

Care service inspection report

Full inspection

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

Service provided by: Cordia (Services) LLP

Service provider number: SP2009010353

Care service number: CS2009206638

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.

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

What the service does well

There remain very good training opportunities for various levels of staff employed within the organisation.

Many service users who have received input from the reablement service have upon completion had no further need for homecare support. This suggests that these individuals have 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 support that the service deals with complaints received and develops robust systems to reduce the likelihood of missed visits to service users.

What the service has done since the last inspection

The organisation has carried out a major piece of work; - Workforce Reform which has shaped the shift patterns of homecare staff since implementation in June 15.

The organisation has continued to develop the Re-ablement service with additional staff joining the service.

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

Conclusion

We recognise that there have been major pieces of work carried out by the service provider since we carried out the previous inspection and this is 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 www.careinspectorate.com

The 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 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 2015 showed that Cordia (Services) LLP, Glasgow North West Care at Home and Housing Support Service had 552 whole time equivalent staff who were providing a service to around 1680 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.

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 and Housing 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), 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 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

An unannounced visit was carried out to the main organisation headquarters on 19 October 2015 by three Inspectors.

We carried out the following activities over the course of the inspection:

- accompanying homecare staff within the mainstream service and reablement service to observe practices, check records and hear the views of service users and relatives
- reviewing the content of 14 telephone interviews carried out by the inspection volunteer
- reviewing the 11 returned Care Inspectorate questionnaires of 250 issued
- reviewing the seven completed and returned staff questionnaires of 100 issued
- interviewing senior management, regional service managers, area operational managers, assistant operational managers, coordinators and homecarers
- examining the content of support plans and associated assessments
- checking the content of policies and procedures including recruitment and reporting back policy
- looking at the quality assurance systems used by the organisation and checking to see how it uses this information to make further improvement.

Feedback was given to representatives of the organisation on 11 December 2015 by Inspectors who carried out the inspection.

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.

The Care Inspectorate received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each heading that we grade them under.

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: 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

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

We looked at minutes of the meetings of the Focus Group which are composed of service users, relatives and staff from Cordia. We found that there had been a Focus Group meeting in October 2014 which looked at recruitment and retention of staff across the organisation with input from an external facilitator. We also looked at minutes of a meeting specifically relating to the North West Branch which had a total of 10 attendees. This meeting was facilitated by a Regional Service Manager of another branch and focused on information and communication methods used by the service.

We heard some positive comments from telephone interviews in connection with the Focus Group:

"I received a phonecall and transport was arranged for me to attend. I enjoyed attending and being listened to."

"I've had information on the Focus Group, but decided that I wouldn't attend, not something that I fancy."

We looked at the Action Plan for Continuous Improvement produced by the organisation. This reflected actions taken by the organisation following the investigation of complaints by the Care Inspectorate and the findings of the previous inspection of the service. We found other examples of how the organisation has taken areas forward e.g. in section 9 Reablement Services action number three refresher training to be delivered to all existing reablement staff and first response homecarers.

The organisation has produced a newsletter (May 2015) which is sent to all service users. We found that this provided information on significant changes of the service including the joining of Social Work and Cordia services to review and assess the care needs of service users and how this will provide consistency of care and improve communications around service users' changing needs. Workforce reforms which is primarily to improve continuity of care and the work of the re-ablement service.

The organisation uses exit surveys with people who move on from the service as a method of obtaining feedback.

Areas for improvement

We asked if there had been any surveys carried out with service users since the previous inspection (December 14) and were informed that there is a survey planned to be issued to service users in the coming months. Feedback from telephone interviews with service users and relatives by the Inspection Volunteer revealed that six respondents indicated that they had previously participated in a survey of the service and a further six indicated that they had not. Four respondents indicated that they were informed of the results of the survey and six indicated that they were not informed of the results of surveys undertaken. We found that the Winter 2014 newsletter Home Care News reflected some of the findings from the previous survey.

