care inspectorate

Care service inspection report

Full inspection

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

Housing Support Service

Blair Court
Port Dundas Business Park
100 Borron Street
Glasgow

HAPPY TO TRANSLATE

Inspection report for Cordia (Services) LLP, Glasgow North East Care at Home and Housing Support Service
Inspection completed on 11 December 2015

Service provided by: Cordia (Services) LLP

Service provider number: SP2009010353

Care service number: CS2009206634

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

@careinspect

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	3	Adequate
Quality of staffing	3	Adequate
Quality of management and leadership	3	Adequate

What the service does well

We found training opportunities for various levels of staff employed within the organisation remained very good.

Many service users who had received input from the re-ablement service had upon completion had no further need for homecare support. This suggested that these individuals had regained key skills and maintained or improved levels of independence when carrying out activities of daily living.

What the service could do better

We identified a number of areas in the previous inspection that required further improvement. Based upon our findings we noted that many of these areas continue to require further work.

We have made requirements in connection with:

- Having comprehensive risk assessments to guide staff practice when supporting service users.
- Adopting robust recruitment practices including making amendment to associated policy and procedure.
- Providing clear information to service users who make a complaint.
- Developing robust systems to reduce the likelihood of missed visits to service users.

What the service has done since the last inspection

The organisation had carried out a major piece of work. This workforce reform had shaped the shift patterns of homecare staff since implementation in June 2015.

The organisation had continued to develop the re-ablement service with additional staff joining the service.

The service had recently introduced and was currently piloting an electronic scheduling and monitoring system which should reduce the potential for service users experiencing missed visits.

Conclusion

We recognised that there had been major pieces of work carried out by the service provider since we carried out the previous inspection and this was likely to have had an influence on current performance in key areas. We have reflected areas of improvements through the requirements and recommendations made throughout the report which we expect the service provider to address and make improvement.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

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

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

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.

We recognise that there is a diverse range of services and client groups in receipt of support from Cordia. Cordia (Services) LLP, Glasgow North West Care at Home Supports are provided from First Response Teams (which support people who are discharged from hospital), Re-ablement service (to assist service users in regaining skills that will allow them to remain as independent as possible at home) and 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" and re-ablement clients on this inspection.

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.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

Quality of care and support - Grade 3 - Adequate
Quality of staffing - Grade 3 - Adequate
Quality of management and leadership - Grade 3 - Adequate

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 0345 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 medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

We wrote the report following an unannounced inspection. The inspection was carried out by three inspectors on the 19, 20, 21, 23 and 26 October 2015 and the 5 November 2015. Feedback was given on 11 December 2015.

We had support from an inspection volunteer who made telephone calls to 12 people who use this service.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents including:

- Certificate of Registration
- Accident log
- Incident log
- Complaints/suggestions log
- Quality Assurance Audits
- Personal plans
- Service user meeting minutes
- Staff training records
- Staff meeting minutes
- Staff supervision notes
- Training plan
- Observation of staff practice paperwork

We joined a home carer on her visits.

We visited the training centre where we looked at training and accident and incident paperwork. We spoke with new recruits who were part of the induction programme. We also visited a base office in Drumchapel to attend a presentation on the pilot for electronic scheduling and monitoring.

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.firescotland.gov.uk

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.

We received a fully completed self-assessment. This included the strengths and areas for improvement identified by the service. However we did not find any evidence service users or staff had been involved in this process.

Taking the views of people using the care service into account

We sent out 50 Care Inspectorate questionnaires before inspection and received 17 back. Questions such as:

"I have a personal plan or support plan which contains information about my support needs." Of the 17 returned, 14 agreed with this, one disagreed and two did not know.

"I am confident that staff have the skills to support me." Eight strongly agreed with this and nine agreed.

"Staff have enough time to carry out the agreed support and care." Four strongly agreed with this, seven agreed and six disagreed.

"Staff treat me with respect." Nine strongly agreed with this and eight agreed.

"Overall, I am happy with the quality of care and support this service gives me." Eleven strongly agreed with this and six agreed.

Some service users had added comments such as:

"Service very good."
"I am very grateful to Cordia. I have been given encouragement, strength and hope from the staff. Thank you for giving my life back to me and I mean this from the bottom of my heart."
"Since the change in the system I feel that things are not so good as I don't know who I am getting."
"Would be better if staff had a bit more time to spend with each client."

Taking carers' views into account

Carers views are included under Quality Theme 1, Statement 1.

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: 3 - Adequate

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

We found that this service was performing adequately in the areas covered by this statement. We concluded this after we:

- Spoke with service users
- Spoke with staff and management
- Looked at questionnaires
- Reviewed a sample of personal plans and other records.

In addition:

The provider had a Participation and Consultation Strategy which was reviewed every two years with the last review in October 2014. It acknowledged that 'The involvement of key stakeholders in the decision-making process helps to identify future policy, service delivery, improvements and priorities'. It also reflected that the provider was 'Committed to encouraging participation and consultation'. This was to be achieved through:

- An annual questionnaire for all service users
- Personal support plans

- Annual focus groups with representatives from across the various service user groups
- Initial home visits and service reviews for individual service users
- Comments, compliments and complaints policy
- Advocacy service
- Newsletters
- Website updates
- Group and individual meetings
- The service's action plan for continuous improvement which was updated on a quarterly basis to reflect developments arising from consultation.

