

Care service inspection report

Cordia (Services) LLP, Glasgow North West Care at Home and Housing Support Service

Housing Support Service

Blair Court
Port Dundas Business Park
100 Borron Street
Glasgow
G4 9XE

Inspected by: Gerry Tonner

Kathy Godfrey

Type of inspection: Announced (Short Notice)

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HAPPY TO TRANSLATE

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Service provided by:

Cordia (Services) LLP

Service provider number:

SP2009010353

Care service number:

CS2009206638

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	4	Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	4	Good

What the service does well

We found that the service provides very good training opportunities to Home Carers and thought that it was good practice that the organisation assesses staff competence after undertaking training.

We noted that the organisation has invested significantly on improving the call handling system which has resulted in a reduction in delays when service users or other key people make contact with the service. This has also resulted in improved communications between call handling staff, Coordinators and Home care staff.

What the service could do better

We found that there could be improvements made to the consultation report and the continuous improvement plan to fully reflect the actions taken by the organisation to address the less positive responses to specific questions asked during the consultation exercise.

We could see that the service uses information from surveys and focus groups to assess their performance in key areas. We would like the service to look at ways in which service users, their relatives and staff can have direct input into the Care Inspectorate self-assessment.

The service should ensure that risk assessments and personal plans are fully reflective of the current needs of service users and guide staff on how individual service users should be supported.

Similarly personal plans should give clear guidance on the exact task to be undertaken by the home carer in relation to medication prompts.

There remains an issue around service users not always knowing what staff are coming into their houses. We could see that additional work has been carried out by the organisation since the last inspection through piloting a new system to help inform service users of staff changes. We thought that the service needs to continue to work on improving this area.

We understood that the procedure associated with staff appraisals was being reviewed. We would like to see staff appraisals being carried out for all staff.

We found that there could be improvements made in connection with staff meetings and associated records.

We want the service to make improvements to the records associated with complaint handling, this includes written details of investigations and clearly reflecting outcomes of the complaint investigations.

The service should send regular updates on notifications electronically submitted to the Care Inspectorate.

What the service has done since the last inspection

Based upon evidence gathered the requirement made at the last inspection has been met.

A Project Manager has been appointed to progress the carer's strategy with plans to provide "tailor made" training to unpaid carers. Focus groups have been carried out throughout the year and these are chaired by someone independent from the service.

The improvement plan had been changed to indicate the actions to be taken to address some of the service users concerns. The continuous improvement plan contains a complaint's analysis and contains information on the categories of complaints. This information is used to identify trends and areas of remedial action.

At the point of inspection a number of policies and procedures were in the process of being reviewed.

Continued Health promotion/partnership working continues to be carried out with health services and other agencies.

The organisation has introduced Assistant Area Operations Manager (AAOM) Reablement service to increase the assessment capacity of the service in order to increase the number of service users accessing the service.

Conclusion

Overall we found that service users communicated that there were high levels of satisfaction with the care and support provided by Homecare staff. We found that there were many positive outcomes for service users as a result of supports provided.

The service continues to work in partnership with people who use the service and other agencies.

We have made recommendations for areas that we found needed further development and improvement.

Who did this inspection

Gerry Tonner

Kathy Godfrey

Lay assessor: Ms Catherine McAvoy

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.scswis.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it needs to do more to improve, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service based on best practice or the National Care Standards.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Cordia (Services) LLP, Glasgow North West Care at Home and Housing Support Service is a combined housing support and care at home service. It is operated by Cordia (Services) LLP (Limited Liability Partnership) which is owned by Glasgow City Council.

Cordia (Services) LLP, Glasgow North West Care at Home and Housing Support Service is one of three registered services that Cordia currently manages.

Information provided at February 2013 showed that Cordia (Services) LLP, Glasgow North West Care at Home and Housing Support Service had 862 whole time equivalent staff who were providing a service to around 3233 people with a range of needs.

While a range of client groups receive a home care service from Cordia, primary clients are older people. The responsibility for carrying out assessments of need remains with Social Work Services who commission and purchase services from Cordia.

