

# **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  
G4 9XE

Telephone: 0141 353 9000

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Inspection completed on: 23 November 2016

**Service provided by:**  
Cordia (Services) LLP

**Service provider number:**  
SP2009010353

**Care service number:**  
CS2009206634

## About the service

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 manages.

Information provided at February 2016 showed that Cordia (Services) LLP, Glasgow North East Care at Home and Housing Support Service had 534 whole time equivalent staff who were providing a service to around 1589 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" 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.

## What people told us

We received a number of positive comments from the completed and returned questionnaires:-

"Fully satisfied with the support we are getting."

"I'm happy."

"Without this service I wouldn't be able to properly take care of my mum. The ladies (carers) are absolutely fantastic with my mum." (Relative)

"The area manager \*\*\*\*\* (name) always makes regular checks on me to make sure that I'm happy with everything."

"They know her likes and dislikes, body rhythms and general way of being. \*\*\*\*\* (carer) in particular notices changes quickly which leads to the early intervention of G.P. This is so invaluable to Mum and the family....I worry that carers don't have enough time as Mum's condition deteriorates." (Relative)

"I am happy with the service, thank you."

We also received a number of less positive comments from returned questionnaires:-

"When taking medication it is four hours between taking it. My carers come in at 8.30, 1.30, 5.30 and 8pm. The time slots aren't really helpful."

"Staff never have enough time when visiting. The staff are always changing, there is no consistency with the staff that come in the last year. I would prefer to have the same people."

"Monday to Friday I am very happy with. Saturday, Sunday times am not so happy with - getting much later call, not long had breakfast then getting lunch."

"I think the carers need extra time, they are not robots, they are people. They run from one job to the next. My mother changes from day-to-day. What takes 30 minutes one day can take 45 minutes the next. Do you ever take travelling time into consideration? Stop swapping and changing carers with clients is very upsetting."

"I am still not happy with the tea time visit I can receive about 3 or 4 different carers in a week which is quite disturbing for me as I am blind and don't always recognise the carers, then I have to explain to them what my needs are."

"My wife fully depends on carers due to my health problems. The carers who come in the morning have too little time for showering and dressing my wife. Her mobility to walk with a zimmer is a very slow process and getting her dressed for the day centre twice weekly is also a long task." (Relative)

"The only comment I have is that my mother in law's carers get changed too often which is a shame as she is 83 years old and has dementia so gets upset and thinks that it is her fault. The carers that she had were fantastic but don't get enough time in clients' houses - always rushing." (Relative)

We utilised the services of an Inspection Volunteer to capture feedback from residents through telephone interviews. An Inspection Volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection Volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services.

The Inspection Volunteer spoke with seven service users and two relatives.

We received a number of positive comments from telephone interviews carried out by the Inspection Volunteer:-

"They have stand in staff for holidays. The carers are like friends."

"The carers are out of this world....They are a credit to their name."

"They always ask you if there is anything I can do before they go. That is really nice."

"Has made a big difference (having support from homecare service), definitely helps us both, couldn't manage myself."

"Very pleased with the service."

We also received a number of less positive comments from the telephone interviews:-

"Don't always know which staff will come in at weekends....it's lucky dip (when staff off sick or holiday cover)"

"People during the week are fine. It is anybody's guess at the weekend - different ones at the weekend - they don't know where anything is."

## Self assessment

A self assessment was completed in advance of the inspection. The findings of the inspection overall correlated with the self assessed grades submitted by the service.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

## Quality of care and support

### Findings from the inspection

The service uses a range of methods including surveys and focus groups to capture views of service users. Feedback has been collated, report produced with some areas incorporated into an improvement plan. We previously recommended that all areas identified as requiring improvement should be taken account of (including themes from comments received). Based upon our findings the recommendation has not been met. (See recommendation 1).

Feedback from service users that we spoke with was mixed in terms of having a consistent group of staff who provide support at weekends and holiday cover. The results from the service's survey indicated that there had also been a 4% reduction in satisfaction levels relating to this area from the previous year. The provider has made major changes in an attempt to improve consistency of service; the desired outcome was not yet evident for all service users. Based upon our findings the recommendation made has not been met. (See recommendation 2).

We accompanied homecare staff when they visited service users and used this opportunity to speak with service users and relatives. We also carried out telephone interviews. Feedback received was generally positive in relation to the supports provided by staff.