A focus group of service users and carers was held in April 2015. The topic for this group was Information and Communication.

There had been discussions about starting and receiving the service including the information book service users received when they started the service. The minutes had noted that everyone involved in the focus group had a copy but only one person had read it. However most agreed that if they wanted information about the service they would check this book.

We were informed that further service user consultation would be carried out in January as this had not taken place due to staff changes.

The service users' information book had recently been reviewed and the updated version was to be available from November. The book provided useful information such as:

- The type of services and level of care provided by Cordia.
- What service users can expect from the service and the processes in place to review the care provided.
- The co-ordinator would let service users know of any changes to their home carer.
- How the service would involve and consult with service users.
- Comments, compliments and complaints contact details for Cordia and the Care Inspectorate.

We noted that the Care Inspectorate contact and grading information, highlighted in the last inspection report, had been addressed.

A recommendation made at the last inspection identified that not all care plans were signed or dated by service users or their representatives.

Actions:

We looked at care plans and found they were all signed and dated therefore this has been met.

We could see positive feedback from service users recorded in staff six monthly workplace observations. These were carried out by co-ordinators in service user's homes with the service user then 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 with them.

Since the last inspection, we were told that the provider had involved a service user in their staff induction process and we saw that competency based questions, identified by service users and their relatives as being essential or desirable in someone providing care, were being used at staff interviews.

We looked at the Christmas newsletter that service users would be receiving soon. The newsletter updated everyone about the new electronic scheduling and monitoring system currently being piloted in a small part of the service and changes to the workforce planning that had taken place. There was also an article about service user consultation with service users asked if they wished to be part of the next consultation sessions. The sessions would give them a voice and an opportunity to comment on the care they received. The service offered taxis to the venue if needed.

We looked at exit surveys carried out when someone left the service. The results from August and September 2015 had a positive response rate of 93%.

We looked at some service user comments which included:

"I just want to say, I was treated with respect by the home care staff."
"Without Cordia I would not have managed."
"Very nice carers. Very cheery."
"Very good service, nice and respectful staff."
"They were all lovely ladies and kind and understanding and nothing was a problem."
"First class service."

The inspection volunteer, who is a person who has experience of using care services, contacted service users and relatives by telephone. They told her:

"Same girls, always know the girls."
"Usually know the girls who will support me."
"I read the newsletter, to me it's fine."
"No complaints about the staff, had them that long, they're like part of the family."
"I'm happy with the attention I get. Staff have all been pleasant and nice to talk to."
"The staff are lovely, very cheery."
"I'm happy with the staff."

Areas for improvement

The service should review the following areas to improve the involvement of service users and their relatives in assessing the quality of care and support:

We looked at minutes from the focus group of service users and carers which was held on 9 April 2015. However the minutes did not include names of who had attended. We would expect the names of who had attended the focus group to be noted as this would show who had participated in this event.

Recommendations made at the previous inspection identified that:

The manager should take account of all areas identified for improvement through service user's consultation and demonstrate the action taken to address these.

Actions:

We looked at the action plan for continuous improvement. This had been updated in October 2015 and included issues and actions taken from the service user's consultation in 2014 and the service user and family carer focus group held in April 2015.

Although we could see areas for improvement were included in the action plan it was not always clear what the service intended to do to deal with identified issues. We found that if only a small number of service users gave negative responses the service had not planned any actions. An example was when asked the question:

"I feel that I am listened to and my wishes are respected." 88% of service users strongly agreed or agreed with this. However the results showed that 3% strongly disagreed or disagreed with this. The service had not planned any action to improve this as they felt it was such a small number.

However we would expect an action plan to show how the service intended to deal with any issues raised by service users who were not happy with some aspect of their service. This would ensure the service continued to develop and improve to meet service user's needs.

The focus group in April 2015 discussed the care diary with service users raising concerns that home carers did not tend to look at the diary except to sign in or out. This meant that they were not always aware of the contents of the plan and the care needs of the person they were supporting.

The minutes noted a suggestion that the care plan should be more detailed e.g. rather than just listing a task there should be guidance for staff on how to carry it out. It was felt this would be beneficial to home carers who were new to the service user.

We looked at the action plan for continuous improvement and found this had been added however there was no information about how the suggestions raised at the focus group would be dealt with.

We also looked at the Winter 2014 newsletter and found feedback from the annual consultation questionnaire was included. There were positive results such as 98% of service users who took part felt their home carer was friendly and helpful and 97% said they were treated with dignity and respect.

However there were negative results such as 23% of service users did not get their service at a time that suited them which was an increase of 14% from the previous questionnaire. We feel it would be beneficial to service users if the feedback identified how the service intended to improve this.

This recommendation is repeated. (See Recommendation 1, under Quality Theme 1, Statement 1.)

Service users should be kept informed of which staff will be attending their home.

Actions:

We looked in care plans and could see reminder slips in some of them however we found these were old with no recent ones.

At the last focus group in April 2015 people who attended were asked the question:

"What happens when your home carer is not at work-planned and unplanned leave."

The minutes showed that most of the group stated they had never seen the "reminder" slip which is provided to them to let them know who will visit when their regular home carer is on planned leave.