We requested and were given a list of people who are currently using or had used the service previously and who had expressed an interest in being involved with the Focus Group and helping developing the service. We examined the responses and comments made from the 14 telephone interviews carried out by the inspection volunteer. Whilst 11 respondents indicated that they had received information and an invitation to Focus Groups there was a number of comments which suggested that there were difficulties around attending and receiving information on what actions will be taken by the service:

"I was invited to attend 18 months ago I wasn't able to go as no one could help me there (person is a wheelchair user), so I didn't have a voice. No word since, they need to consider everyone."

"It's the same all the time I don't get feedback from meetings so I'm not sure what is said at Focus Groups or what services are there."

We noted that 12 respondents indicated that they had not received a visit from the Regional Services Manager. We requested and were provided with information in relation to visits carried out to service user's homes from the Regional Service Manager. We were informed that these visits are made for those service users who may have difficulties in attending Focus Groups. The information provided reflected that there had been only three visits made (all in October 14). We concluded that this afforded a very limited opportunity for service users to meet directly with the Regional Service Manager to express their views on the service.

We spoke directly with service users when we accompanied home carers when providing support and enquired if any of the service users had heard of or had been invited to Focus Group meetings. None of the service users and relatives that we spoke with had heard of the Focus Group. We acknowledge that the organisation reflected details of the Focus group within the latest newsletter. However we would expect that the service looks at other ways in which it promotes this area to encourage greater involvement from service users and key people such as informal carers/relatives.

We had a poor response rate from the 250 issued Care Inspectorate questionnaires for service users/carers to complete. We received 11 completed questionnaires. Of the nine who responded to the statement "The service asks for my opinions about how it can improve" three indicated that they strongly agreed. Three agreed, one disagreed and two strongly disagreed with the statement.

When we looked at the Action Plan for Continuous Improvement we found that a number of areas have not been progressed since the previous inspection e.g. within section 13 stakeholder consultation question 3; - 16.7% of service users stated that "sometimes" they are not kept informed of changes in their homecare service. A further 14.1% stated that they are "never" kept informed of changes in their home care service.

We also looked at section 4 Complaints. The figures produced revealed that within the period of 1 April 2015 to 30 June 2015 the organisation had received 136 complaints of which 87 (63%) were categorised as failure to arrive or failure to attend. The figures revealed that 27 specifically related to this service. We compared this to figures to those of the previous inspection; -15 recorded failure to arrive reports from April to September 14 for the period April to June 15. This suggests a significant increase from last year.

We noted that the above figures relating to Failure to Arrive complaints do not correlate with a separate report produced by the service (Code 50 Failure to Arrive) for the time period April to June 15 reflects that 62 had been received by the service.

We make further comment on failure to arrive in quality theme 4, statement 4.

We made a recommendation in the previous inspection in connection with the service taking account of all areas identified within the consultation report and demonstrate actions taken to address these areas. Based upon our findings we conclude that the recommendation has not been met and shall repeat the recommendation. See recommendation 1.

We also made a recommendation in connection with the service ensuring that all written agreements and support plans are signed by the person in receipt of the service or a representative. Based upon the examination of these documents and discussion with service users and representatives we concluded that this recommendation has not been met. We shall repeat the recommendation. See recommendation 2.

We looked at information provided within the exit survey carried out by the organisation. At the point of inspection there had been a total of 144 respondents from April 15. We noted that the organisation had captured many positive comments from people who used the service. However, we also found a number of less positive comments e.g. "the service was on a very tight timescale", "unfortunately shortness of staff means everything is rushed but the work is okay", "the carers didn't spend the appropriate time with my uncle" and were unclear of the actions taken by the service to address the less positive feedback.

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The service should take account of all areas identified for improvement within the service user consultation report and demonstrate actions taken to address these areas. This is to comply with NCS; Care at Home, Standard 11 Expressing Your Views
2. The service should ensure that all written agreements and support plans are signed by the person in receipt of the service or a representative. This is to comply with NCS; Care at Home, Standard 2 The Written Agreement and Standard 3 Your Personal Plan

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 an adequate level in this quality statement.

We spent time accompanying a "mainstream" homecarer supporting service users within their own homes. We found that the homecarer had formed very positive relationships with the people she supported. We heard positive comments on the impact that the support provided made to people; - "I get on well with ***** (homecarer's name)." "Very happy with the main homecarer."

