CorderCare Ltd

CorderCare Office

Inspection report

Offices 1 & 2, Evergreen Venture Park
Barton Road
Wisbech
Cambridgeshire
PE13 4TP

Tel: 07813582571
Website: www.cordercare.co.uk

Date of inspection visit:
06 August 2018
07 August 2018
14 August 2018

Date of publication:
21 September 2018

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 a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to both older and younger adults.

This is the first inspection of this service since the agency office moved in January 2018. This announced inspection took place on 6, 7 and 14 August 2018. There were 34 people receiving the regulated activity of personal care during this inspection.

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 were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Potential risks to people were assessed and minimised.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were enough staff to ensure people's needs were met safely and in a timely manner.

People were supported to manage their prescribed medicines by staff who were trained and had been assessed as competent to administer medicines. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported to meet people's assessed needs. Staff had the skills and knowledge to meet people's assessed needs.

People were supported by staff to have enough to eat and drink. People were assisted to have access to external healthcare services to help maintain their health and well-being Staff worked within and across organisations to deliver effective care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. They were fully involved in making decisions about their care and support. People and their relatives were involved in the setting up and review of their or their family member's individual support and care plans.

Staff treated people kindly and made people feel that they mattered. Staff respected and promoted people's privacy, dignity and independence.

People's individual needs were assessed and staff used this information to deliver personalised care that met that met people's needs. Staff supported people to have the most comfortable, dignified, and pain-free a death as possible. Staff worked in partnership with other professionals to ensure that people received joined-up care.

People's suggestions and complaints were listened to, investigated, and acted upon to reduce the risk of recurrence.

Staff liked working for the service. They were clear about their role to provide people with a high-quality service and upholding the service's values.

The registered manager sought feedback about the quality of the service provided from people. Audits and quality monitoring checks were carried out to help drive forward improvements.

Further information is in the detailed findings below.

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 avoidable harm by a staff team trained and confident to recognise and report any concerns. Potential risks to people were assessed and minimised.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

People were supported to manage their prescribed medicines safely.

Is the service effective?

Good

The service was effective.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported to meet people's assessed needs.

Staff supported people with their eating and drinking requirements. People were assisted to have access to external healthcare services when needed.

Staff worked within and across organisations to deliver effective care and support. People were supported to have maximum choice and control of their lives.

Is the service caring?

Good

The service was caring.

Staff treated people kindly and made people feel that they mattered.

People were fully involved in making decisions about their care and support.

Staff treated people with respect. They promoted and maintained people's privacy dignity and independence.

Is the service responsive?

Good

The service was responsive.

People's individual needs were assessed and staff used this information to deliver personalised care that met people's needs.

People's suggestions and complaints were listened to and acted upon to reduce the risk of recurrence.

Staff supported people to have the most comfortable, dignified, and pain-free a death as possible.

Is the service well-led?

Good

The service was well-led.

The registered manager provided good leadership.

Staff upheld the values of the organisation, which included delivering high quality, personalised care to people in their homes.

People, their relatives and staff were encouraged to feed back on the quality of care provided. Audits and quality monitoring checks were carried out to help drive forward improvements.

Staff worked in partnership with other professionals to ensure that people received joined-up care.

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 announced, comprehensive inspection took place on 6, 7 and 14 August 2018. It was undertaken by one inspector. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available.

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 looked at the provider information return (PIR) which we received on 10 May 2018. This is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

To help us with planning our inspection, we asked for feedback via surveys. We received responses from eight people and three relatives. We asked for feedback from representatives of a local authority contracts team, commissioners of the service, Healthwatch, and local safeguarding teams. We also checked the reviews website homecare.co.uk for comments.

The inspection took place between 6 and 14 August 2018. It included a visit to the office, interviews with three people who use the service, one relative and five staff interviews. We also looked at records relating to the provision of care and the management of the service.

On the first day of the inspection we spoke over the telephone with two people who used the service, one other person's relative and a community nurse. We also received email feedback from an occupational therapist. On the second day we visited the agency office and spoke with the registered manager, a care co-ordinator and a care worker who provided administrative support. We looked at parts of nine people's care records, and records relevant to the running of the service. These included quality assurance audits, staff training and recruitment information and arrangements for managing complaints. On the third day of our

inspection we spoke on the telephone with one person and two care workers.