While the minutes showed that everyone acknowledged they received a call from the co-ordinator if their home carer had taken unplanned leave such as sickness there still remains an issue with service users not knowing who will come to their home if their regular carer is on planned leave.

A service user who attended the focus group in April raised a concern about not knowing who would be coming to her home. The service user was unable to get to her front door and had to allow access via a door entry system. This meant the caller was already in her home before she could check their ID.

The inspector volunteer as someone with experience of using care services spoke with 12 service users, three told her they did not know which staff would visit their home. They told us:

"My regular girl was taken off me. It's all different girls now. I feel they should be more consistent, the ones that come in are all quite nice."
"Same girls for years then changed and lots of different people."
"You get used to the one person so it's upsetting when they change folk that support."

We also looked at the results of exit surveys carried out when someone left the service. We found the majority of negative responses were in answer to the question "Did you have a consistent group of home carers to support you."

Some service users had made comments such as:

"Since changing the regular carer the service went downhill. That is why I cancelled."
"There were too many different people visiting and there needed to be familiarity."
"Timing of visits was rather erratic."
"Many good workers but often late and overworked."

This recommendation is repeated. (See Recommendation 2, under Quality Theme 1, Statement 1.)

We found there had not been the same level of consultation as in previous years. There had been a large piece of work carried out to change staff shift patterns and we found that service users had not been consulted on this.

We would have expected service users to be consulted about the changes made to their home care staff who they may have had for a long time. We found that service users received a letter telling them of the changes after decisions had been made.

The service and provider should continue to develop the involvement of service users and their relatives in staff recruitment, training, development and their self-assessment.

The inspector volunteer as someone with experience of using care services spoke with 12 service users and found not all of them knew about the newsletter. We would expect the newsletter to be available to all service users as this would keep them up to date with what was happening in the service.

The inspector volunteer also found that not everyone had been involved in completing a survey or had been invited to a focus group.

Consultation opportunities for all service users would give them a chance to give their views and opinions of the service they receive.

From the Care Inspectorate questionnaires returned, service users and their relatives had disagreed with several areas:

- 7% didn't know or disagreed that they had a personal plan
- 6% disagreed that the service checked regularly that they were meeting their needs
- 35% disagreed that staff had enough time to carry out care
- 21% disagreed that the service asked for opinions about how to improve
- 12% disagreed about knowing about the service's complaints procedure
- 29% disagreed about knowing about the Care Inspectorate's complaints procedure.

These are areas the service should work to improve.

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The manager should take account of all areas identified for improvement through service user's consultation and demonstrate the action taken to address these.

National Care Standards, Care at Home, Standard 11 - Expressing your Views.

2. Service users should be kept informed of which staff will be attending their home.

National Care Standards, Care at Home, Standard 4, Management and Staffing.

Statement 3

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

Service Strengths

We found that this service was performing adequately in the areas covered by this statement. We concluded this after we:

- Spoke with service users
- Spoke with staff and management
- Looked at questionnaires
- Reviewed a sample of personal plans and other records.

In addition:

We found some care plans had good information to guide staff on how to support the service user in the way they preferred. We could see information about food preferences and how the service user liked their meal prepared.

Daily diary records were completed by staff to reflect the time of arriving, the support provided and the leaving time. Most of the diaries viewed reflected good details of the care provided at each visit.

We accompanied a staff member as she carried out her visits. This home carer had obviously worked with the service users for a long time. She knew their routines and how to support them in the way they preferred.

The home carer had a very good rapport with the service users she visited as we observed easy chat with the service user glad to see her.

The home carer used personal protective equipment such as gloves and aprons in an appropriate way. This contributed to infection control and the health and well-being of service users.

We saw that a new 'medication support plan information' form had been developed to assess service users' level of assistance in relation to medication. This included information about how their medication was supplied from the pharmacy, if they needed any assistance and what level of assistance they needed. The form clearly reflected that the service user was "aware" of what medication they needed to take but required to be reminded, or assistance to open, remove or pour medication.

A recommendation made at the previous inspection identified that:

The manager should ensure that re-ablement assessments are completed in advance of the development of support plans in order to shape the content of support plans and influence joint goal setting between service users and staff.

We spent time with an occupational therapist and assistant area operational manager of the re-ablement service when visiting service users at home. The re-ablement service is a joint initiative with Glasgow City Council and NHS Greater Glasgow and Clyde. The self-assessment submitted by the service detailed that "In order to provide a re-ablement service, goal setting with service users and reviews of outcomes are key to service delivery". The purpose of re-ablement is to maximise independence, allow people to remain at home safely for longer, to prevent admissions to hospital and to optimise the quality of life for the individual.

We found that there had been improvement as assessments with individual service users were being completed in advance of goal setting being created with staff. The recommendation made in connection with this area at the previous inspection has been met.

The organisation through transfer of staff from social work had worked to increase the number of service users going through the re-ablement service to approximately 70% with a target identified of 80%. A report provided by the service during inspection revealed that 1396 service users had either fully completed or partially completed re-ablement services. 859 (62% transferred to mainstream Homecare service with 537 (38%) who did not transfer onto mainstream service.

The service kept records of any accidents or incidents to their service users while staff were providing care. We viewed records for 2015 and saw that where events were deemed to relate to health and safety issues. A report was sent to the provider's health and safety department.

