equipment to keep people safe from cross infection. We saw in people's files how PPE should be used to keep the person safe and free from cross infection when staff provided personal care and support.

Good

Is the service effective?

Our findings

One member of staff said, "If a person is unwell I log it and then phone the office. I'd make sure they [the person] had plenty of fluids then contact the on call [member of staff] and they would phone the GP [and the staff member would be told what to do]. If a person had fallen I would call the paramedics then contact the office." There was evidence in some people's daily notes that a GP, social worker or OT had been called, which showed referrals had been made where necessary.

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.

The registered manager and staff had an understanding of the MCA. The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests and in the least restrictive manner. All the people we spoke with were able to make their own decisions. The registered manager said there was no-one who was not able to make decisions about their care needs or who would require a specific assessment under the MCA in relation to best interest decisions.

We saw that staff understood people's needs well. This was by ensuring that the care provided was only with the person's consent, and the people we spoke with agreed that was the case. A staff member said, "I don't have anyone [person using the service] who does not have capacity. But if they didn't I would check what they liked before [they were unable to make decisions]. There would [hopefully] be someone appointed to make decisions." Another staff member said, "Everyone has capacity. They can agree [and tell staff] what they like and how the care is provided."

Staff who were new to caring told us about the induction training programme, which provided all the mandatory training expected by the provider. One member of staff said, "I'm really enjoying it [induction training]. I've done e-learning, been to Cambridge for moving and handling [repositioning] and medication training. There's also been some office based training."

People were supported by staff who had the necessary skills and who knew the people they cared for well. Staff confirmed that their competency was assessed through observations in areas such as medication administration and moving and repositioning people. One staff member told us, "I've just done on line training about strokes and have asked for extra training in diabetes as I have some clients [people who use the service] who are diabetic and I want to know more." The staff member said they were certain training would be provided. There was evidence in records seen of the courses and training staff had undertaken.

People told us they felt the staff had the skills to be able to provide their care. One person said, "I did get introduced [to new staff members] but with any new carer it's a bit strange [at first] but we soon get used to

it." A relative told us that staff had been trained how to use the equipment needed to provide safe care to their family member.

Staff told us that they received regular supervision and a yearly appraisal. One staff member told us, "I get loads of support. One to one [supervision] every three months, but the door [of the office] is always open. They [management] always listen." The service had access to a private room so that supervision and appraisals could be discussed in private.

People told us they were supported with their meals if needed and they were able to choose what they ate and drank. One person said, "They [staff] get my breakfast if I ask them to. They ask me what I want to eat. They make me a cup of tea and always ask if there's anything else I need."

Good

Is the service caring?

Our findings

People told us that the staff were caring and kind. One relative said, "I can't fault anything with them [staff], they're fantastic." However another did comment, "Some staff are outstanding, but others are middle of the road." A community professional said, "The care in the agency [CorderCare Office] is paramount. The staff provide very good care and feedback. They go above what I would expect [from a care agency]."

People and their relatives told us that they had a good relationship with the regular staff who provided their care. One relative told us, "I like that it's a small company, that's why I chose them." They went on to say that when they went on holiday they requested specific staff attend their family member so that they (the relative) was sure the staff who knew the person best would provide the care and support. The relative felt the management "do put themselves out". One staff member said, "I'm always asking if everything is OK."

People were able to express themselves and state how they wished to be cared for. People were also supported by their relative who would speak up for them where necessary. The registered manager said that, if necessary, an independent advocate would be sought to help anyone if they wanted it. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People told us staff treated them with dignity, privacy and respect. One relative said, "I know that if my [family member] is on the toilet they leave her and come [back] when she calls." One member of staff said, "I would make sure the person is not exposed. I ask them, as they are more than capable to tell me what they want and don't want. I make sure if someone is coming [visitor for example] I close doors and ask the person [about their care]." Staff told us how they ensured people's privacy and dignity by closing the curtains, keeping doors closed and covering people when providing personal care. They told us how they involved people in their everyday decisions about their care and how they provided choices to them.

People told us they were encouraged to be as independent as possible. One person said, I am quite independent and always have everything ready for them [staff], but they help me if I need it and [wash areas the person is unable to reach]."

Good

Is the service responsive?

Our findings

There was evidence that an assessment of people's needs had been carried out before the service started. Care plans had been produced from the assessment, which had been discussed and agreed with people or their relatives. One relative said, "I have read the information [care plan] occasionally."

Two people said that they or their relative had been involved in developing and reviewing their care. We went through the care files of four people and evidence confirmed that the care plan had been updated after the six monthly review where appropriate. This meant information was updated and current. Staff told us they reported any changes about people's health when they provided care. We found that this had been recorded in people's daily notes and updated in the care plans where necessary. Staff told us that whenever they brought information to the registered manager or senior, action was taken and care plans and risk assessments were changed within 24 hours. One member of staff was asked to tell us about a person they supported. They were able to describe the person's needs, any risks or changes that had recently taken place. The staff member said, "We go through all the clients [people who use the service] at team meetings and discuss the updates such as a person who might be coming out of hospital or going in [to hospital]. We also talk about any changes [in a person's health and wellbeing]." Information in the staff meetings records showed that people's care and support was discussed so that staff were kept up to date.

