

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

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Type of inspection: Unannounced
Inspection completed on: 23 November 2016

Service provided by:
Cordia (Services) LLP

Service provider number:
SP2009010353

Care service number:
CS2009206638

About the service

Cordia (Services) LLP, Glasgow North West Care at Home and Housing Support Service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The 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 currently provided by Cordia.

While a range of client groups receive a home care service from Cordia, the 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 Support Service is provided from First Response Teams (which support people who are discharged from hospital), the 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 clients at 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 the following views from people who used the service and their families.

"I have been very impressed by the dedication, professionalism and diligence of Cordia staff. The team have formed a good relationship with my relative. They talk to her while they are working with her and she looks forward to chatting to them. This has stimulated her mind and helped to get her back to normal after 14 weeks vegetating in hospital. When she was discharged she had not walked anywhere during her stay. Cordia staff have given her the confidence to walk short distances again. Without the support of the Cordia team, their cheerfulness and positive attitude I would have found it difficult to cope."

"Generally speaking, the care my relative gets is OK. Nearly all the carers are great with her, but some should be shown how to remove food a bit better and clean up afterwards. Can be a bit slap-dash at times. Also she gets a bit confused and concerned when she can't find out who is coming in. Mostly this is tea/tuck."

"Occasionally staff are a bit rushed for the time but to their credit my relative still has a very good service and they meet her needs."

"My one complaint is that quite often I don't know who is coming through the door in the morning. I know there has been big problems in this area with accidents, illness, etc. but it would be good if you got a call saying who is coming in next day."

"I think my carers give excellent care, but lately seem to be constantly working against the clock. Ironically, a lot of the time is taken up with the carers being phoned by their managers regarding work allocation, often at times which are inconvenient or precarious."

"The regular staff know me very well and are wonderful, but when things change, for example holidays or agency staff, it is very difficult as different people come and they don't know my needs."

"The care that is given to my relative is without exception, an extremely high standard. The carers always do more than they are required to do."

"This represents a very good professional service meeting my relative's needs, recognising her vulnerability. She is treated with great kindness and very much as an individual. She feels her needs and wishes are heard. Individual carers demonstrate a high level of 'caring'. These comments represent my relative's views and those of our family."

"I obviously have more than one carer and some are slightly better than others, but they are all more than adequate."

"I am very happy with the service my relative receives from Cordia. The care workers are of the highest standard and they treat my relative with compassion, dignity and respect."

"I am not pleased when they use agency staff. As far as I am concerned they are not trained to do the tasks that are on my care plan."

"I am very satisfied with the two carers I have but I am not satisfied with the agency staff that have replaced them on Saturday and Sunday mornings."

Self assessment

We received a fully completed self assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what they thought the service did well, some areas for development and any changes they had planned.

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 operated at a good level for quality of care and support.

We found that the opinions of people using the service were sought by a variety of means, including questionnaires and surveys. The feedback received was generally positive. Some of the information gathered had assisted the service to improve practice in some areas, but it was not evident how all areas highlighted for improvement would be progressed, to the benefit of all people using the service. We have repeated the recommendation made at the previous inspection, dated 11 December 2015. (See recommendation 1)

Personal support plans were individual to each person using the service and detailed the levels of support received. People using the service were given the opportunity to be more involved in planning their care and support.

We looked at care diary information and risk assessments on visits to people's homes and at the office base. We found that these were not always updated to reflect the changing needs of people using the service, for instance after hospital admissions or changes to support needed with medication. Risk assessments were mainly in place for moving and assisting. Some indicated that they should be reviewed on an annual basis; we expected these to be reviewed more frequently. There had been a number of changes in relation to the health and wellbeing of people, yet risk assessments were either not in place or did not reflect these changes. We concluded that the requirement made, at the last inspection, relative to this area remains outstanding and shall be repeated. (See requirement 1)

Reviews of personal support plans had taken place. People using the service could be joined at their reviews by relatives or other professionals involved in their care and support. People who used the service were encouraged to voice their opinions on any progress they had made since coming to the service.

We saw that each person using the service received a home care pack. The pack contained all expected information around service delivery and the complaints processes. This gave people using the service the opportunity to be listened to and empowered to make decisions about the service.

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 in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 regulation 4(1)(a) - Welfare of users.

Timescale for meeting this requirement: within 12 weeks of receipt of report.

Recommendations

Number of recommendations: 1

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

National Care Standards Housing Support Services: Standard 8 – Expressing your views.

National Care Standards Care at Home: Standard 11 – Expressing your views.

Grade: 4 – good

Quality of staffing

Findings from the inspection

The service operated at a good level for quality of staffing.

The organisation had continued to recruit homecare staff since the last inspection. When we sampled staff files, we found that improvements had been made for those employed after January 2016. We made a requirement in relation to this area at the previous inspection which, on balance, had been met. However, we will recommend that the recruitment policy is updated to reflect best practice and ensure that the recruitment process offers protection for service users. (See recommendation 1)

The service was aware of the qualification requirements for the registration of its staff with the Scottish Social Services Council (SSSC) and arrangements were in place to support staff to achieve these.

The majority of staff had completed, or were undertaking, an SVQ in Social Services and Healthcare, at a level to match their job role and the requirements of registration.