We could see the action taken to minimise recurrence and this included further risk assessment, new equipment, staff training or input from other health professionals. This contributed to keeping service users safe.

Areas for improvement

A requirement made at the previous inspection identified that:

The provider must ensure that comprehensive risk assessments are in place for all service users, to guide staff as to what the risks are and the measures in place to minimise these.

Actions:

We looked at 12 care plans for service users who had complex health issues such as they were prone to choking. We did not find any information for staff to guide them on what to do if the service user had a choking episode whilst they were supporting them.

We also looked at a moving and handling assessment for a service user prone to spasms and again found there was no guidance for staff about how to support them.

When we looked at care plans, we did not find risk assessments for service users who had mobility issues and used sticks or zimmer frames to move around. We would expect to find a risk assessment guiding the home carer on how to support service users with reduced or poor mobility.

This Requirement is repeated. (See Requirement 1, under Quality Theme 1, Statement 3.)

Recommendations made at the last inspection:

The manager should ensure that clear and detailed information in relation to exactly how staff are to support individuals with their identified care needs is recorded in each personal support plan.

This includes any health conditions and medication support.

Actions:

We found some care plans still did not give enough detail about tasks to be carried out by home care staff. An example was a service user who required cream to be put on their legs on a daily basis. However the care plan did not give instructions about what time or visit this should be carried out and we found lots of days when it was not recorded this had been done.

We looked at care plans for someone with a splint. We found no instruction to guide staff about how to put this on. We also found no instructions on how to support a service user with a catheter.

We found that a service user who required regular pressure relief by changing position had no positional chart. This meant staff did not know which positions the service user had already been placed in.

When we looked at results from the most recent staff survey when asked the question:

"I receive enough information (e.g. from care plans, PSPs) to allow me to carry out my job."

We found 7% of staff strongly disagree or disagree with this. We looked at the action plan developed from this result. This showed that this result had been discussed at a focus group. Home care staff who attended indicated that the information relating to service users medical condition and functional ability was not as detailed as they would like.

The action plan for continuous improvement showed the service intended to review the way information was recorded and passed to home carers.

This Recommendation is repeated. (See Recommendation 1, under Quality Theme 1, Statement 3.)

The manager should ensure that service users are assessed for the correct level of medication support and that staff have the required knowledge to provide this support and follow best practice.

Actions:

We found care plans did not record the application of cream as a managed medication when the providers own criteria for managed medication included the application of cream. We spoke with the management team about this at feedback. We were informed that the cream would only be a managed medication if the service users did not have the capacity to carry out this task themselves. However we found it was not clear if someone had capacity or not from the care plans we looked at.

This Recommendation is repeated. (See Recommendation 2, under Quality Theme 1, Statement 3.)

Care plans should clearly show tasks that have been carried out.

Actions:

We looked at care plans and found gaps in recordings of what tasks had been carried out. We visited service user's homes and found a care plan where the home carer had signed in but did not sign out again when she left. This had happened each day for a week with no record of any tasks the home carer had carried out.

This Recommendation is repeated. (See Recommendation 3, under Quality Theme 1, Statement 3.)

The manager should ensure that service users receive the allocated length of visit agreed.

Actions:

We looked at the times home carers had signed in and out of service users homes and found they did not receive the length of visits that had been agreed. We found that a number of service users who had been assessed for a 30 minute visit only received 10 or 15 minutes. This has the potential to affect service user's health and wellbeing as they are not having the assessed time to complete identified tasks.

This Recommendation is repeated. (See Recommendation 4, under Quality Theme 1, Statement 3.)

There was a Requirement made from an upheld complaint. The provider must revise what actions to take in response to a serious accident:

- One person should be identified for taking responsibility for communicating with the service user/welfare guardian.
- There should be a clear audit trail of communications to include dates of when investigations will be concluded, if the date cannot be met then a reason must be given.
- Investigation reports must be factually accurate.
- The Care Inspectorate must be informed of serious accidents within 24 hours.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471), must be adhered to.

This Requirement related to a specific complaint by an individual service user. We find it had been met but it is an area we will re-visit at the next inspection.

From records viewed, we saw that not all accidents and incidents recorded were reported to the provider's health and safety department but dealt with by the regional or area managers.

We were not able to see what action had been taken by the service managers to minimise recurrence. The manager needs to have a system in place to reflect the actions taken for all accidents and incidents recorded.

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The provider must ensure that comprehensive risk assessments are in place for all service users, to guide staff as to what the risks are and the measures in place to minimise these. This is to comply with:

SSI 2011/210 Regulation 4 (1) Welfare of users.

Timescale: Within 12 weeks of receipt of this report.

Recommendations

Number of recommendations - 4

1. The manager should ensure that clear and detailed information in relation to exactly how staff are to support individuals with their identified care needs is recorded in each personal support plan. This includes any health conditions and medication support.

National Care Standards, Care at Home, Standard 3 - Your Personal Plan, Standard 7 - Keeping Well-Healthcare.

2. The manager should ensure that service users are assessed for the correct level of medication support and that staff have the required knowledge to provide this support and follow best practice.

National Care Standards, Care at Home, Standard 4 - Management and Staffing and Standard 8 - Keeping Well-Medication.