The aims of the service are described as follows:

- To allow you to remain at home for as long as you chose to do so
- To support you if you are discharged from hospital and need help recovering
- To help prevent you being taken into hospital unnecessarily
- To support you, your family, and others who care for you
- To meet your care needs in a flexible way
- To be sympathetic to all your needs
- To ensure that you get care that meets all regulatory requirements.

For simplicity, this report will refer to the registered service as Cordia.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 4 - Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

Care Inspectors Gerry Tonner and Kathy Godfrey met with the Operations Manager on 8th November 2013 to plan the inspection. The following activities were carried out over the course of the inspection which occurred on the following dates; - 13th, 14th, 18th, 19th, 20th, 21st, 22nd and 25th November 2013; -

We gathered evidence from various records and documents including:

- Homecare diaries and personal support plans
- Self assessment form
- Annual return
- Policies including staff supervision and complaints
- Minutes of meetings
- Consultation report 2012 - 13
- Action plan for continuous improvement
- Homecare Newsletter
- Observational workplace and staff supervision records
- Statistics on reviews and written agreements
- Induction programme for new recruits
- Missed calls reports for September & October 2013
- Reviewing the returned 124 of 250 completed Care Inspectorate questionnaires issued to service users and relatives.

We recognise that there is a diverse range of services and client groups in receipt of support from Cordia. Ranging from First Response Teams (which support people who are discharged from hospital), Reablement service (to assist service users in regaining skills that will allow them to remain as independent as possible at home), Help at Home for service users who receive funding from self directed support or wish to utilise the service through private arrangements. We focused on "mainstream" clients on this inspection and we accompanied homecare staff when visiting service users within their own homes. We spent time with the call handling team and at the learning and development centre.

We met with Head of Service, Operational Manager, 2 Regional Service Managers, Coordinators/Assistant Area Operation Managers and Homecare Staff at the headquarters of the organisation.

Feedback was given on 4th December 2013 to Head of Service, Operational Manager and 2 Regional Managers were the findings and grades awarded were shared with all present.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any requirements we made at our last inspection

The requirement

The level of detail in mainstream personal plans for supporting people with high complex needs must be more detailed in terms of risk assessment and what to do when there is a problem meeting the person's support needs. This is to comply with, SSI 2011/210 regulation 4(1) (a) - Welfare of Service Users.

What the service did to meet the requirement

We saw that there has been a greater focus by the service on the above since the last inspection. Based upon the evidence we sampled during the inspection we concluded that on balance the requirement has been met. We have made a recommendation in quality statement 3.3 in connection with making improvements in this area.

The requirement is: Met - Within Timescales

What the service has done to meet any recommendations we made at our last inspection

1. Focus Groups should be chaired by someone who was not involved with the operational side of Cordia. NCS Care at Home, Standard 11; Expressing Your Views. See "strengths" in quality statement 1.1. This recommendation has been met.
2. The improvement plan should always clearly indicate the actual action to be taken to address people's concerns. NCS Care at Home Standard 11 Expressing Your Views. Based upon evidence obtained during inspection the recommendation has been met.
3. The analysis of consultation methods should include an analysis of people's comments about what the service does well and what it could do better to identify common issues under the broader headings and more focused action plans. NCS Care at Home Standard 11 Expressing Your Views. See comments under "areas for improvement" in quality statement 1.1. Not Met.
4. The service should consider how it can better publicise bi-annual focus groups for different client groups. The service has worked at publishing Focus Groups and based on evidence obtained the recommendation has been met. NCS Care at Home Standard 11 Expressing Your Views Met.

5. Personal plans should give clear guidance on the exact task to be undertaken by the home carer in relation to medication prompts as service users may need prompted in different ways. See comments under "areas of improvement" in quality statement 1.3. Not Met

6. Managers should look at ways to minimise service user's anxiety over being supported by an unfamiliar or new home carer. NCS Care at Home. Standard 4.6 Management and staffing. See comments under areas of improvement in quality statement 3.1. Not Met.

7. The continuous service improvement plan should reflect trends from complaint activity to focus attention on addressing consistent themes. NCS Care at Home Standard 4 Management and Staffing.

