

Corinium Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Corinium Care Limited is a domiciliary care agency that provides live-in care and support to people in their own homes. The agency has been involved in these services for many years. However, until early in 2015 the agency did not directly employ care staff and was not regulated by the Care Quality Commission (CQC). On 16 January 2015 Corinium Care Limited registered with CQC and began directly employing staff. This was the first inspection of the agency following their registration with CQC.

The inspection was announced. We gave the provider 48 hours advance notice of the inspection. We did this to ensure staff would be available to meet us at the agency's office.

At the time of the inspection the service was providing live-in personal care to more than 150 people. The agency was providing care to people in different locations throughout England. These services were managed by the agency from an office in Nailsworth, Gloucestershire. People using the service, their families and Corinium Care

Summary of findings

Limited staff used the term 'carer' to refer to care staff. Therefore, when direct quotes are used in this report carer has been used. When we are referring to staff we have used the term care staff.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care and support from care staff they felt safe with. People were safe because care staff understood their role and responsibilities to keep them safe from harm. Care staff knew how to raise any safeguarding concerns. Risks were assessed and individual plans put in place to protect people from harm. There were enough skilled and experienced care staff to meet people's needs. The provider carried out employment checks on care staff before they worked with people to assess their suitability.

The service was effective because staff had been trained to meet people's needs. New staff received a thorough induction before providing care and support for people.

Staff received support from managers through effective supervision and performance appraisal. Staff understood their roles and responsibilities in supporting people to make their own choices and decisions.

People received a caring and compassionate service from staff who knew them well. The provider and staff worked hard to provide a caring service in partnership with people using the service and their families. People were treated with dignity and respect. People were involved in planning the care and support they received. Staff protected people's confidentiality and the need for privacy.

The service responded to people's needs and the care and support provided was personalised. The provider encouraged people to provide feedback on the service received. The service made changes in response to people's views and opinions.

People received a service that was well-led because the registered manager and other senior staff provided good leadership and management. The vision and values of the service were communicated and understood by staff. Staff understood their roles and responsibilities. Feedback on the quality of service people received was continually sought and any areas needing improvement identified and addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received care from staff they felt safe with. People were safe from harm because staff were aware of their responsibilities to report any concerns.

People were kept safe and risks were well managed.

Recruitment checks were carried out to ensure people received care from suitable staff.

Medicines were well managed with people receiving their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

People were cared for by staff who received regular and effective support and supervision.

Staff promoted and respected people's choices and decisions. The registered manager and senior staff had a good understanding of the Mental Capacity Act 2005 (MCA).

Good



Is the service caring?

The service was caring.

People received care and support from staff that were caring and compassionate

The provider and staff worked hard to provide a caring service in partnership with people using the service and their families.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support

People's confidentiality and the need for privacy was respected.

Outstanding



Is the service responsive?

The service was responsive.

People's needs were at the centre of the service provided with staff knowing each person's likes and dislikes.

The service made changes to people's care and support in response to requests and feedback received.

The service listened to comments and complaints and made changes as a result.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The vision and values of the service were clearly communicated and understood by staff.

The registered manager and senior staff were well respected and provided effective leadership.

Feedback from people using the service, families and staff was sought and used to further improve the service provided.

Good



Corinium Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by one adult social care inspector, who visited on 30 June and 3 July 2015.

We used a variety of methods to obtain feedback from those with knowledge and experience of the service.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We did not ask the provider to complete their Provider Information Record (PIR) in this instance. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they planned to make.

At the beginning of our inspection we agreed with the registered manager who they would contact to ask if they were willing to speak to us. This included people who lived close to the agencies office for us to visit and people who lived in other parts of the country for us to contact by telephone or email.

During the inspection we visited two people in their own homes. We spoke to these people about the service they received and were also able to speak with care staff. We talked with a further three people using the service by telephone. We talked with five relatives by telephone and received written feedback from a further 15 relatives. We talked with three care staff, the senior care manager, a care manager, the training manager, the recruitment and IT manager, the bookings manager and the registered manager.

We looked at the care records of twelve people, the recruitment and personnel records of seven staff, training records for all staff and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity, recruitment, confidentiality, accidents and incidents and equality and diversity.