Good

Is the service safe?

Our findings

People and relatives told us that they or their family member felt safe receiving care from the service and that they trusted the staff. A relative told us, "It's a weight off my mind. I don't worry [about my family member] anymore."

Staff had received training and understood the procedures they needed to follow to help maintain each person's safety. Staff had access to information about this in the service's office. Staff members told us that if they had any concerns they would contact the registered manager straight away and were confident their concern would be addressed. They were also aware they could escalate their concerns to the provider or external agencies such as the local authority and CQC. This demonstrated to us that there was a process in place to safeguard people from harm.

Systems were in place to identify and reduce risks to people who used the service. People had comprehensive, individual risk assessments and care plans which had been reviewed and updated. The information in people's care records was held securely within the office and within people's own homes. We saw that staff involved people in assessing and evaluating a range risks. A relative told us, "They do risk assessments all the time." These assessments covered risks such as assisting people to move, poor skin integrity and the environment. Appropriate measures were in place to minimise and support people with these risks. For example, guidance on safe moving and handling techniques and the use of equipment to help prevent pressure ulcers. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

Staff members told us that the required checks were carried out before they started working with people. These included written references, proof of recent photographic identity, their employment history and a criminal records check. The service does not currently provide personal care to children. However, the provider had obtained additional satisfactory checks and provided additional training, for example, in safeguarding children, for staff who work in homes where children may be present. The PIR stated, 'All new carers are assessed for attitude and approach to care at interview and through induction before successfully passing the probation period. This includes educating them in the CorderCare values and vision statement.' We found this was the case and that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

There were sufficient staff employed to meet people's care and support needs. People told us that there were no missed care calls and staff usually arrived on time and were reliable. A relative said, "I know they won't cancel the call." People told us that they were often supported by the same staff members, who got to know them and their preferences. They spoke highly of staff saying they were, "Absolutely brilliant" and, "Very good." We saw that travel time was incorporated into staff rotas to ensure people received care for the time agreed. Staff confirmed this and told us, "We always have enough time [rostered] for calls." The registered manager told us they reviewed staffing capacity against people's needs weekly, to ensure there was always sufficient staff to meet people's needs. The registered manager and senior staff also provided care when staff were on leave or in an emergency.

There were appropriate systems in place to ensure people received their medicines safely. People were satisfied with the way staff supported them to take their prescribed medicines and said they received these at the appropriate times. Staff administered some people's medicines and reminded others to take them. Staff members told us that they were trained to administer people's medicines and that senior staff checked their competency regularly during 'spot checks'. The registered manager had worked with local GP's to ensure they shared the when people's medicines changed. This helped to ensure that changes in medicines were actioned promptly.

Staff took action to reduce the risks associated with medicines, whilst supporting people to maintain their independence. For example, staff noticed that one person risked taking an overdose of medicines by sometimes taking them before the time they were due. Staff worked with the person and supported them to use a medicines dispenser that alerted the person at the times their medicines were due, reducing the risk of them taking their medicine at the wrong time. The registered manager audited medicines records regularly. They had investigated any discrepancies and taken action to reduce the risk of these recurring. For example, by providing staff with additional supervision and / or training.

Staff confirmed, and records verified, that they had received training in the prevention of cross contamination, infection control and food hygiene. Staff confirmed that there was enough personal protective equipment, such as disposable aprons and gloves, and that these were single use items. One staff member told us, "We change [the protective equipment] for every task… We wash hands each time and change gloves." This showed that there was a process in place to reduce the risk of infection and cross contamination.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. Accidents and incidents were recorded and acted upon. For example, discussions were held at a recent staff meeting regarding improvements needed in record keeping of the care provided. This showed that learning was used to improve the quality of the service provided.

Good

Is the service effective?

Our findings

People's needs, such as people's physical, mental health and social needs, were assessed before they received the service. This helped to ensure staff could meet people's needs and provided staff with the information they needed to write people's initial care plan and provide appropriate care. People were supported with their care needs in line with good practice guidance and current legislation. Staff communicated with other care professionals, including social workers, district nurses and occupational therapists. These professionals worked with the registered manager and staff to support and promote people's well-being in line with legislation and good practice guidance. In addition, the registered manager received updates from professional organisations such as Skills for Care, the local authority and CQC. This information was reflected within people's care records and guided staff.