We received some positive comments from the telephone interviews carried out in relation to the support and care provided. We heard how this had a positive impact for some service users;

"The care provided has made a big difference. I would have problems getting in and out of the shower so if it wasn't for staff my personal hygiene would be affected."

"Relative's health has improved."

"I would have real trouble with housework. I would be in a guddle without the homecare staff."

"I couldn't live here myself without them."

We checked and found that there was a comprehensive range of policies to help guide staff practice including the reporting procedure when staff are unable to gain access to any service user's house. We spoke with staff who demonstrated a good level of understanding of how to apply the procedure in the event that this occurs.

We spent time with an Occupational Therapist and Assistant Area Operational Manager of the Reablement service when visiting service users at Home. The Reablement 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 reablement service, goal setting with service users and reviews of outcomes are key to service delivery". The purpose of reablement 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 far as assessments with individual service users. Assessments are now being completed in advance of goal setting with each service user. The recommendation made in connection with this area at the previous inspection has been met. The organisation through transfer of staff from Social Work have worked to increase the number of service users going through the reablement service to approximately 70% with a target identified of 80%. A report provided by the service during the inspection revealed that 1396 service users had either fully completed or partially completed reablement services. 859 (62% transferred to mainstream Homecare service with 537 (38%) who did not transfer onto mainstream service.

The organisation continues to be involved in a range of pilots and groups e.g. Cancer Journey Steering Group composed of representatives from health, social work and other agencies. We looked at records in connection with the same and found that staff from Cordia were good at referring service users and carers onto relevant supports/agencies when concerns had been identified.

We asked for information relating to accidents and incidents in connection with service users. The service after initial delay provided the Inspectors with a report from 2 January 2015 to 24 October 2015. The reporting system reflects accidents or incidents relating to Homecare staff including when supporting service users. We could see that the system provides reports on various categories of accidents and incidents and details whether they are reportable to external agencies.

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 were given information on medication support plans and how these are being developed by the service. These are being used to help identify the level of support needed by individual service users.

Areas for improvement

We looked at records associated with accidents and incidents relating to service users. We concluded that on-going work should be carried out to more fully reflect the clear actions taken by the service to reduce the likelihood of recurrence. This is an area that we will monitor in future inspections.

We accompanied homecare staff when they visited service users and looked at the associated risk assessments and levels of support provided by homecare staff. We observed that there was a service user whose level of mobility had significantly decreased over the preceding months. We checked and found that the moving and handling assessment was last carried out (18/6/14) and detailed that this was due for review by 18/6/15. There was no evidence to support that this had been reviewed and the assessment did not reflect the current levels of support required by staff to assist the service user to mobilise safely. We made a requirement in the previous inspection in connection with this area. Based upon our findings we have concluded that the requirement is not met and shall be repeated – see requirement 1.

We observed a different level of support with medication provided to a service user by staff from the level they described was required i.e. to prompt.

We acknowledge that management had provided briefing sessions and developed a pocket guide for staff guidance however it was not evident that practice had improved as a result.

We made a recommendation in the previous inspection in connection with this area and based upon our findings conclude that the recommendation has not been fully met. We have made an amendment to the recommendation. See recommendation 1.

We examined the content of 12 care diaries and associated assessments/ records. We found that these lacked information on the specific needs of service users e.g. service users with specific medical conditions which are often of a progressive nature (including parkinson's disease and multiple sclerosis). We also noted that care diaries lacked information on medications being used and reason for use. We made a recommendation in the previous inspection in relation to this area and based upon our findings conclude that the recommendation is not met. See recommendation 2.

When we spent time with staff from the re-ablement service we noted that an assessment had been carried out with each service user and this had helped shape goal plans for service users. However, we noted that the assessments were not always shaping comprehensive goal planning and reflecting some of the good work that was being carried out by staff to help service users regain skills and improve levels of independence. The service should monitor this area.

We looked at records within care diaries relating to the times allocated to individual service users. We noted that there were regular occasions when there were significant discrepancies between the time allocated to carry out supports and the actual time given by staff (allowing for travel time between service users). Records indicated that there were occasions where visits were for a total of 15 minutes (one entry within the sample 14 minutes) when individuals had been assessed for a visit of 45 minutes. Similarly dual clients assessed and allocated one hour morning visit sampled entries for week commencing 12 October 2015 and found two entries indicated that the visit lasted 30 minutes and another morning equalled 35 minutes. Based upon our findings the recommendation made at the previous inspection has not been met and shall be repeated.