There was information in the care plans but also photographs for staff so they could see the correct equipment to be used, the type of slip hazards in a person's home and the technology used in a person's home. The registered manager confirmed that where people were in the pictures (such as hoists for moving and transferring) these had been agreed and signed for beforehand.

Staff were clear that people made choices about all elements of their care. One staff member said, "We always ask them [people] if we can help. One person didn't want a shower and we always go with what they want." Information from the provider showed that the service responds when people require adhoc support to attend appointments to the hospital.

There was a complaints procedure in place so that investigations and action taken could improve the service. We saw that the registered manager had followed the providers' policy for logging issues of complaint. There had been investigations made by the registered manager and actions put in place where necessary.

People and their relatives told us there was information on how to make a complaint about the service in the files kept in their homes. There were details of the telephone numbers including the out of hour's number when the office was closed. People and their relatives we spoke with were aware that they could complain and to whom, such as the registered manager. Two relatives told us that they had complained about members of staff that they did not get on with very well. They said the company listened to them and replaced the staff immediately. A relative said, "I know how to complain, by email or phone." We saw that a complaint had been raised, was discussed in a team meeting and then with people it affected, which led to improvements to the service.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection and they were supported by the nominated individual, a senior member of staff and care staff.

People said they would telephone the staff in the office if they needed to. Information from the CQC questionnaire showed that people knew how to contact the service if they needed to. One relative said they had telephoned the service and always had a response. Staff said they were encouraged to pop into the office at any time to discuss anything. One member of staff said, "The door is always open. The [registered] manager listens. It's a 'doing' company, you don't have to wait. Things are put in place straight away." Another member of staff said, "The [registered] manager is so supportive. If we need to talk she's always there and gives advice [if necessary]."

All staff who completed the CQC questionnaire, and those we spoke with during the inspection, said they would feel confident about reporting any concerns about poor practice (whistleblowing) to the registered manager and that action would be taken where necessary. Staff knew that there was a whistleblowing policy and where to find all the necessary telephone numbers. One staff member said, "If I had any concerns I would report to the [registered] manager or senior [member of staff]. [For example] anything to do with bullying."

The registered manager told us there were systems and processes in place to monitor the quality of the service provided so that people could be confident their needs would be met. They told us that there was a system of staff quality audits to observe the care provided by staff on a regular basis. One relative said, "[Senior] staff come to watch and ensure what is done [support provided in the care plan] and what staff are supposed to do". Staff confirmed that was the case and written evidence supported it.

The provider said in the PIR that there were quality assurance systems completed. There were six monthly client feedback visits with people from the management of the service. This included individual feedback requested from people who use the service for each of the members of staff who provided their support as well as the overall service. There were also six monthly unannounced observations in relation to staff performance. This was used to improve the service and any small issues were picked up and dealt with immediately.

Monthly there were in depth checks on at least one person using the service and one member of staff. These checks were undertaken by management of the service. For example we saw the outcomes for one person in their file. It showed details of whether the outcomes had been met or not (from measurements used such as the log books (daily notes), six monthly reviews or feedback) and what action was to be taken to meet outstanding outcomes. The size of the service meant the registered manager was aware of every person and member of staff and was able to improve staff performance through training or support where necessary. There was evidence that this was the case.

All staff told us there were regular staff meetings. Staff felt they were involved and saw meetings were a

positive process and said they were able to raise ideas and they would always be discussed and, where appropriate, taken on board. For example one staff member told us that there was a suggestion to provide slide sheets for a person and these were provided and put in straight away. One member of staff said, "Team meetings are brilliant. We [staff] get to know what's happening. We discuss incidents and how to improve things. It's really informative. There are charts, feedback [about each member of staff] from service users [people who use the service] and then there's any other business. It's confidential and we are able to bounce ideas around."

We saw team meeting power point presentations. Staff told us they were used to show things like how staff sickness affected the company and the people who use the service and it had had a big impact on them. As a result the level of sickness had dropped dramatically.

Audits had been completed in relation to people's daily logs and MARs were audited together, which meant cross referencing had taken place and discrepancies highlighted. We saw evidence that those discrepancies were then followed up with the staff at supervision. Where necessary, all staff were updated with any issues or improvements to be made in the next team meeting.

Records we held about the service, and our discussions with the manager, showed that although they had dealt appropriately with a concern they had not sent a notification to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. The registered manager and provider understood their responsibilities and said they would ensure any concerns in the future were reported in relation to the regulations.