3. Care plans should clearly show tasks that have been carried out.

National Care Standards, Care at Home, Standard 3 - Your Personal Plan and Standard 7 - Keeping Well-Healthcare.

4. The manager should ensure that service users receive the allocated length of visit agreed.

National Care Standards, Care at Home, Standard 4 - Management and Staffing.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

Statement 2

"We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff."

Service Strengths

We found that this service was performing adequately in the areas covered by this statement. We concluded this after we:

- Spoke with service users
- Spoke with staff and management
- Looked at questionnaires
- Reviewed a sample of personal plans and other records.

In addition:

We looked at how the service recruited and selected new staff. The organisation had a recruitment and selection toolkit which provided guidance on the recruitment procedure including pre-employment checks that should be carried out e.g. PVG checks with Disclosure Scotland and the uptake of references. We noted that the guidance indicated that if individual candidates were external from Cordia "Two references must be obtained."

We looked at 18 files of newly appointed staff. We found files had:

- Completed application forms
- Each file clearly reflected the employee's start date and job role
- Disclosure Scotland checks had been carried out to ensure the candidate was not on the 'barred' list and was able to work with vulnerable people

- We looked at evidence that candidates were interviewed for vacant posts
- Interview records reflected that they had come to an agreement of how the applicant had met each competency and an overall rating of their skills, knowledge, qualifications and competencies.

The provider's training and development department provided a structured eight-day induction programme for staff prior to working with service users. The programme covered various topics including:

- Policies and procedures
- Care Standards and the Scottish Social Services Council (SSSC) Codes of Practice
- Working with people with dementia
- Alcohol awareness
- Health and safety in the homecare environment
- Medication awareness
- Moving and assisting
- Aims and role of the home carer
- Food hygiene and nutrition
- Adult Support and Protection.

There was also class participation and practical sessions to support the theory as well as a two-day "shadowing" of experienced colleagues in order that they could become familiar with individual service users care needs and how these were met.

Staff we spoke with were very positive about the induction training received. Although they stated that they had been given a lot of information, they had found it to be very helpful and felt prepared for the job they would undertake.

We found evaluation records of previous induction training showed that staff found the 'course great' and 'practical sessions really useful'.

Areas for improvement

We looked at 18 files of newly recruited staff and found there was not a robust safer recruitment procedure in place.

We found there were inconsistencies such as:

- Not all application forms were fully completed
- Two staff were working with only one reference in their file when there should be two.

We were told at the feedback meeting that the workforce reforms and subsequent recruitment drive had meant that the organisation had made a decision to obtain one reference and follow-up a second reference after the staff member had started employment.

- We found a reference which was from someone other than one of the two identified references with no explanation.
- We would expect to see a reference from a candidates last employer but this was not always the case.
- A candidate had recorded the reason why she had left her previous post. There had been an issue at her previous workplace but we did not see any evidence this had been discussed.
- We looked at an application form that did not have any training and qualifications filled in however interview paperwork stated the candidate had qualifications.
- There was no indication that there was a system for checking physical and mental fitness post selection.

This is an area for improvement for the service. Safer recruitment should be robust to ensure vulnerable service users are protected.

We noted that the Recruitment and Selection Toolkit still needed further development in relation to:

- A system for checking with the SSSC the candidates current registration status and any other relevant history. The Scottish Social Services Council is the organisation responsible for the registration and regulation of staff working within social care settings.
- Reflecting that at least one reference should be from the applicant's most recent employer for external candidates.

Based on our findings, we concluded that the recruitment procedure and practices adopted were not suitably robust and did not follow best practice guidance such as 'Safer Recruitment through Better Recruitment' (Scottish Executive 2007).

It is important that service providers adopt robust recruitment procedures in order that they can be confident that vulnerable people such as service users are not placed at any undue risk. (See Requirement 1, under Quality Theme 3, Statement 2.)

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The provider must make proper provision for the health, welfare and safety needs of service users with reference to the safe recruitment of staff working in the service. In order to do this the provider must:

- Review the policy and procedure for recruiting staff safely referenced to best practice guidance 'Safer Recruitment through Better Recruitment'
- Adhere to best practice regarding the safe recruitment of staff.
- Obtain two appropriate references prior to recruitment decisions about employment in the service being made.

- Check professional bodies register including the SSSC.

This is to comply with: SSI 2011/210 Regulations 4(1)(a): Welfare of users.

Timescale: within 12 weeks of receipt of this report.

Number of recommendations - 0

Statement 3

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

Service Strengths

We found that this service was performing well in the areas covered by this statement. We concluded this after we:

- Spoke with service users
- Spoke with staff and management
- Looked at questionnaires
- Reviewed a sample of personal plans and other records.

In addition:

The provider had a 'Learning Centre' which was custom built to accommodate six training rooms, two meeting rooms, a conference facilities and a 'reality' home care flat used for practical training.

We looked at the training records of the staff we accompanied on home visits and found that they had received regular training and competency checks on moving and assisting as well as personal safety, information security, adult support and protection. We were told that any additional training required specific to service user's needs would also be provided.

The organisation carried out consultation exercise with staff working within the re-ablement service to establish what their current training and development needs were. We heard how the organisation worked in partnership with the University of West of Scotland to design a bespoke two-day dementia training course. Feedback from staff interviewed indicated that the training was well received and has helped equip them when working with people with dementia and their families or carers.