We looked at the Continuous Improvement plan and found that this contains a complaint's analysis and contains information on the categories of complaints. This information is used to identify trends and areas of remedial action. The analysis of complaint activity is provided to Social Work and Senior Management Team of Cordia. Based upon this evidence the recommendation has been met.

8. Policies and procedures should be reviewed to ensure they remain relevant and in line with best practice guidance and current legislation NCS Care at Home Standard 4 Management and Staffing.

At the point of inspection a number of policies and procedures were in the process of being reviewed. This includes the procedure associated with staff appraisal We shall repeat the above recommendation and monitor progress at the next inspection. Not Met.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self assessment document from the service provider. The service provider had completed this in advance of the inspection. We thought that this could be further developed and improved. See the recommendation made in quality statement 1.1.

Taking the views of people using the care service into account

These are reflected throughout the quality statements.

Taking carers' views into account

These are reflected throughout the quality statements.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

Our examination of records, discussion with service users, relatives, staff and management supported that the service performs at a good level in this quality statement.

The service provides a welcome brochure to each service user. This provides useful information on the service and also gives details on the Care Inspectorate. New service users are given an information booklet. This informs them of Rights and Responsibilities such as their right to expect a good service and be treated with dignity and privacy, make choices about their care, feel safe and secure and not be bullied, harassed or discriminated against.

We found that the service has issued a covering letter with the Stakeholder questionnaire which provides details on the purpose of the survey and informs each individual that there is an opportunity to attend Focus Group meetings. We thought that it was helpful that this letter details that assistance with transport shall be arranged if required.

We noted that 6058 stakeholder questionnaires were issued to people who use the service. 2,301 questionnaires were completed and returned to the organisation. This equates to a return rate of 38%. We looked at the Consultation Report 2012 - 13 which provides an analysis of the completed and returned questionnaires.

We examined this and looked at a number of key questions and checked the responses. We noted that there had been a number of improvements when compared to the findings of the previous survey e.g. Do you always receive your service at a time

that suits; - 91.7% of respondents indicated that the service is usually or always provided at a time that suits (this is an increase of 1.6% from the previous year).

We also found that this correlated with a reduction in the percentage of negative responses to 8.3% from 9.9%.

We found that the organisation has reflected some comments received from service users and relatives within the Consultation report.

The Consultation report also reflected findings of the staff survey and Focus Group meetings. One of the issues raised was around keeping service users informed of changes to their home carers service. The service now sends letters to service users in advance of public holidays to help keep them informed of the service they can expect to receive.

We found that there had been 6 focus groups carried out in June 13 (three of these were for service users and the other 3 were for families/carers). Themes emerging from the meetings were recorded and we found that developments/actions to address deficits by the service were shared e.g. pilot projects were discussed at the meetings. We thought that this demonstrated a commitment to working in partnership with people who use the service.

We met and interviewed the Project Manager assigned to implement the Carer's Strategy. She has carried out work with Focus groups and there are plans to extend accredited training courses to unpaid carers. We thought the plans to offer training such as moving and assisting within individual carer's home to be a very positive development. We could see how this could help improve care of service users and also enhance the skills of the carer.

We looked at records associated with visits from Regional Managers. These were used to ask how well the Cordia Home care service meets their needs.

We noted that the latest survey had just been launched at the point of inspection and found that an appropriate range of questions had been included within the questionnaire.

We looked at the returned Care Inspectorate questionnaires and found that the majority of responses 73 of 124 (58.8%) responses either strongly agreed or agreed) with the statement; - "The service asks for my opinions about how it can improve."

We received a number of very positive comments directly from service users and relatives interviews which supported that there are overall high levels of satisfaction with the quality of consultation, care and support provided by the service.

Lay Assessor report; -

We received a number of comments from telephone interviews carried out by the Lay Assessor in relation to involving service users and views on the service provided; -

"I've never needed to complain about the service. Do not change the carers my Mum wants to keep them all. They are absolutely brilliant."

"I would 100% recommend them. They could not do anything better. Very attentive, made me feel important".

"The girls (home carers) are good and I'm happy with them."