We looked at the care diary information and risk assessments on visits and in the office. These were not always updated timeously to reflect the changing needs of service users e.g. after hospital admissions and changes to support needed with medication. Risk assessments were in place for moving and assisting (some indicated that they should be reviewed on annual basis - we expect these to be reviewed more frequently). There had been a number of changes relating to the health and wellbeing of individual service users yet risk assessments were either not in place or did not reflect changes. This included individual service users which we received electronic notifications relating to specific incidents which indicated that they may be at risk of harm. We concluded that the requirement made in connection with this area remains outstanding and shall be repeated. (See requirement 1).

We looked at how homecarers support service users who require assistance with medication. Supports offered did not always match what the assessed level of need is or provide sufficient detail to guide staff e.g. assistance with applying creams/emollients and where staff should place pain relieving patches. We shall repeat recommendations made at the last inspection in connection with this area. (See recommendations 3 and 4).

From records viewed we saw that the registered manager retained a record of action taken for those accidents and incidents which did not require to be reported to the health and safety section.

## 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: 4

1. The manager should take account of all areas identified for improvement through service users' 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.

3. 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.

4. 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.

**Grade:** 4 - good

## Quality of staffing

### Findings from the inspection

The organisation has developed a strategy to ensure that there is a qualified and competent work force across all grades of staff. 75 staff (predominantly coordinators) are undertaking SVQ III health and social care with a professional development award in supervision. 86% of homecare staff have completed SVQII. Area Operations Managers have been given the opportunity to completed SVQ level III or IV.

Joint work has been carried out with Cordia and Glasgow Caledonian University to develop and deliver a dementia education programme for staff; - "Living and Working with Dementia". The purpose of the two day training course is to help staff develop a person centred approach when supporting clients who are living with dementia. Staff spoke positively about the training and how it helped increased their understanding/shaped practice when supporting service users.

We tracked training records relating to a homecarer that we spent time with observing practice. We identified improvement was needed in order that associated records accurately reflected training undertaken/assessment of competency. This is an area that should be monitored by the service.

The service continues to support homecarers through the use of staff appraisals and workplace observations carried out by coordinators. We spoke with staff of all grades. Homecare staff were generally positive about the supports provided by line managers, availability of training and communications systems. Coordinators have weekly meetings with Area Operational Managers which are used to discuss current issues and any training and development needs. Feedback indicated that these are valued by coordinators.

We heard from homecare staff that there could be improvements to shift patterns particularly between early morning clients and service users who require support at lunch time. There has been a recruitment drive to fill homecare vacancies. We examined staff files with a focus on the recruitment procedure. We found that improvements had been made with staff who commenced employment after January 16. We made a requirement in relation to this area at the previous inspection. Based upon our findings we concluded that the requirement has been met, however, we shall make a recommendation that the recruitment policy is updated to reflect best practice; - ensuring up-to-date PVG checks and appropriate scrutiny of references submitted to support application. We shall make a recommendation in connection with this area. (See recommendation 1).

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. The service provider should review the policy and procedure to ensure that it follows good practice guidance;- Safer Recruitment Through Better Recruitment available through Care Inspectorate The Hub. National Care Standard Care At Home, Standard 4 Management and Staffing.

**Grade:** 4 - good

## Quality of management and leadership

### Findings from the inspection

Cordia produced an action plan for Continuous Improvement which was updated quarterly and included key service developments, procedural and policy changes, service user feedback, Care Inspectorate inspections and complaints.

Regional Service Managers meet with their Area Operational Managers on a regular basis to discuss key areas of service performance including staffing levels, staff meetings and complaints.

The service continues to produce performance management information reports based upon key indicators. These help give an overview of key areas such as service reviews, workplace observations, complaints and call handling.

We sampled records relating to complaints received by the service in view of a requirement made at the previous inspection. We found that there had been some improvement in relation to complaint handling and written response. Details relating to the investigation of the complaint were either very limited or there were no records in place. We shall make a recommendation in connection with this area. (See recommendation 1).

We made a requirement at the previous inspection in connection with service users receiving the agreed level of service. Progress has been made with implementing the electronic scheduling and monitoring system. This is currently being rolled out across the city. Associated reports reveal that this has had a positive impact in relation to the number of missed visits. Based upon findings the requirement has been met however, we shall make a recommendation in relation to the full implementation of the system within the North East branch. (See recommendation 2).

Improved staff access to all service users' care documentation through computerised systems in local offices was also progressing.

Cordia continued to look at ways of improving the service and outcomes for service users and was involved in working groups and work with a variety of organisations to achieve this.

The NHS Clinical Governance Team carried out reviews of service users who received the 'managed' medication service. The last review carried out in October 2016 highlighted some recording and administration issues which would be dealt with through the Managed Medication group.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. The service provider should ensure that there are clear investigation records for each complaint received.  
National Care Standards Care At Home, Standard 4 Management and Staffing.