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The provider must ensure that there are comprehensive risk assessments in place for all service users, to guide staff on what the risks are and the measures that are in place to minimise these. This is to comply with SSI 2011/210 regulation 4 (1) (a). Timescale within 12 weeks of receipt of report.

Recommendations

Number of recommendations - 3

1. Personal plans should offer clear guidance on the exact task to be undertaken by the home carer in relation to the level of assistance with medication and ensure that staff are providing this level of support.

This is to comply with NCS Care at Home, Standard 8 Keeping Well - Medication.

2. 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 is to comply with NCS Care at Home: Standard 3 - Your personal plan; Standard 7 - Keeping well - healthcare; Standard 8 - Keeping well - medication.

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

This is to comply with NCS 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

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

The organisation has had a recent recruitment drive with a view to employing 182 new homecare staff which should help reduce overtime levels worked by staff.

We looked at how the service recruits and selects new staff. The organisation has a Recruitment and Selection toolkit which provides guidance on the recruitment procedure including pre-employment checks that should be carried out e.g. PVG checks with Disclosure Scotland and uptake of references. We noted that the guidance indicates that if individual candidates are external from Cordia "two references must be obtained".

All of the staff files sampled contained information which indicated that PVG checks had been obtained in advance of the individual commencing employment with Cordia.

We looked at records retained and could see that a "competency based" interview is carried out with each staff member. This is used to check their understanding of the role and offer an opportunity for them to share how they would respond to specific scenarios that they may potentially encounter whilst providing support to service users.

We regarded it as good practice that the service had involved service users and relatives when designing competency based questions to be asked at interview.

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 spoken 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.

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

Areas for improvement

We examined six staff files of staff who commenced employment with Cordia within the previous six months. We focused on checking that the service adopts safe recruitment and selection practices. Of the six staff files sampled relating to the service we noted that two of the staff files contained one reference (the service had identified the same through an internal audit completed), references were not always obtained from the current or most recent employer, one reference was received after the start date, letters of offer were issued weeks after staff had taken up position and a number contained incomplete application forms. We found that some of the staff appointed had worked in other care environments and could see no pre-employment checks carried out with Scottish Social Services Council (SSSC). SSSC is the body responsible for the registration and regulation of staff working with social care settings.

We were informed at the feedback session that the workforce reform and subsequent recruitment drive had meant that the organisation had made a decision to obtain one reference for candidates with a plan to chase up a second reference after the staff member commenced employment.

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

- developing a system for checking with the SSSC of the current registration status and any other relevant history
- reflecting that at least one reference should be from the applicant's most recent employer for external candidates
- the rechecking of PVG checks on a regular basis following employment

Based upon our findings we concluded that the recruitment procedure and practices adopted were not suitably robust and do not follow best practice guidance such as Safer Recruitment Through Better Recruitment. 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 from staff recruited. We shall make a requirement in connection with this area - see requirement 1. The service provider must make proper provision for the health, welfare and safety needs of service users.

This is with specific reference to the safe recruitment of staff working in the service.

In order to do this the service must undertake the following;

- review the policy and procedure for recruiting staff safely referenced to best practice guidance from the Scottish Government 'Safer Recruitment through Better Recruitment'.
- adhere to best practice regarding the safe recruitment of staff.
- obtain appropriate two references prior to recruitment decisions about employment in the service being made.
- check professional bodies register including SSSC.
- develop a system for the re-checking of PVGs.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), Regulations 4(1)a.

Timescale - The provider must meet this Requirement within 12 weeks of receipt of this report.

Grade

3 - Adequate

Number of requirements - 0

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

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 organisation carried out consultation exercise with staff working within the reablement service to establish what their current training and development needs are. 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 provider has had on-going dialogue with SSSC in relation to staff obtaining necessary qualifications for registration. We looked at a document produced by the service in connection with this area. This identified the qualifications/levels and timescales for achievement required for area operational managers, assistant area operational managers and homecare staff. Initial arrangements were for the area operation managers (AOMs) and co-ordinators to achieve a minimum of SVQ level 3 over the next 18 months. Home care staff would thereafter be 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 care staff had already completed a relevant qualification.