"I think that they do well just now. I'm quite happy with them."

"I get reviewed every 6 months and had a visitor from the office who does this."

Several service users shared with the Lay Assessor that they have been invited to attend Focus Group meetings, have received questionnaires from Cordia and the newsletter which reflect the results of the previous survey. Similarly a number of comments supported that there have been visits carried out by the Co-ordinator or Area Manager to check that individuals are satisfied with the service and to check if support arrangements need to be altered.

We read the Home Care Newsletter dated October 2012 had been issued to service users and this provided information on key survey results and brief details on some of the actions taken to address areas that were identified as requiring improvement e.g. being kept informed of changes to the service and the work of Focus Groups.

Areas for improvement

When we examined the Consultation Report 2012 - 13 we found that it usefully provided a breakdown by geographic area i.e. North East, North West and South aligned to Social Work areas in Glasgow. We found that there were increases in response rates from both North East and South with a significant reduction of 21% for North West. We were informed that further analysis had revealed that city wide this overall reduction equated to 1% from the previous year. Other factors cited included an exceptionally high response rate of 54% for North West in the previous year and that there is a turnover of approximately 50% of service users from one year to the next.

We found that the consultation report does not always reflect what actions have been taken to address the negative responses received. Similarly we found that the action for continuous improvement does not always reflect the actions taken by the

organisation to address the less positive responses to specific questions within the Consultation report. Examples include; -

- 8.3% service users indicated that services are "sometimes" or "never" provided at a time suitable to them
- Whilst 96.7% of service users indicated that they "always" or "nearly always" see the same home carers, 31.3% of the comments in relation to having a consistent group of home carers received a negative response.
- 28.7% of service users do not "strongly agree" or "agree" that their home care coordinator acts on complaints and comments. This issue is reflected within the Action plan of the Consultation report but the proposed action and timescale remains blank. It is reflected within the Action Plan for Continuous Improvement. Actions "proposed is that a focus group is scheduled for December 2013 to record experiences with a view to developing a strategy for service improvement". We understood that this was being re-arranged for January 2014.

We thought that it was good that the service has recorded comments received from service users and relatives. However, the service did not appear to be categorising these into key themes and we found that there were not always clear actions identified to address the less positive comments. We shall repeat a recommendation made at the previous inspection in connection with this. See recommendation 1.

We examined returned Care Inspectorate questionnaires from service users and relatives. The responses to the key statement; - The service asks my opinions on how it can improve; - 19 disagreed, 3 strongly disagreed this equates to 17.7%. A further 11 indicated that they didn't know. Based upon the findings we believe that this is an area that could be improved upon.

We recognise that the service uses information obtained from surveys and consultation report to shape the content of the self assessment submitted to the Care Inspectorate. However, we would like to see the service consider other ways in which service users and other key people can have a direct input with the production of the same and self assessed grades. We shall make a recommendation that further work is carried out in this area. See recommendation 2.

We had a number of less positive comments from the Lay Assessor and Inspector telephone interviews. The themes emerging from these comments related to inconsistency of staff at weekends and evenings for some of those service users who receive a 7 day service. Anxieties created when there is either no advance or short notice of changes to carers who normally provide support. We shall make a recommendation in connection with this. See areas of improvement in quality statement 3.1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The analysis of consultation methods should include an analysis of people's comments about what the service does well and what it could do better to identify common issues under the broader headings and more focused action plans. This is to comply with NCS Care at Home Standard 11 Expressing Your Views.
2. The service should look at ways for service users, their relatives and staff to have direct input into the Care Inspectorate self- assessment. This is to comply with NCS Care at Home, Standard 11 Expressing Your Views.

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

Our examination of records, discussion with service users, relatives, staff and management supported that the service performs at a good level in this quality statement.

We received a number of very positive comments from service users and relatives in relation to the supports provided and the positive outcomes for service users.

We sampled personal support plans and associated assessments, task sheets and diary entries. We found that all of the sample contained an up to date support plan, had risk assessments in place and contemporaneous diary entries. We were informed that there had been a significant piece of work carried out by Area Operation Managers in ensuring that service users with more complex needs support plans and risk assessments had been updated and made more comprehensive.