2. The service provider should fully implement the use of the electronic scheduling and monitoring system in order to minimise the risk of missed visits to service users.  
National Care Standards Care At Home, Standard 4 Management and Staffing.

**Grade:** 4 - good

## What the service has done to meet any requirements we made at or since the last inspection

### Previous requirements

#### Requirement 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 9 December 2014.**

#### Action taken on previous requirement

We examined records of service users that we had received electronic notifications following accidents and incidents. We also looked at records when we accompanied homecare staff when supporting service users and looked at the content of risk assessments.

Based upon our findings we concluded that the requirement has not been met and shall repeat this.

**Not met**

#### Requirement 2

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 within 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 being made.
- Check professional bodies register including SSSC.

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

Timescale; within 12 weeks of receipt of report.

**This requirement was made on 11 December 2015.**

#### Action taken on previous requirement

See comments within quality theme 3. Based upon our findings we have concluded that the requirement has been met, however, further work is needed to ensure that the recruitment policy and procedure follows best practice.

**Met - within timescales**



### Requirement 3

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 11 December 2015.**

#### Action taken on previous requirement

The organisation has invested heavily in an electronic scheduling and monitoring system and has rolled this out across the city. Associated reports reveal that this has had a positive impact in relation to the number of missed visits. We made comparison to the number of missed visits within the months of June, July and August of 2016 against the same months in 2015. It is evident that these have reduced by approximately two thirds. Based upon our findings and acknowledgement of progress made the requirement has been met and we shall make a recommendation that the service continues to fully implement the system in the North East branch to continue to reduce the number of missed visits.

**Met - outwith timescales**

### Requirement 4

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.

**This requirement was made on 11 December 2015.**

#### Action taken on previous requirement

We sampled six complaints received by the service and found that there had been improvements from our findings at the previous inspection. All of the complaints included details of when received, when passed to Regional Service Manager and included letter of response to complainant. The service has introduced a follow up telephone call to complainant three months after receipt of complaint as a measure to check levels of satisfaction/monitor the service. We regarded this as a useful quality assurance measure. Whilst on balance the requirement has been met we noted that there was no record of investigation or very scant details of investigations carried out in three of the six complaints.

We shall make a recommendation that the service works on developing clear records of investigations carried out.

**Met - outwith timescales**

## What the service has done to meet any recommendations we made at or since the last inspection

### Previous recommendations

#### Recommendation 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.

**This recommendation was made on 9 December 2014.**

#### Action taken on previous recommendation

See comments within quality theme 1. Based upon our findings the recommendation is not met.

#### Recommendation 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.

**This recommendation was made on 19 December 2014.**

#### Action taken on previous recommendation

See comments within quality theme 1 and comments from people who use the service.

Based upon our findings the recommendation is not met.

#### Recommendation 3

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.

**This recommendation was made on 9 December 2014.**

#### Action taken on previous recommendation

See comments within quality theme 1 in connection with this area.

Based upon our findings the recommendation is not met.

#### Recommendation 4

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.

**This recommendation was made on 9 December 2014.**

#### **Action taken on previous recommendation**

See comments within quality theme 1 in connection with this area.

Based upon our findings the recommendation is not met.

#### **Recommendation 5**

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.

**This recommendation was made on 9 December 2014.**

#### **Action taken on previous recommendation**

We found that there had been improvements made through examining records in our sample. Based upon our findings the majority of entries detailed what supports had been provided by homecare staff.

Based upon the findings the recommendation on balance has been met.

#### **Recommendation 6**

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.

**This recommendation was made on 9 December 2014.**

#### **Action taken on previous recommendation**

We found that there have been improvements made with this area based upon the findings of our sample. We anticipate through the wider use of the electronic scheduling and monitoring system that further improvements will be made.

On balance the recommendation has been met.

#### **Recommendation 7**

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.

**This recommendation was made on 9 December 2014.**

#### **Action taken on previous recommendation**

See comments within quality theme 3.

Based upon our findings the recommendation has been met.

## Recommendation 8

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.

**This recommendation was made on 9 December 2014.**

### Action taken on previous recommendation

We looked at the systems used by the organisation and found that the electronic system now captures contacts and communications received from service users or their representative.

Based upon our findings we were satisfied that the recommendation has been met.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings	
11 Dec 2015	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
9 Dec 2014	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate
4 Dec 2013	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	4 - Good
14 Dec 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
22 Nov 2011	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
19 Nov 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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