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.

We looked at the seven completed and returned (to Care Inspectorate) staff questionnaires from 100 issued. Overall the questionnaires indicated that staff were of the opinion that there are good training opportunities provided by the organisation.

We met with different groups of staff including homecarers, co-ordinators and area operational managers. They were all very positive about the training they received to care for service users. 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 two day dementia course.

We sampled records associated with supervision sessions of area operational managers. We found that these are being used to monitor key areas including area profile, review of work schedules, adult support & protection reports, any issues raised, long term staff absence, absence triggers, initial visits/service reviews and audit of care diaries. In the sample we noted that some areas of improvement had been identified including outstanding workplace observations of staff and issues surrounding staff practice in relation to code 50 calls.

We looked at North West Sector minutes of meetings held between the regional service manager and area operations managers on 29 April 2015 and 27 May 2015. A range of topics had been discussed at the meetings including issues specific to staff such as workforce reform and transfer of staff from Social Work and expectations of practice. We make comment under areas of improvement in connection with these meetings.

Area operational managers and senior management had carried out a number of roadshows in advance of the major changes through the workforce planning reform. This gave homecarers an opportunity to raise questions directly with these key individuals.

The service monitors staff sickness levels through meetings between registered service managers and area operational managers.

Areas for improvement

When we looked at North West Sector minutes of meetings held between the regional service manager and area operations managers we noted that there were not always clear information of which staff attended the meetings, no action plans detailing who was responsible for taking specific areas forward and timescales for achievement. This area of development also links to quality theme 4, statement 2, quality theme 4, statement 4.

We also looked at minutes of meetings between Area Operational Managers and Coordinators in different geographic patches. These appeared to be occurring infrequently e.g. one held in April next meeting July 2015, one held in May 2015 next meeting September 2015. We noted that there are standing agenda items and the issues discussed and the quality of information recorded was variable depending on which staff member chairs the meeting. This is an area that could be improved upon and links with the above.

We were informed that there have been a total of two homecare staff throughout the organisation who have completed a staff appraisal. In view of the very limited progress made in this area the recommendation made at the previous inspection in connection with staff appraisals has not been met and shall be repeated. See recommendation 1.

We found information which supported staff from the reablement service were given an opportunity to share their views on key aspects of the service (reflected within Reablement Carers Training Survey Summary) including training required, understanding of current documentation and offered an opportunity for Reablement staff to make comment. However, it was difficult to see what actions the service planned to take 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.

We noted that four of the seven completed and returned staff questionnaires to the Care Inspectorate indicated a number of negative responses in relation to the statements "all staff treat people who use this service with respect" and "The service asks for my opinion on how it can improve". We conclude that on-going work is needed to be carried out to involve homecare staff with on-going development of the service. This relates to quality theme 4, statement 2.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

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

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

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 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.

See comments under "strengths" in quality theme 3, statement 3.

RSMs had supervision meetings with their AOMs on a regular basis and records viewed showed discussions about staffing levels, absence management, service reviews, initial visits, audits of personal support plans, staff workplace observations, staff meetings, complaints, training, development and any other current issues.

Co-ordinators continue to carry out workplace observations with individual staff in service users' homes twice a year. This gives an opportunity to assess staff and provide feedback on performance and identify if they needed any additional or refresher training.

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.

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 who could cover vacancies or absences.

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

We saw that management had arranged several workforce planning roadshows over February and March 2015 to meet with staff and discuss the new shift arrangements.

The staff groups of homecarers, co-ordinators and area operational managers were all very positive about the communication and support they received. They all felt that they had been fully involved in the workforce changes through meetings and roadshows with management. They were aware that there was still some use of agency staff but that ongoing recruitment would address this. They were aware of the systems in place to ensure that the required care was provided to service users which included regular meetings with their line manager, workplace observations and supervision.

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 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.

See comments and associated recommendation in "areas of development" within quality theme 3, statement 3 in connection with staff appraisals.

Grade

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 an adequate level in this quality statement.