We found that the service has carried out work to identify "dual clients". These are clients who live in the same household who receive support from homecare services. As result of the work each service user now has an individual personal support plan in place. We think that this is a positive development and should offer clearer guidance to the types of support and preferences of each service user.

We accompanied homecare staff when they were supporting service users within their own homes. We found that staff were respectful, polite and knowledgeable of the current support needs and preferences of each service user that was visited. We found that the service users visited were highly satisfied with the standards of care and support provided by the staff.

We noted that staff were supplied with and used personal protective equipment such as gloves and aprons and adopted appropriate infection control practices. We found that there were appropriate supplies of personal protective equipment available for use.

We studied 4 weekly reports produced by the service in relation to call outs by the Direct Response team (reports are provided to Social Work as part of monitoring system). We found that this information is used to monitor falls activity. We thought that it was appropriate the service carries out an assessment which shapes the decision making process in relation to actions taken post event. We found that the monitoring system was good for identifying when referrals should be made by the service to the falls team. We regarded this as good practice.

We spent time with the call handling centre. We noted that there has been a

significant investment made by the organisation in upgrading the system since the last inspection. This improvement was influenced by feedback from service users and relatives who attend focus group meetings. We found that the staff who handled calls were knowledgeable, helpful and polite with callers. Subsequent actions taken by staff ensured that any changes requested were passed to the associated Coordinator electronically. We thought that the systems used minimised the risk of service users being "missed" by the service and also supported that the organisation is flexible in responding to requests e.g. changing the times of support to accommodate attendance to appointments.

We sampled records associated with missed calls. We looked at records for the months of September and October 2013. We found that there were a total of 21 missed calls within this 2 month period which indicates a very low percentage in view of the numbers of planned visits over the same period. The statistical information supports that there continues to be a downward trend in the number of missed calls when comparisons are made with previous years. We regard this as a positive development.

We looked at the completed and returned Care Inspectorate questionnaires and noted that there were high levels of satisfaction expressed in relation to the key statement; - "Overall, I am happy with the quality of care and support this service gives me". 99% of respondents either strongly agreed or agreed with the statement.

We could see that the service has been involved in partnership working and having representation on national steering groups. We found that there has been joint work with McMillan Nursing and Glasgow Partnership Project Team working on improving the cancer journey ultimately to improve the transition from acute care services to community and social care services. Service users who receive support from Cordia are involved in designing the pathway. There was a stakeholder event in October 2013 and the key points and questions from this will be included in the development of the service.

Cordia is working on a dementia training programme that will meet the new skilled and enhanced levels within the National Dementia Strategy. Once the training programme is accredited they will run the pilot of it with an evaluation being carried out by the Joint Improvement Team and involving service users and staff. We will monitor the progress of this at the next inspection.

All staff had some level of medication training depending on the assessed level of support needed by the service users they worked with. There was training is assessed level 1 and 2 which allowed staff to verbally prompt or remind service users to take their medication. Assessed level 3 allowed the staff member to take responsibility for medication when a service user was unable to. At this level staff had to be deemed competent by a district nurse.

Accidents were dealt with well. The completed accident form was checked and signed off by co-ordinators or area manager. There was a monthly Health and Safety report which gave details of any accident and any follow up actions. We thought the service responded well to accidents connected to the moving and assisting of service users. We found that moving and handling co-ordinators often respond by going out to the home of the service user, carry out a risk assessment and make recommendations if needed. This may result in the provision of different equipment or identify if staff need refresher training.

Cordia are the pilot organisation for the new best practice training programme for home care staff developed by the Stroke Association. The Cordia training team are involved in a "train the trainer" programme that will then be evaluated with service users and staff as to what improvements it has made to practice.

Areas for improvement

We found overall the standard of records within support plans and risk assessments were generally satisfactory. However, there were a few which we noted that the risk assessments and support plans could be more detailed to guide staff on how support should be carried out. We found this through tracking individual service users who had more complex moving and handling needs and used specialist equipment. We gave an example of this to the registered manager and at the feedback session. We shall make a recommendation in connection with this. See recommendation 1.