Staff used, and promoted the use of, technology and equipment to enable people to be as independent as possible. For example, aids to remind people to administer their own medicines and support with accessing a mobile hoist that enabled a person to transfer safely into a car. These items enabled people to maintain their independence and continue with previous activities.

The PIR explained that staff were expected to receive comprehensive training before they provided care. It said that this meant, 'Our clients are confident in [staff] knowledge and receive the care they want and need.' This was the case and staff had skills and knowledge to meet people's assessed needs.

People and relatives told us that staff knew what they were doing and that they looked after them well. One person told us their own training meant that they insisted everything was "done properly." They told us, "[The staff] have been trained well really. They know what to do."

Staff induction reflected the Care Certificate. This training included a set of standards that social care and health workers must apply in their daily working life. It is the minimum standards that should be covered as part of their induction training as a new care worker. Staff told us that in addition to training, they also 'shadowed' more experienced care workers until a senior staff member assessed them as, and they felt competent to provide care alone. One care worker said their induction was "Fine. It was a bit daunting as I'd not done care work [before]. [The registered manager] was really good. They didn't send me out [alone] until I was ready."

Staff told us, and records showed, that they were regularly trained in the subjects deemed mandatory by the provider such as moving and handling, first aid, safeguarding people from harm and diversity. Staff also had opportunities to receive other training specific to the needs of the people they were caring for, such as, diabetes awareness. All staff praised the training they received. We spoke with a staff member who had worked for other care providers. They told us, "The breadth and depth of training is outstanding...The amount of stuff I learnt when I came here, I couldn't believe I didn't know that before." Another staff member said, "[The training] makes me more confident [when providing care]."

Staff had appropriate qualifications for their roles. The registered manager had completed a level five

national vocational qualification (NVQ) in management. They, and other staff had also completed levels two and three NVQ's in health and social care. All are nationally recognised qualifications.

Staff were well supported to provide care that met people's needs and preferences. Staff received annual appraisal and regular 'spot checks' and formal supervision at least three monthly when their goals were reviewed. They said that this was useful and provided them with an opportunity to discuss their support, development and training needs. They said they could also, "Speak to [senior staff] anytime. They always sort everything." We saw staff supported each other to ensure people received the best possible care. For example, a staff member had highlighted to the registered manager that a person had refused their personal care when a newer staff member attended them. The registered manager arranged for additional support for the staff member to ensure they could meet the person's needs.

Staff supported people to eat and drink sufficient quantities of appropriate food and drink to stay healthy. At the time of our inspection no-one required assistance to eat and or drink. However, people told us staff supported them to ensure they ate and drank enough. One person said, "[Staff] get me my dinner and tea. They make a nice cup of tea." Staff were aware of people's dietary needs. For example, they were aware of the dietary requirements of a person who had a health condition that meant they restricted the foods they ate. It was particularly hot during our inspection and the registered manager had circulated 'Beat the heat' guidance to staff. Staff told us they were taking particular care to look out for signs of dehydration and remind people to drink plenty of fluids. A staff member told us they were concerned that one person wasn't drinking enough. They supported the person to have smaller bottles of liquids which they could use more easily enabling them to drink more.

Staff worked with external organisations which helped to ensure people received the best quality of service possible. For example, two external healthcare professionals told us that staff contacted them quickly when people needed their support. One said that staff, "Worked with me as a team to achieve the best possible care for [the person] under very difficult circumstances." This showed that people were supported to manage their healthcare.

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). For people in the supported living service, an external agency would make the DoL application to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered manager told us that no one using the service, during our visit currently lacked mental capacity to make decisions about their care. Staff had adequate knowledge in relation to the application of the MCA. They told us how they used visual prompts, or reduced options, to aid people, who may have had fluctuating mental capacity, with their choices. For example, showing people a choice of clothes rather than asking what they would like to wear. Staff sought people's consent to provide care in line with legislation.

Good

Is the service caring?