We found that the organisation continues to be involved in a range of pilots in partnerships with other agencies. We saw that Cordia's reablement service has been involved with national research and evaluation with the health and Social Care Benchmarking Network with on-going work with the Joint Improvement Team and other Local Authorities.

Cordia continued to work with a variety of organisations such as the Stroke Association, McMillan 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, reablement, discharge planning, Health and Social care integration, Adult Support and Protection.

Cordia (Services) LLP Head of Care is involved in a city wide multi-partnership group focusing on ensuring as many patients as possible are assessed and discharged with the appropriate assessments in place. The focus of this group are patients with complex care needs that require additional support to enable them to return home safely. All screening must be completed within 72 hours.

We spoke with the Head of Care who informed the Inspectors that the organisation had managed to provide a service within the timescale indicated above even when the workforce reform was being carried out.

Cordia meets 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:

- PSP for every service user with six monthly reviews
- 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

We examined records associated with complaints received by the service. We found that there was a lack of key information relating to complaints investigation, communications made with complainants and little information to support the decision making in the complaints records that we sampled. We also found a lack of information reflecting clear outcomes and actions taken to prevent potential recurrence. We requested additional information from the Regional Service Manager in connection with correspondence with a complainant. This was forwarded after the visit to the service.

We concluded that there is a need for the service to fully reflect the investigations carried out upon receipt of complaint, record resulting actions taken/outcomes and implement a clear quality assurance system to check the effectiveness of the same. We shall make a requirement in connection with this area. See requirement 1.

We received a number of comments from service users through interviews with the Inspection Volunteer in relation to inconsistency of service and on occasions no service provided:

"I didn't get any staff yesterday, they were supposed to visit at 7:00am, they still hadn't been at 9:00am this meant that I had to go to daycare without a shower".

"Up until now it (the service) was really good but they removed someone who had been with me for 10 years. I was disappointed and upset. I don't know why they did this."

"Since the change of staff it has been terrible. I don't know who is coming in the evening and at weekends."

"They need to improve the evening and weekend service"

"I used to get phonecalls from ***** (an area operational manager) but have had nothing since last year."

"It's topsy turvey just now, sometimes not sure who is coming in at weekends, times change at weekend."

We made a recommendation in the previous inspection in connection with minimising service user's anxiety in relation to being supported by an unfamiliar or new homecarer. Based upon the feedback received the recommendation has not been met. See recommendation 1.

It was evident that the majority of the complaints received by the service related to agency staff and 'failure to arrive'. The service's analysis of complaints from April to June 2015, reflected in the action plan for Continuous Improvement, showed that there had been an increase in 'failure to arrive' compared to last year's inspection. (complaints analysis April-June'15: total 136, NE x33, NW x27, S x27 over 3 months) (previous April-Sept'14: total 114, NE x17, NW x15, Sx29 over 5 months).

We also saw that the number of these complaints had continued to grow between July and September. We were informed that this was due to the new workforce reforms and it was hoped that this would begin to reduce. (July: NE x95, NW x33, S x37; Aug: NE x34, NW x28, S x53; Sept: NE x34, NW x20, S x3; 22nd Oct NE x14, NW x13, S x18)

We spent time at the Garscadden unit where there has been an electronic scheduling & monitoring system introduced to identify cover required, any missed visits, late arrivals and to check that service users receive supports for the identified timescale and timeslot. We heard of very positive initial results (it was shared that within the six week period of introduction there have been no missed visits within the specific small geographic patch that this has been implemented). We were informed that there are currently 90 staff using the system (after undertaking training) and there are plans to roll this out to have approximately 160 staff using the system before Christmas 2015.

Whilst we appreciate that the organisation has worked to progress this area we recognise that at the point of inspection the system is being used by a relatively small number of staff and ultimately number of service users involved in the pilot. Therefore the potential negative impact on outcomes for individual service users throughout other parts of the service remained significant. We concluded from our findings that the previous requirement made in connection with this area had not been met. See requirement 2.

Feedback from the interviews carried out by the Inspection Volunteer revealed that 11 of the respondents indicated that they had no involvement with the production of the self assessment submitted by the service in advance of inspection carried out. This is an area that the service should look at developing.