We looked at the response letters sent to service users following missed calls. We noted that the quality of content was variable in terms of reflecting the reasons why this had occurred and actions taken to prevent recurrence. This is an area that requires on-going monitoring and links to quality assurance systems.

We looked at the support plan of a service user whom we observed receiving support from Homecare staff which included receiving a medication prompt. We found that the practice for meeting the service user's needs was different from what was detailed in the support plan. We believe that the support plan should offer clear and accurate detail on how the support should be delivered. We shall repeat the recommendation made at the previous inspection in relation to medication prompts. See recommendation 2.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. Greater detail should be recorded within risk assessments and translate into support plans for service users with identified moving and handling needs in order that homecare staff are clear on how to provide support and use the identified equipment. This is to comply with NCS Care at Home Standard 3 Your Personal Plan.
2. Personal plans should give clear guidance on the exact task to be undertaken by the home carer in relation to medication prompts as service users may need prompted in different ways. This is to comply with NCS Care at Home, Standard 8 Keeping Well - Medication.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 – Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

Our examination of records, discussion with service users, relatives, staff and management supported that the service performs at a very good level in this quality statement.

See "strengths" in quality statement 1.1.

Workplace observation was being carried out. This meant that their line manager observed staff work with service users in their own home. They observed how they communicated, supported service users and if they carried out the tasks as they should. We looked at paperwork that showed permission had been sought from the service users to carry observations out in their own home. Service users were asked to comment on staff performance and if they were happy with them or not. This meant that service users had an opportunity to assess the quality of staff working in their home. Staff were given feedback from this through supervision and advised if they needed extra or refresher training or not.

Service users had opportunities to be involved in training if they wanted. Some had taken part in Induction training telling staff how they felt about receiving a care service. This gave new staff a service user perspective on their experience of homecare.

Staff are highly thought of by service users and their relatives. The lay assessor also received a number of very positive comments about the quality of staff; –

"They are quite good, they do their job well."

"The girls (home carers) are good, I am quite happy with them."

"I think that they do well just now. Quite happy with them."

"Any carers that I have had are very good."

"I couldn't fault them, very friendly."

Areas for improvement

We received a number of less positive comments in relation to the inconsistencies of service provision at weekends and occasionally in the evening. Consistency of staff is very important to service users and the service should inform service users and carers of any changes to the staff member they are expecting at their home. This would promote service user dignity especially if personal care is being offered.

We noted that the service is currently trialling a new reminder pad to inform service users of planned changes to the service. This was observed as being in use in some of the homes of service users visited during the inspection. We understand that there are plans to roll this out throughout the service in the coming months. We think that this is a positive development and should be reviewed after a few months to assess how successful this approach has been. However, we shall repeat the recommendation at the last inspection and monitor progress at the next inspection.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Managers should look at ways to minimise service users anxiety over being supported by an unfamiliar or new home carer. This is to comply with NCS Care at Home. Standard 4.6 Management and staffing.

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

Our examination of records, discussion with service users, relatives, staff and management supported that the service performs at a very good level in this quality statement.

New staff receive a staff handbook. This has useful information such as Cordia's values and the principles of the National Care Standards. The handbook also has policies and procedures such as assisting with mobility, adult support and protection and confidentiality. This meant that new staff had this information to refer to if needed.

We visited the Learning Centre. This is Cordia's training facility and a very good resource which includes a mock sitting room, bedroom, and bathroom. This facility allows new staff to practice moving and assisting with life size dummies instead of real service users. This helps build confidence in the use of equipment before staff assist service users within their own homes.

New staff work through a two week induction programme which includes nutrition for the elderly, working with dementia, and health and safety. New staff carry out "shadow shifts" with experienced staff. This gives them the opportunity to ask questions and be clear about how to meet service user's needs before working on their own.

We spoke with 2 trainees who told us they were finding the induction very good and interesting.