Is the service safe?

Our findings

People told us they felt safe. One person we visited said, “The service we get is excellent both my wife and I feel absolutely safe with the staff”. Another person said, “I’ve always felt safe with the staff. On one occasion when I was really ill, I needed two staff and they worked really well together to make sure I was safe”. Relatives we spoke with and who wrote to us all said they felt their family member was kept safe by care staff. A care worker said, “One difference with this type of service where we’re living in the person’s home is that we can make sure people are safe all the time”.

The provider had an up to date safeguarding policy in place. People’s care records detailed the local procedure and contacts for the safeguarding teams in the areas in which people lived. All staff received training in safeguarding. Staff knew about the different types of abuse and what action to take when abuse was suspected, witnessed or alleged. Staff described the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to concerns of abuse. The staff knew about ‘whistle blowing’ to alert senior management about poor practice.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by staff; this meant people using the service were not put at unnecessary risk. A number of staff employed by the agency were recruited from overseas. Corinium Care Limited had long established links with South Africa and Zimbabwe and had a recruitment officer in these countries. The recruitment manager explained how the recruitment of these staff operated and how visa arrangements were monitored. These arrangements were robust and ensured staff were suitable and had the required permissions to work in the United Kingdom.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. Care was usually provided by one live-in carer.

Where other arrangements were in place, for example if two carers were required, this was detailed in people’s care records. People told us the provider kept them informed of which staff member would be providing care. They said care staff generally stayed at their home for several weeks at a time. People told us they were happy with the staff providing care and support.

A range of risk assessments were in place. These covered areas of daily living and activities the person took part in. For example, where people required assistance with moving and handling an individual risk assessment was drawn up that was designed to keep the person safe and provide safe systems of work for staff. Staff told us they had access to risk assessments in people’s care records and ensured they followed them. People we visited showed us what was referred to as ‘The Green Book’. This was a folder kept in the person’s home that contained an up to date care plan and risk assessments. Each person’s care records also contained an environmental risk assessment. This showed the provider had considered factors to keep people safe within their homes. For example risks that might result in a fall, such as, uneven flooring or ill-fitting rugs.

These risk assessments and care plans were completed for each person before staff began providing care and were regularly updated. The registered manager told us these assessments were completed by the care managers and senior care manager. We asked the senior care manager how this process worked for people who lived in other parts of the country. They said, “It’s the same wherever people live. Recently, I travelled to the north of England, to meet someone in hospital and then visit their home to carry out risk assessments. I then passed this to our bookings manager who was able to match a staff member. The live-in care for the person is going really well”. A relative we corresponded with confirmed this saying, “In the spring we needed some help for a situation in Jersey, we approached the agency and immediately received some good advice, followed up by a manager coming to Jersey with us to assess the person.” People using the service and relatives confirmed that a similar approach was used at the commencement of their service. They also said that their ‘Green Book’ was kept up to date with their care staff and staff at the agency office working together to

Is the service safe?

ensure this was done. One relative said, “They ensure the documentation about the client is updated regularly which keeps the client safe and well cared for and assists carers new to the client to perform their duties appropriately”.

The provider investigated accidents and incidents. This included looking at why the incident had occurred and identifying any action that could be taken to keep people safe.

There were clear policies and procedures for the safe handling and administration of medicines. People’s care

records detailed arrangements for medicines. Some people took their medicines themselves and staff were not involved in the process. Other people required assistance with their medicines. These arrangements had been agreed with people and were clearly documented. Where staff administered medicines to people medication administration records demonstrated this was managed safely. Staff administering medicines had been trained to do so.

Is the service effective?

Our findings

People said their needs were met. One person said, “My carer makes sure my needs are met”. A second person said, “My needs are met and my carer will do anything asked of them”. Another person said, “Each carer I have, has had the skills needed to provide my care”.

Relatives were all positive regarding the service. They said, “I have always found the carers to be responsible, caring and efficient and they fit well into my home which is a very important factor to me as I have to carry on with my life as well as look after my husband” and, “The carers know what they’re doing and do it well”. Another relative commented on senior staff saying, “The care managers we have dealt with have been very knowledgeable about how to deal with older people and have managed the carers very effectively”.