Our findings

People and relatives were very happy with the care and described good relationships with staff. One person described the staff as "Being like family." Another person said, "We have a laugh." A relative told us, "We are very happy with the service provided. The carers are kind, hardworking and friendly. [My family member] has full confidence in them." Some people told us they liked that they had known many of the staff for a very long time, prior to receiving care, because they all lived in the same area.

Staff treated people kindly and made people feel that they mattered. A relative told us, "Sometimes [my family member] just wants someone to talk to and they do that." People and relatives told us the service made a real positive difference to their lives. One person said the staff were, "Really lovely. I wouldn't be able to live here if the carers didn't come in." Another person told us, "I've had several accidents over the last few weeks. [Staff] have come in and looked after me. They've stayed longer when necessary."

Staff told us they would be happy with a family member receiving care from this service. One staff member said this was because, "I know they'd get the care they need. I see how the other [staff] work, by working with them and reading the logs, and I can see the clients happy with the care." Another said, "I feel the carers here care. No-one is rushed. There's enough travel time and time to care." A third said, "Everyone's so friendly. Nothing is too much for us to do."

Staff knew people well, including their likes and dislikes. Details about each person were recorded in their care records. For example, people's care plans contained detailed information about exactly where and how they wanted to be supported when they washed and dressed. When allocating care workers, senior staff considered which care workers would enable the best outcomes for each person. For example, a healthcare professional described how staff had striven to provide care to a person with complex needs. They said, "I believe many other care agencies would have pulled out of caring for [the person as they] could be very abusive towards staff members. CorderCare worked to send in the carers who had a good rapport with [the person] and the situation stabilised for a good length of time."

People told us that staff treated them with respect and promoted their privacy, dignity and independence when supporting them with personal care. One person said, "Of course [staff treated them respectfully.]" Care records we looked at had clear prompts for staff as a reminder for them to respect people's privacy and dignity at all times. For example, one person's record stated to leave the person in private when using bathroom and closing curtains when washing and dressing.

People received information about their care in formats that suited them. For example, via telephone, email or with additional support. People received a rota each week and were notified of any changes so they knew who would be providing their care.

People were fully involved in making decisions about their care and support. People were encouraged to make their own choices and express their views. For example, one person's care plan said the person would tell staff if they wanted 'a shower or a wash'. A relative told us that staff responded positively to, "Any

requests or changes I have made. They have been dealt with promptly." The registered manager told us that if people were unable, or required support, to make decisions independently, they would arrange for them to use the local advocacy service to support this. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Good

Is the service responsive?

Our findings

People, relatives and healthcare professionals made positive comments about the service. They said how staff supported people in a person-centred way focusing on their individual needs and achieving good outcomes. A relative told us, "Overall I am very pleased with her care and know that [my family member] is being looked after… Since the care agency began it is noticeable that [my family member] is more alert and takes more of an interest in life and is happy."

People and relatives confirmed that staff had a good understanding of, and met, their care needs. A person told us they were, "Very happy with the care." Another person said the staff were, "Really very good. They sort me out, bath me. Nothing is too much trouble [for them]."

People's individual care and support needs were assessed prior to them using the service to make sure that staff had the skills and knowledge to meet people's needs and wishes. These assessments were as a basis for people's care plans. People confirmed they were involved in the assessment and care planning process. People's care plans were detailed and contained a lot of information to guide staff in how to meet people's needs. They included comprehensive information about the person and what they could do for themselves and about what was important to them. For example, one person's care plan advised that they liked 'thick gravy and lots of it' with their food. The information included, where relevant, their spiritual and cultural needs, communication, medication, nutrition, emotional well-being and any health issues. Staff completed daily notes that reflected the support provided at each care call. This showed that staff had comprehensive information to guide them in providing appropriate care to each person.

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. The registered manager had provided people with information about how to complain should the need arise. People were confident the registered manager or another member of staff would listen to them and address any issues they raised. One person commented, "I've got a number to ring. I've said I don't want one staff member in and they don't send [them] anymore." Staff had a good working understanding of how to refer complaints to senior managers for them to address.