We attended the "Welcome to Medication Training". This training was led by a knowledgeable trainer. She emphasised the need for staff to check care diaries when they first enter service user's homes in case of any changes and also there should be "no touch" of medication. There was good interaction between the trainer and trainees. Trainees were asked questions and their thoughts on different scenarios.

We looked at paperwork for competency based training such as moving and assisting. This was very comprehensive with evidence of on-site coaching and help being given to staff if they were not quite up to the correct standard. There was also competency based training for "Supporting service users with medication". This included observation, practical assessment, knowledge assessment and overall award.

There was a high level of SVQ's. This meant that staff had a good awareness of the National Care Standards and reflective work practices.

Staff participated in an annual consultation through questionnaires. The questionnaires ask staff their views about the training such as do they get the training needed to do their job? 93.7% agreed or strongly agreed that they did. An action plan was developed for any issues that they raised.

The Lay Assessor asked service users by telephone if they thought staff were well trained and had the skills to support them. 10 out of 11 agreed that in their opinion staff had the right training and skills to do the job.

Co-ordinators held weekly meetings. We looked at meetings minutes that showed discussions around support plans and new service users. There were also home carer monthly meetings taken place. Home carers told us these were used to discuss changes to service users and to raise any concerns.

We looked at home carer supervisions. These discussed best practice, safe hygiene practice and medication. There were also discussions around training needs and staff were given feedback on performance which included the views of service users and Co-ordinators.

Cordia have annual staff recognition and excellence awards. Staff can be nominated by service users, other Cordia staff or from individuals outwith the service. The recognition of staff commitment is good practice as it makes staff feel valued. Staff we spoke with told us they thought it was really good to get recognition for their commitment.

Areas for improvement

The service should ensure that staff appraisals are undertaken for all staff. Annual appraisals give opportunities for staff and their supervisor to reflect on achievements over the past year. This should then identify development and training needs for the coming year. We shall make a recommendation in connection with this. See recommendation 1.

Although home carers monthly meetings were taking place we saw there was varying standards of minutes. Team meetings are an opportunity for staff to come together and discuss practice and training.

Team meeting minutes should show that the previous minutes had been agreed and reflect progress on anything that has been actioned. Staff should have opportunities to add to the agenda and should be asked their opinions and views. This would give them an opportunity to influence the direction of the service and how they can continue to improve. We shall make a recommendation in connection with this. See recommendation 2.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The provider should ensure that staff appraisals are undertaken for all staff. This should then identify development and training needs for the coming year. This is to comply with NCS Care at Home Standard 4.2 Management and Staffing.
2. The provider should ensure team meeting minutes are written to a consistent standard and reflect progress with areas that require to be actioned. This is to comply with NCS Care at Home Standard 4.2 Management and Staffing.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

Our examination of records, discussion with service users, relatives, staff and management supported that the service performs at a good level in this quality statement.

We found many positive responses in relation to key questions which relate to how the service is managed from the returned Care Inspectorate questionnaires; - 74 strongly agreed with the statement; - "Overall, I am happy with the quality of care and support this service gives me." A further 49 agreed with the statement.

See "strengths" in quality statements 1.1 and 3.1.

Focus groups have been used to gather feedback on aspects of how the service is managed.

Areas for improvement

We looked at the Consultation Report 2012 -13. We found that the service had identified an area of improvement in relation to responses received in relation to the question; - The Cordia Managers provide good leadership steering the service in a way that gives me confidence. The associated Action plan for continuous improvement indicated that this will be discussed at a Focus Group originally planned for December 2013 to further record experiences and determine the level of management they perceive as leading the service.

We shall monitor this at the next inspection.

See areas of improvement in quality statement 1.1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

Our examination of records, discussion with service users, relatives, staff and management supported that the service performs at a good level in this quality statement.

We found that the organisation has adopted a new corporate complaints procedure aligned to the Scottish Public Services Ombudsman (SPSO) framework. This new complaints procedure is based on a two stage system; the first being the resolution of a complaint at the time it is made (or within 5 working days) known as Frontline Resolution stage and the second stage includes a timescale of complaint resolution within 20 working days.

We were informed that the written policy and procedure is currently being updated to reflect these changes and there are plans in place to inform each service user of the new policy and procedure within the coming months.