The service was aware of the qualification requirements for the registration of staff with the SSSC and had arrangements in place to support staff to achieve these. Initial arrangements were for the Area Operation Managers (AOMs) and coordinators to achieve a minimum of SVQ level 3 over the next 18 months. Home care staff were also being supported to achieve SVQ level 2.

It was evident that Regional Service Managers (RSM) were already registered with the SSSC and had relevant qualifications. The service's self-assessment also reflected that a number of homecare staff had already completed a relevant qualification.

There had been a staff consultation carried out in June 2015 with a selected number of home care staff. There had been 900 questionnaires issued with 454 (50.4%) returned.

It had been noted the aim of the consultation process was to allow Cordia (Services) LLP to examine the quality of the service being provided to identify areas for improvement and to determine the action required to ensure improvements were made.

The questionnaire had 15 statements with staff being asked to comment on all areas of the service. This included questions such as:

- I can access the equipment I need to do my job.

80% agreed with this which was a drop from 85% in 2012/2103 and 98% 2011/2012. This area of concern was included in the Continuous Improvement Action Plan. Further consultation will be carried out around this.

- I feel safe when I am at work.

Only 71% of staff agreed with this which was a drop from 98% 2011/2012. This had been discussed at focus groups with staff identifying lone working as the key concern. This area of concern was included in the Continuous Improvement Action Plan. These are areas we will continue to monitor for improvements at the next inspection.

We met with different groups of home carers, co-ordinators and area operational managers. They were all very positive about the training they received. They felt that any training identified would be addressed by the 'Learning Centre' who monitored staff training and any updates due or additional training required. All stated that they were aware of plans for achieving SVQ qualifications and co-ordinators said that they had recently completed a 2 day dementia course.

A Recommendation made at the previous inspection identified that:

The manager should ensure that the content and the quality of staff meeting minutes improve to reflect discussions that had taken place.

Actions:

Although we could see enough improvement to the quality of meeting minutes to meet this Recommendation this is an area that needs further development.

We sent out Care Inspectorate questionnaires to staff before inspection. Three of the returned questionnaires included comments from staff:

"I don't have any training needs at the moment, but I am aware if the need arises I can contact my manager and it will be organised for me to enable me to do the job properly."
"As far as I am aware premises have now become available for staff to have regular meetings. I am just waiting for a start date for my SVQ."
"Overall a good service provided to service users in the community."

Areas for improvement

We looked at results from the staff survey. This gave staff an opportunity to give their views on questions such as:

"My co-ordinator holds regular meetings to pass on information."

We found 9% of staff strongly disagree or disagree with this. This has implications for effective communication between home carers and co-ordinators.

The service acknowledged that some co-ordinators were having difficulty accessing suitable premises to hold meetings or were finding it difficult to find time in the home carer's schedules to attend meetings. The problem had increased due to the change in shift pattern. The service had acknowledged action is needed to address this issue and develop a regular plan of meetings. We could see this was on the Continuous Improvement action plan with a timescale of November/December. We will monitor this area at the next inspection.

The staff survey also asked the question:

"I feel the support I receive from my co-ordinator is good."

We found that 6% of staff disagreed or strongly disagreed with this. A review of co-ordinators role and responsibilities will be undertaken in early 2016. We will monitor the progress of this at the next inspection.

We found information which supported staff from the re-ablement service were given an opportunity to share their views on key aspects of the service including training required, understanding of current documentation and were offered an opportunity to make comment. However, it was difficult to see what actions would be taken by the service to address specific points raised by staff. We also could not see specific training identified as required by staff being incorporated within the organisation's Continuous Improvement plan, the only training reflected was a one day refresher course. We concluded that this is an area that the service should develop further.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

Statement 2

"We involve our workforce in determining the direction and future objectives of the service."

Service Strengths

We found that this service was performing well in the areas covered by this statement. We concluded this after we:

- Spoke with service users
- Spoke with staff and management
- Looked at questionnaires
- Reviewed a sample of personal plans and other records.

In addition:

We found the service was good at involving their workforce in the direction and future objectives of the service. We looked at ongoing staff meetings, development and supervision records.

The provider's 'Participation and Consultation Strategy' for staff, "recognised the value of involving staff, of all grades and roles, in the development and delivery of their services" and that "staff have a key role to play". This was to be achieved through:

- Development of policies, procedures and operational developments
- Annual consultation through questionnaires and focus groups
- Project groups
- Staff supervision and workplace observations
- Updating of the action plan for continuous improvement

- Staff briefings and meetings
- Newsletters and website updates.

A new document incorporating the employee's training log, self-assessment, workplace observation and appraisal had been developed since the last inspection. This provided staff with an opportunity to reflect on their achievements, highlight learning they had undertaken, identify development needs and training requirements for the coming year. We looked at two completed personal development plans. We found that staff who had completed these had commented:

"I have attended all training and personally feel the training is great."
"I would love to progress as a co-ordinator."

There was a very detailed observation report from the line manager about the staff members practice. The plan had an area to note service user comments about the staff members practice.