Staff spoken with confirmed awareness of registration with the SSSC and gaining the necessary qualifications. They were also happy with the access to a wide range of training offered by their line managers and training department.

We found that staff were encouraged to develop their skills and had access to a variety of training opportunities. We noted that a comprehensive training programme was in place, which covered topics such as dementia awareness and adult support and protection.

Staff we interviewed spoke very positively about a two-day dementia course which they had attended and the benefits gained from this learning. Cordia and Glasgow Caledonian University had developed and delivered this dementia education programme to help staff provide person-centred care to service users living with dementia.

We observed staff practice that was respectful, warm and positive. We saw that trusting relationships had been developed with the people they supported, especially those living with dementia.

We saw that the management team regularly monitored the practice of staff at all levels and provided supervision. This meant that staff had personal development plans and the formal opportunity to reflect on, or develop, their practice.

We noted that regular team meetings and staff forums had occurred. Staff interviewed confirmed they attended and could participate freely and shape the agenda.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider should review its policy and procedure for recruiting staff safely in line with the best practice guidance Safer Recruitment through Better Recruitment and adhere to this. Checks in relation to professional registration bodies such as the Scottish Social Services Council (SSSC) and the re-checking of the Protecting Vulnerable Groups Scheme (PVG) should be included.

National Care Standards Housing Support Services: Standard 3 - Management and staffing arrangements.
National Care Standards Care at Home: Standard 4 - Management and staffing.

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

The service operated at a good level for quality of management and leadership.

The service continued to consult with people using the service and staff in a variety of ways and developed action plans to reflect areas for improvement which were to be addressed.

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 met with their area operational managers on a regular basis to discuss key areas of service performance including staffing levels, staff meetings and complaints.

The provider's computerised system also produced regular reports allowing senior management to monitor the service's performance on various key areas such as:

- personal support plans and service reviews
- staff workplace observations and competency assessments
- staff absence levels and ongoing management
- complaint investigations and timescales including any missed visits which were logged as complaints.

From the sample of formal complaints viewed, we found that some improvements had been made and although the outcome of the investigation was evident, there was still a lack of detail in relation to the investigation carried out. (See recommendation 1)

We saw that the manager kept a record of the action taken on any informal complaints or concerns received.

The service's analysis of complaints from October 2015 showed that the majority of complaints related to the quality of service and failure to attend but there had been a clear reduction in the number of complaints. This was linked to the continued implementation of the electronic scheduling and monitoring system through which staff recorded when they arrived at a service user's home.

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

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: 1

1. The provider should ensure that there are clear investigation records kept for each complaint received.

National Care Standards Housing Support Services: Standard 3 - Management and staffing arrangements and Standard 8 - Expressing your views.

National Care Standards Care at Home: Standard 4 - Management and staffing and Standard 11 - Expressing your views.

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 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 7 March 2016.

Action taken on previous requirement

See comments under Quality of care and support.

Not met

Requirement 2

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 (SSI 2011/210), Regulations 4(1)a.

Timescale: The provider must meet this requirement within 12 weeks of receipt of this report.

This requirement was made on 7 March 2016.

Action taken on previous requirement

See comments under Quality of staffing.

Met - within timescales

Requirement 3

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.

This requirement was made on 7 March 2016.

Action taken on previous requirement

See comments under Quality of management and leadership.

Met - within timescales

Requirement 4

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 7 March 2016.

Action taken on previous requirement

See comments under Quality of management and leadership.

Met - within timescales

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

Previous recommendations

Recommendation 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. National Care Standards Care at Home: Standard 11 - Expressing your views.

This recommendation was made on 7 March 2016.

Action taken on previous recommendation

See comments under Quality of care and support.

The recommendation is not met.

Recommendation 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. National Care Standards Care at Home: Standard 2 - The written agreement and Standard 3 - Your personal plan.

This recommendation was made on 7 March 2016.

Action taken on previous recommendation

See comments under Quality of care and support.

The recommendation is met.

Recommendation 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. National Care Standards Care at Home: Standard 8 - Keeping well - medication.

This recommendation was made on 7 March 2016.

Action taken on previous recommendation

See comments under Quality of care and support.

The recommendation is met.

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. National Care Standards Care at Home: Standard 3 - Your personal plan; Standard 7 - Keeping well - healthcare and Standard 8 - Keeping well - medication.

This recommendation was made on 7 March 2016.

Action taken on previous recommendation

See comments under Quality of care and support.

The recommendation is met.

Recommendation 5

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 7 March 2016.

Action taken on previous recommendation

See comments under Quality of care and support.

The recommendation is met.

Recommendation 6

The provider should ensure that staff appraisals are undertaken for all staff. This should then identify development and training needs for the coming year. National Care Standards Care at Home: Standard - 4.2 Management and staffing.

This recommendation was made on 7 March 2016.

Action taken on previous recommendation

See comments under Quality of staffing.

The recommendation is met.

Recommendation 7

Managers should look at ways to minimise service users' anxiety over being supported by an unfamiliar or new home carer. National Care Standards Care at Home: Standard 4.6 - Management and staffing.

This recommendation was made on 7 March 2016.

Action taken on previous recommendation

See comments under Quality of management and leadership.

The recommendation is met.

Complaints

We have upheld two complaints since the last inspection. Please see our website for details of complaints about the service which have been upheld - www.careinspectorate.com

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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