Training records showed the provider ensured staff received a range of training to meet people’s needs. Staff confirmed they had received training to meet people’s needs. They said, “The training we’re given is great”, “Training is constantly updated with refresher training” and, “The training works well for me, I like doing it in small groups”. Regular training updates were planned and delivered at the agencies offices. These updates covered core areas such as; safeguarding vulnerable people, first aid and moving and handling. More specific individualised training to meet people’s needs was arranged with specialists in the areas in which people lived. For example, training for staff had been provided by an occupational therapist on using specialist equipment to meet one person’s needs. A person using the service living with cerebral palsy was involved in training care staff on caring for people with complex physical needs.

Newly appointed staff completed their induction training. An induction checklist monitored staff had completed the necessary training to care for people safely. The registered manager said the agency ensured staff received an effective induction, particularly as some care staff might be both new to care work and from overseas so new to the country. Induction for new staff took place over a full week and was delivered at the agency’s office. The training manager said they were in the process of matching the induction with the new Care Certificate which is a new induction programme for care staff. This was introduced in April 2015 for all care providers.

Staff requiring accommodation were given contact details of local hotels by the agency. The induction week was also used as an assessment of care workers abilities. The recruitment said the majority of care staff were assessed as being competent to work for the agency. However, some were not and their employment was not confirmed after the induction week. This showed the agency was assessing staff to ensure they had the required skills and abilities to care for people. Care staff spoke positively about the induction. One said, “I really enjoyed the induction, I learnt a lot, met other carers and all the managers at the office”.

Regular supervision was carried out by telephone. This involved the bookings manager or one of the bookings coordinators contacting staff to review progress and assess performance. The bookings manager said, “I will liaise with the appropriate care manager if anything comes up regarding the person using the service”. Staff records showed that supervision was held regularly with staff. Staff told us they found supervision helpful. One of the care staff said, “I talk to a manager every week to discuss how things are going and know I can contact anytime if there’s any problems”. Records of staff supervision showed this process had been used to identify areas where staff performance needed to improve, with targets for improvement agreed with staff. The provider also carried out a performance review once a year to assess the conduct and performance of care staff and plan their individual development.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Information in people’s care records showed the service had assessed people in relation to their mental capacity. The registered manager and senior care staff had a good understanding of the MCA. Staff understood their responsibilities with respect to people’s choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

People had been involved in drawing up their plans of care and had given consent to the care they received. One person said, “I agreed with them, how my live-in care would work”. Relatives confirmed people were involved in drawing up their care plans and agreeing to them. We saw in people’s care records consent forms signed by people who use the service.

Is the service effective?

People's dietary needs were planned for as part of the care planning process. Care records showed that people's needs regarding food and drink had been agreed with them. One example detailed how a person living with dementia only ate when someone with them was also eating. Their care plan gave clear guidance for care staff on eating with the person and why this was important.

The provider and staff ensured health and social care professionals were consulted and their advice taken. Records showed that care staff ensured people had access to health care professionals when needed. One person we visited explained how care staff helped them arrange and attend appointments. A relative said, "The carers have helped in making sure the doctor and us, as family are kept informed of any changes regarding health or mood".



Is the service caring?

Our findings

People told us their staff were caring. One person said, “The carers are like lovely friends they cheer everyone up and fit in very well with my household”. Another person said, “The carers are superb, I really can’t fault them at all”. Relatives said, “I am convinced that it was the quality of care which Corinium provided that extended my father’s life so far beyond his doctor’s expectations” and, “I have always found them to be caring and prepared to go the extra mile and be flexible”. A number of people using the service and relatives told us they had personally recommended the agency to others looking for care and support in their own homes.

People received care, as much as possible, from the same familiar care staff. Live-in carers stayed with people for an agreed period of time before being replaced by another carer. People told us this system worked well. One person explained how the handover process from one carer to another worked. They said, “When we change from one carer to another the three of us meet, discuss things and they complete a handover form”. People’s care records showed staff wrote about people in a caring and respectful way.