The provider has adopted a 'Succession Planning' approach which gave staff the opportunity to experience additional responsibility and develop skills at a more advanced level within the organisation. Supernumerary AOM and co-ordinator posts had been advertised to allow training and development of staff to could cover vacancies or absences.

Staff including area operational managers, coordinators and homecare staff had received tailored training in the new electronic scheduling and monitoring system piloted within one area.

The provider had systems in place to recognise staff commitment and service such as long service awards for 25 years of service. There were also staff recognition awards:

- Care support employee of the year
- Care support team of the year
- Home care team of the year
- Home carer of the year.

The 'Hearts Of Gold' award was presented by the managing director. We looked at a certificate for this which stated:

"This award recognises the hard work and effort you put in serving the people of Glasgow. I appreciate the support that you give me and the whole of Cordia and you should be proud of this recognition. Thank you."

The management team had held road shows to discuss workforce planning with home care staff. The road shows were held in all the different areas covered by Cordia to give all staff an opportunity to attend one.

The organisation has carried out a staff survey as a means of capturing feedback from a range of staff working within the service. We make comment in relation to the survey in areas of improvement.

Areas for improvement

The staff survey showed that when asked the question:

"Workplace observations by my co-ordinator allows issues to be addressed and good practice to be acknowledged."

We found 5% of staff disagreed or strongly disagreed with this. The service had recommended no action to be taken about this as they are currently piloting a new personal development programme which will include workplace observations.

This is an area we will monitor at the next inspection.

The staff survey asked:

"The Cordia managers provide good leadership, steering the service in a way that gives me confidence."

We found that 9% of staff who responded disagreed or strongly disagreed with this. The service will carry out further consultation to try to establish if this refers to all levels of staff and how this can be resolved.

This is an area we will monitor at the next inspection.

A Recommendation made at the last inspection identified that:

The manager should ensure that staff appraisals are in place for all staff to identify and meet any development and training needs.

Actions:

We found this Recommendation had not been met and have repeated it. Although there was now paperwork to record appraisal meetings they had only started to take place therefore not all staff had been given the opportunity to be part of the appraisal process.

(See Recommendation 1, under Quality Theme 4, Statement 2.)

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The manager should ensure that staff appraisals are in place for all staff to identify and meet any development and training needs.

National Care Standards, Care at Home, Standard 4, Management and Staffing.

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

We found that this service was performing adequately in the areas covered by this statement. We concluded this after we:

- Spoke with service users
- Spoke with staff and management
- Looked at questionnaires
- Reviewed a sample of personal plans and other records.

In addition:

We found that the organisation continued to be involved in a range of pilots in partnerships with other agencies. We saw that Cordia's re-ablement service had been involved with national research and evaluation with the health and Social Care Benchmarking Network with ongoing work with the Joint Improvement Team and other local authorities.

Cordia continued to work with a variety of organisations such as the Stroke Association, MacMillan and Marie Curie services, the NHS, Ambulance and Fire services, providing pilot sites for newly developed best practice training for homecare staff.

As part of this senior management were also involved in several working groups and meetings with a number of health and social work colleagues as to how homecare could do anything more or different in relation to prevention and improving outcomes for service users. These included discussions on the management of falls, manual handling, medication, intermediate care, self-directed support, improving the cancer journey, dementia care, re-ablement, discharge planning, health and social care integration and adult support and protection.

A pilot for electronic scheduling and monitoring had started. This system meant staff had their schedule including the tasks to be carried out on their smartphone. This involved the home carer using their smartphone to register when they entered and left a service users home. This meant that there was a record of each visit and how long the home carer had spent in each person's home. It was hoped this would reduce the risk of missed visits. This system also monitored the number of home carers each service user had to help with consistency of staff. We spoke with the I.T and operational staff who were involved in developing and using the system. All feedback was very positive and staff found it easy to use. No 'failure to arrive' issues had been reported. It was planned that the system would gradually be extended to other teams with three staff teams involved before the end of the year.

Cordia's Head of Care was involved in a citywide multi-partnership group focusing on ensuring as many patients as possible were assessed and discharged from hospital with the appropriate assessments in place. The focus of this group was to enable patients with complex care needs that require additional support to return home safely. All screening needed to be completed within 72 hours. The Head of Care informed us that the organisation had managed to provide a service within the required timescale even when the workforce reform was being carried out.

Cordia met with Glasgow City Council, Social Work Services every four weeks as part of their agreement to monitor the quality of service provision and discuss any concerns or issues. Cordia have an in house I.T. team who have developed electronic systems that provide a suite of management information on key performance indicators including the following:

- Initial visits and service reviews within required timescales
- Twice yearly work place observations of home care staff
- Annual work place observation of moving and handling competency
- Annual Workplace Observation of home care staff carrying out managed medication tasks
- Risk assessments
- Complaint handling and resolution.

Areas for improvement

A Requirement made at the last inspection identified that:

The provider must ensure that all service users receive the agreed level of service.

Actions:

We found there were still a considerable number of missed visits. We looked at the number of staff failing to arrive at service user's homes and found there had been 95 in July, 34 in August and 34 in September. This can have an impact on the health and well-being of service users as this could mean they did not get medication or did not have support to get up or go to bed.

This has not been met and therefore is repeated. (See Requirement 1, under Quality Theme 4, Statement 4.)