Complaints were investigated and dealt with appropriately and thoroughly within the timescales stated in the complaints procedure. We saw that the registered manager learned from complaints and made improvements where appropriate. For example, a person complained that a care worker had not staying for full allocated time. They reminded staff of the importance of staying for the full time and monitored the situation. They also asked carer workers to inform them if they left a visit more than 15 minutes early so they could investigate if this was an indication of a change in the person's needs. This showed us that people's concerns were responded to, investigated and actions taken where possible to reduce the risk of recurrence.

Staff worked hard to provide a flexible service that met people's needs and wishes and made efforts to ascertain people's end of life wishes. A relative told us that staff, "Have discussed" their family member's end of life wishes with them. Staff gave us an example of a person who was nearing the end of their life and wanted to return home from hospital. The registered manager assessed the person's needs at very short

notice and briefed staff. They met the person the later that day when they returned home by ambulance. Staff worked with external health care professionals to ensure the person's needs were met and they were as pain free as possible. A staff member told us the person's relative, "Got upset and I'd speak to her privately [to offer reassurance]." This showed that staff recognised that the relatives of people approaching the end of their life also needed support and treated them compassionately. Those staff who supported people at the end of their life had received training to do so. This enabled staff to support people to have the most comfortable, dignified, and pain-free a death as possible.

Good

Is the service well-led?

Our findings

There was a registered manager at the service. Records we held about the service, and looked at during our inspection, showed that the registered manager had not sent a required notification to the Care Quality Commission(CQC). A notification is information about important events that the provider is required by law to notify us about. However, the registered manager had recognised this and assured us they would notify the of CQC of future recent events appropriately.

The registered manager was supported day-to-day by a care co-ordinator and care staff. The registered manager told us the directors were also supportive and involved in the running of the service. The registered manager told us, "I'm proud of what we do. I'm proud of [the staff] and how we do things. We have good team work and communications. It's easier to keep a handle on things because we are [a] small [service]."

Staff upheld the values of the organisation, which included delivering high quality, personalised care to people in their homes. Staff felt supported by the senior staff and were very complimentary about working for the organisation. One staff member said about working for the service, "It's brilliant. I'm happy working here. I can go to [the registered manager] and everything's done to how I would expect." Another staff member told us that this service provided more person-centred care than others they had worked for. They explained that the company ethos was one of caring about the staff and the people who use the service. They gave examples of having the opportunity for people to meet the staff member before they arrived to provide the person's care.

The provider had systems in place to effectively manage staff. These included regular 'spot checks' of their work, supervision and staff meetings. Topics for recent meetings included: feedback received about the service; what was going well and any areas for improvement; any updates in legislation and best practice. For example, the recent change in legislation to how people's information is used and stored. Staff told us they found these systems useful and helped them improve the care provided.

People, relatives and care professionals were complimentary about the service provided, and how the service was run. A relative told us, "[This] care company go above and beyond. They're just caring. It's not just a job. They've become [my family member's] friend." People told us that they could speak to the registered manager should they wish to do so and that the registered manager made themselves available for this. They, and other senior staff, provided care to people, so visited them regularly. They told us this meant they received frequent, informal feedback on the service provided. One person told us the registered manager and staff, "Do listen to me."

People and their relatives were given opportunities to comment on the service provided. Senior staff regularly visited people and recorded their views of the service. They collated these and fed them back to the care team and took action to address any shortfalls in the service.

The provider had a system in place to monitor the quality of the service staff delivered to people. Senior staff and the registered manager undertook a number of audits of various aspects of the service to ensure that,

where needed, improvements were made. Audits covered a number of areas including medication, health and safety and care plans. The provider's representative continued to visit the service regularly to ensure that the service was complying with the regulations and making any necessary improvements. Areas for improvement had been noted by the registered manager and actions were underway. For example, ensuring staff completed all necessary records at each visit and increasing the frequency of 'spot checks' to provide additional staff support.

Staff worked in partnership with other professionals to ensure that people received joined-up care. These professionals included GPs, community nurses, and any other professionals involved in a person's care. External professionals were highly complementary about how the service was run and how staff worked to achieve good outcomes for people. One healthcare professional told us the staff were, "Good communicators and easy to contact" and staff had worked well with them to achieve the best possible care for a person. This meant that each organisation knew what the others were doing in relation to people's care, as far as they needed to know and the person wanted them to know.