Care staff told us the way the service was organised meant they had time to get to know people well. One staff member said, “Living in someone’s home means you are able to sit and talk and help the person to live their life”. Another said, “We are able to do more than just provide care, we can get to know people and provide companionship”. Relatives confirmed people were cared for by staff who knew them well. One relative gave an example from the day before our inspection. They explained the care staff and their family member had gone out for a meal on the anniversary of their wife’s death. They said, “That’s an example of how they see care as being in partnership involving the person and their family”.

Senior staff treated people using the service, relatives and staff in a caring manner. A person using the service said, “The staff at the office are always kind, friendly and polite”. A relative said, “We’ve a good relationship with the care manager and staff at the office, they really seem to care”. A staff member said, “Corinium cares for its staff in the same way as its clients, which is fantastic”. A person receiving care from the staff member who told us this encouraged them to tell us about a problem they had experienced and

how the agency helped. We were told the care staff had their passport and visa stolen from their car. Both the care staff and person said they were ‘really impressed’ with the help provided by senior staff to obtain replacements and deal with the police and other authorities.

People were involved in planning their care and support. The service provided to people was based on their individual needs. Senior staff told us they took people’s wishes and needs into account and tried to be as flexible as possible when arranging carers to live in. The bookings manager explained how the care managers provided guidance on the personality of the carer required as well as their skills and abilities. They said this meant if a person required a live-in carer who was confident and outgoing socially they took this into account. In the same way, if a person required a carer who had a quieter nature or any specific interests they would try to accommodate this. People and relatives confirmed their requests regarding care staff had been sought and accommodated. This showed the views of the person receiving the service were respected and acted on.

Staff respected people’s privacy and maintained their dignity. Staff told us they gave people privacy to undertake aspects of their personal care but ensured they were close if help was needed. People confirmed this, one person said, “They’re very good, they let me get on with what I can do myself in privacy”.

People told us they were encouraged to be as independent as possible. Care staff said they felt it was important for people to maintain their independence wherever possible. People’s care records included plans for people to maintain their independence and promote social inclusion. One person said, “My carer helps me to continue going to social events and keep in touch with people”. Another person told us they had been invited to the agency’s office for a celebratory lunch. They said, “It was very, very nice. They made me feel very special”.

People’s confidentiality was respected. The provider had a clear policy on confidentiality which staff were made aware of at induction and was included in a staff handbook given to all staff. Staff told us confidentiality was important.

Staff received training on equality and diversity. The registered manager told us care arrangements took account of people’s individual needs. They gave examples



Is the service caring?

of staff supporting people with religious observance, specific dietary requirements and caring for people in same sex relationships. People's care records took into account needs relating to equality and diversity.

Throughout our inspection we were struck by the caring and compassionate approach of staff. Care staff and office based staff spoke with pride about the service provided.

There was a genuine enthusiasm and desire to talk about the merits of live-in care. The registered manager was a well-known advocate of the service, having given interviews and written articles explaining the service provided and how Corinium Care Limited provided a caring service.

Is the service responsive?

Our findings

People said the service they received was responsive to their needs. One person said, “I was being discharged from hospital and needed help. I saw an advert in a magazine and rang. They arranged care within 24 hours and when I arrived home they were waiting for me on my driveway”. Another person said, “They will provide any help needed, they helped me arrange a funeral”. Relatives also said the service was responsive. One told us about a carer needing to fly home due to a family emergency and the agency providing a replacement live-in carer immediately. Another told us the provider was, “Sensitive to our requirements”. We saw that on another occasion a couple being cared for by two live-in carers experienced an increase in their care needs at night, the provider arranged for a third live-in carer to be made available at short notice. Care staff said the service was responsive to people’s needs.

Care records were held at the agency office with a copy referred to as the ‘green book’ available in people’s homes. We viewed the ‘green book’ with the people we visited. People’s needs were assessed and care plans completed to meet their needs. Staff said the ‘green book’ held in people’s homes contained the information needed to provide care and support. They said the registered manager and care managers took care to ensure any updated information was placed in care records in people’s homes and at the office. Care records were person centred and included information on people’s likes, dislikes, hobbies and interests. For example, one person care plan stated ‘enjoys sitting in the garden feeding the birds and squirrels’ and ‘wants a carer who is helpful but not someone who will take over’. Staff told us this information meant they could get to know the person they were caring for. People we visited told us they were involved in recording information in their ‘green book’.