When we looked at complaints received by the service we did not find evidence that investigations had taken place. There was no paperwork to record what actions had been taken following the receipt of a complaint. An example was a complaint about the attitude of a staff member. A letter had been sent to the complainant informing them discussions with the staff member had taken place however there was no evidence of this.

We looked at another complaint that had noted a family member would like to be phoned to talk about the service but we found no evidence this had happened. We also found that not everyone who made a complaint received a letter telling them the outcome.

We found reports developed from complaints only noted "formal" complaints which meant that withdrawn complaints did not count. We looked at complaints that had been withdrawn by the service user or their representative without any record of discussions that had taken place or why the complaint had been withdrawn. (See Requirement 2, under Quality Theme 4, Statement 4.)

There was a Recommendation made by the complaints team that the provider should develop a clear system that captures all contacts and concerns and not just formal complaints. We did not find any evidence this had been met.

We will repeat this Recommendation. (See Recommendation 1, under Quality Theme 4, Statement 4.)

The organisation's quality assurance systems could be further improved.

Improved staff access to all service users' care documentation through computerised systems in local offices had been delayed due to the arrival of equipment in the offices and the recent workforce reforms. Improved access would allow relevant staff to access all current care information for each service user and the system would also provide reminders for managers. The overall aim of this system change was to improve outcomes for service users.

The NHS Clinical Governance Team carried out reviews of service users who received the 'managed' medication service. It remained unclear if the areas highlighted in the 2013 review and the 2014 staff survey had been addressed, as reported in the last inspection report. We were told that the next review was due in 2015 but that this had not yet taken place. We were informed that the organisation is relying on NHS governance for progressing this area.

Grade

3 - Adequate

Requirements

Number of requirements - 2

1. The provider must ensure that all service users receive the agreed level of service. This is to comply with:

SSI 2011/210 Regulation 4 (1) Welfare of users.

Timescale: within 4 weeks of receipt of this report.

2. The provider must fully reflect the investigations carried out upon receipt of any complaint, record resulting actions taken/outcomes and implement a clear quality assurance system to check the effectiveness of the same.

This is to comply with SSI 2011/210 Regulation 4 (1) (a), Regulation 18 (3) and (7).

Timescale within 4 weeks of receipt of report.

Recommendations

Number of recommendations - 1

1. The provider should develop a clear system that captures all contacts and concerns and not just formal complaints.

National Care Standards, Care at Home, Standard 11 - Expressing Your Views.

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

Previous requirements

1. The provider must ensure that comprehensive risk assessments are in place for all service users, to guide staff as to what the risks are and the measures in place to minimise these.

This is to comply with: SSI 2011/210 Regulation 4 (1): Welfare of Users.

Timescale: Within 12 weeks of receipt of this report.

This requirement was made on 09 December 2014

We did not find any improvement in this area and have repeated the requirement.

Not Met

2. The provider must ensure that all service users receive the agreed level of service. This is to comply with:

SSI 2011/210 Regulation 4 (1): Welfare of Users.

Timescale: Within 4 weeks of receipt of this report.

This requirement was made on 09 December 2014

We found that service users still did not receive the agreed level of service agreed.

Not Met

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

Previous recommendations

1. Not all care plans were signed or dated by service users or their representatives.

This recommendation was made on 09 December 2014

We found this had been met.

2. The manager should take account of all areas identified for improvement through service user's consultation and demonstrate the action taken to address these.

This recommendation was made on 09 December 2014

We found there had been no improvement in this area and have repeated this recommendation.

3. Service users should be kept informed of which staff will be attending their home.

This recommendation was made on 09 December 2014

We found this was still an issue and have repeated this recommendation.

4. The manager should ensure that re-ablement assessments are completed in advance of the development of support plans in order to shape the content of support plans and influence joint goal setting between service users and staff.

This recommendation was made on 09 December 2014

This has been met.

5. The manager should ensure that clear and detailed information in relation to exactly how staff are to support individuals with their identified care needs is recorded in each personal support plan.

This includes any health conditions and medication support.

This recommendation was made on 09 December 2014

This has not been met and has been repeated.

6. The manager should ensure that service users are assessed for the correct level of medication support and that staff have the required knowledge to provide this support and follow best practice.

This recommendation was made on 09 December 2014

This has not been met and has been repeated.

7. Care plans should clearly show tasks that have been carried out.

This recommendation was made on 09 December 2014

This has not been met and has been repeated.

8. The manager should ensure that service users receive the allocated length of visit agreed.

This recommendation was made on 09 December 2014

This has not been met and has been repeated.

9. The manager should ensure that the content and the quality of staff meeting minutes improve to reflect discussions that had taken place.

This recommendation was made on 09 December 2014

We could see enough improvement to consider this met.

10. The manager should ensure that staff appraisals are in place for all staff to identify and meet any development and training needs.

This recommendation was made on 09 December 2014

This had not been met and has been repeated.

6 Complaints

There was a Recommendation made by the complaints team that the provider should develop a clear system that captures all contacts and concerns and not just formal complaints. We did not find any evidence this had been met.

We will repeat this Recommendation.

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
9 Dec 2014	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 4 - Good 3 - Adequate
4 Dec 2013	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 5 - Very Good 4 - Good

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

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Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

@careinspect

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