We noted that there is an electronic system used which is able to provide a range of reports for Management to monitor the quality of service in a number of areas. This includes a system for checking if personal plan reviews are being carried out within legislative timescales. We sampled a report in connection with this and found additional measures had been put in place by the Regional Service Manager e.g. meeting an Area Operations Manager on a regular basis to check and monitor reviews were being carried out within identified timescales.

There was evidence of external stakeholders involved with assessing the quality of the service and monitoring performance in a number of areas e.g. regular planned Social Work Services meetings and checking adherence to the service level agreement.

Cordia network with other Local Authorities to look at service developments and discuss and share best practice. This gives opportunities to problem solve areas of concerns common to large organisations.

The action plan for continuous improvement was being reviewed and updated.

There was a medication audit carried out on an annual basis by NHS Clinical Governance Support Unit. This audit showed that records were generally accurate with an associated action plan and timescales for action in place.

Cordia at the point of inspection was currently preparing for the European Foundation of Quality Management Assessment.

We understood that the service is involved with Glasgow City Council Steering Group on Adult Support and Protection and Regional Service Managers attend meetings with colleagues within Social Work. We could see that the service is actively looking for feedback on referrals made by attending these meetings.

Areas for improvement

We looked at returned Care Inspectorate questionnaires. 33 out of 124 respondents indicated that they disagreed with the statement; - "Do you know about the services complaints procedure?" A further 7 indicated that they "Didn't know". Similarly 29 disagreed with the statement "Do you know that you can also make a complaint about this service to SCSWIS?" A further 7 indicated that they "Didn't know". There were similar findings from interviews carried out by the Lay Assessor.

We recognise that the service provides an information brochure which provides details on the service's complaints procedure and how to contact the Care Inspectorate. We would like to see the complaints procedures promoted further by the service.

We sampled 6 complaints and checked these against the current procedure. We discussed specific complaints received by the service with the registered manager of the service and requested additional details in relation to complaint investigations and associated records. Based upon our sample we found that there were a number of improvements that should be made. These improvements include ensuring that a response letter is sent within the procedural timescale to acknowledge receipt of complaint, retain clear records reflecting the investigation undertaken and that resolution letters should provide sufficient detail of the actions that have/will be taken to address concerns. We shall make a recommendation in connection with the above. See recommendation 1.

Prior to the inspection we checked records associated with electronic notifications sent by the service. We noted that several should have generated a number of updates to reflect further investigations or actions taken by the service. We discussed with the registered Manager and Operational Manager during the inspection. We shall make a recommendation that the service sends regular updates to the Care Inspectorate to reflect on-going investigations and actions. See recommendation 2.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The provider should ensure that responses to complaints received adhere to organisational policy and procedure and should retain a clear record of investigations undertaken and actions taken/planned and timescales for achievement. This is to comply with NCS Care at Home Standard 4 Management and Staffing.
2. The provider should ensure that they send regular updates to the Care Inspectorate for notifications that require on-going investigations and actions. This is to comply with NCS Care at Home Standard 4 Management and Staffing.

4 Other information

Complaints

At the point of inspection there had been one complaint investigated and upheld by the Care Inspectorate which resulted in the following requirement and recommendation; -

The service must provide a care plan for each service user which outlines details of their needs and any additional information that is required to ensure staff support them in the most appropriate way and meet their needs.

This is to comply with The Social care and Social Work Improvement Scotland (requirements for Care Services) Regulations 2011. SSI 210. Section 5 (1) (2)(b)(ii)(3)(a)(ii) - Personal Plans. See comments in quality statement 1.3. The requirement has been met.

The Provider should ensure that staff have the appropriate training, information and practice guidance in regards to any specific support needs service user may have. National Care Standard Care at Home. Standard 4. Management and Staffing. See comments in quality statement 3.3. The recommendation has been met.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

None.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings
14 Dec 2012	Unannounced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
22 Nov 2011	Unannounced	Care and support 4 - Good Staffing Not Assessed Management and Leadership 4 - Good
19 Nov 2010	Announced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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