The service provided was person centred and based on care plans agreed with people. People said they made choices and decisions regarding their care and support. One person said, “The care manager worked with me to write my plan”. Relatives confirmed people had been involved in developing their care plans.

People said they felt able to raise any concerns they had with staff and that these were listened to.

One person told us. “I have regular contact from (Care Manager’s Name) and would get in touch if I needed to. I’m confident they’d make any changes needed”. Another person said, “I’m very happy but I’m sure they’d make any changes I asked for”. The provider had taken care to ensure that care staff were able to help people raise any concerns they had. One person’s care plan stated they didn’t like to complain but that it was possible to ‘pick up’ if they weren’t happy by listening closely to the ‘nuances of the language the person used. Examples were then given of things the person might say if they were not happy. Relatives told us they knew how to complain and were confident their concerns would be addressed. One relative explained they had raised a concern regarding one care worker who they said was good but their personality did not quite fit with their family member. They said the provider had listened to their concern and made changes as a result.

A record of complaints was kept at the agency offices. We looked at the record of one complaint received in June 2015. This had been investigated by the registered manager. The outcome was recorded in the complaint file along with a letter of apology sent to the complainant which included the action to be taken by the provider to avoid a reoccurrence.

We also looked at a compliments file. This contained letters and cards from families thanking the provider for the service provided. This file also contained press articles talking positively about the service provided. The registered manager said they ensured care staff were informed of all compliments that related to them.

Due to the geographically dispersed nature of the service and care staff usually working alone, staff meetings were not held regularly. However, care staff told us they were able to raise concerns with managers. One of the care staff said, “I receive excellent support and can bring up any concerns I have”.

Is the service well-led?

Our findings

During our inspection we found the registered manager and senior staff demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided, care staff were well supported and managed and the service promoted in the best possible light. The vision and values of the service reflected best practice in providing care and support whilst recognising the unique requirements of providing live-in care. The registered manager spoke passionately about the nature of the service and at one point said the service, “Provided added value, through helping to restore family relationships, by allowing a daughter or son to become a daughter or son again, without having to worry about providing personal care”. The registered manager and senior staff were also aware of the need to monitor the professional boundaries involved in providing live-in care.

People told us they were cared for in a person centred manner. People received good care and support in their own home whenever they needed it and were encouraged to be as independent as possible. This showed the vision and values of the service was being put into practice.

Staff we spoke to understood their roles and responsibilities. Staff spoke positively about the leadership and management of the service. They said the registered manager and senior staff were professional, caring, and approachable and could be contacted for advice at any time. One staff member said, “We can always contact a senior member of staff”. The provider had a 24 hour on call service in place, for staff to contact a senior person. We looked at the records of recent contact by staff with the on call person and saw the system was used appropriately with management advice and support being provided.

People using the service spoke positively about the leadership and management of the agency. Relatives also spoke positively about the registered manager and senior staff. One relative said, “I’m very impressed with the level of organisation and the approach of the managers”.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service. Accidents, incidents and complaints or safeguarding alerts were reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. Staff were issued with a handbook containing a summary of the main policies and procedures. This meant clear advice and guidance was available to staff.

Systems were in place to check on the standards within the service. These included regular contact with people using the service and staff to identify concerns and assess satisfaction. Information from this was collated and analysed by the registered manager to identify any themes or trends. Individual issues arising from these contacts was addressed by the most appropriate person and the registered manager being informed.

The registered manager told us the chief executive of Corinium Care Limited visited the agency offices once or twice a month to meet with them and provide support and guidance.

The provider had health and safety policies and procedures in place. Health and safety was seen as a priority by the registered manager. Environmental risk assessments were carried out on every area where people received a service. Lone working risk assessments were also completed for staff.

The registered manager was working hard to publicise the service. This was because they wanted more people to be aware of live-in care and see it as an option. They said, “Everyone knows about care and nursing homes and home care but don’t always see live-in care as a possibility”.