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 service provider must fully reflect the investigations carried out upon receipt of 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 four weeks of receipt of report.

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) (a). Timescale within four weeks of receipt of report.

Recommendations

Number of recommendations - 1

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.

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

Previous requirements

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

This is to comply with SSI 2011/210 regulation 4 (1) (a).

Timescale: within 12 weeks of receipt of report.

This requirement was made on 09 December 2014

See comments under quality theme 1, statement 3 areas of improvement.

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) (a).

Timescale: within four weeks of receipt of report.

This requirement was made on 09 December 2014

See comments under quality theme 4, statement 4 areas of improvement.

Not Met

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

Previous recommendations

1. The service should take account of all areas identified for improvement within the service user consultation report and demonstrate actions taken to address these areas.

This is to comply with NCS; Care at Home, Standard 11 Expressing Your Views.
This recommendation was made on 09 December 2014

See comments in quality theme 1, statement 1 areas of improvement.

Recommendation is not met.

2. The service should ensure that all written agreements and support plans are signed by the person in receipt of the service or a representative.

This is to comply with NCS; Care at Home, Standard 2 The Written Agreement and Standard 3 Your Personal Plan.

This recommendation was made on 09 December 2014

See comments in quality theme 1, statement 1 areas of improvement.

Recommendation is not met.

3. 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.

This recommendation was made on 09 December 2015

See comments under quality theme 1, statement 3 and amended recommendation.

4. 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 is to comply with NCS Care at Home: Standard 3 - Your personal plan; Standard 7 - Keeping well - healthcare; Standard 8 - Keeping well - medication.

This recommendation was made on 09 December 2014

See comments under quality theme 1, statement 3.

The recommendation is not met.

5. The manager should ensure that reablement 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 is to comply with NCS Care at Home: Standard 3 - Your personal plan.

This recommendation was made on 09 December 2014

See "strengths" in quality theme 1, statement 3.

The recommendation is met.

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

This is to comply with NCS at Home: Standard 4 - Management and staffing.

This recommendation was made on 09 December 2014

See comments under quality theme 1, statement 3.

The recommendation is not met.

7. 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.

This recommendation was made on 09 December 2014

See comments under quality theme 4, statement 4 areas of improvement.

The recommendation is not met.

8. 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.

This recommendation was made on 09 December 2014

See comments within quality theme 3, statement 3.

We concluded that on balance the recommendation has been met.

9. 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.

This recommendation was made on 09 December 2014

See comments under quality theme 3, statement 3 areas of improvement.

The recommendation is not met.

6 Complaints

The Care Inspectorate investigated and upheld complaints since the previous inspection. This resulted in the following recommendations and requirement:

September 2015

Recommendation

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

National Care Standards, Support Services, Standard 2: Management and Staffing Arrangements.

Based upon our findings in relation with records and communications reflected within quality theme 4, statement 4 we conclude that the recommendation has not been met.

January 2015

Requirement

1. The provider must ensure that service users who require support with washing, dressing and eating receive all visits as detailed in their written agreement and support plan.

This is to comply with SSI 210/2011.

Regulation 4 (1)(a) Welfare of service users

Based upon feedback received from service users and our findings under quality theme 4, statement 4 in relation to missed visits we conclude that the requirement has not been met and associated requirement made replaces the above.

Recommendation

1. The service should ensure that there was an adequate communication system in place to help respond to service users/representatives phone calls and messages about missed visits.

National Care Standards: Care at Home: Standard 4 - Management and Staffing
See comments under recommendation 1 Complaints section and findings under quality theme 4, statement 4 in relation to missed visits. We conclude that the recommendation is not met.

November 2014

Recommendations

1. The service should ensure that service users whose service is being cancelled or withdrawn are given a written notice.

National Care Standards: Care at Home: Standard 4- Management and Staffing

2. The service should ensure that a written agreement was in place which defined the terms and conditions for receiving a re-ablement homecare service and arrangements for changing or ending the service.

National Care Standards: Care at Home: Standard 2 - The Written Agreement

The above complaint related to a service user who had gone through the re-ablement service. We found written agreements in place and were satisfied with the methods of communication for service users who were ending the service. Based upon our findings the recommendations have been met.

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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