

CORMAC Solutions Limited

STEPs Mid

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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out this inspection on 5 and 6 March 2018 and it was announced 48 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. This was the first inspection for the service under this registration.

STEPS Mid (Short Term Enablement and Planning Service) is a domiciliary care service registered to provide personal care and support to adults, of all ages, in their own homes. These may include older people, people with physical disabilities, people with sensory loss including dual sensory impairment, people with mental health problems, people with learning disabilities, people with dementia and people in need of palliative care support. Care packages are for a period of up to six weeks. The aim of the service is to re-enable people to maximise and regain their independence at home, after a period of illness and/or hospital stay.

At the time of our inspection 48 people were receiving a personal care service. The services were funded either privately or through Cornwall Council or NHS funding. Referrals for packages of care were made to the service by health and social care professionals. These included hospital discharge teams, physiotherapists and occupational therapists.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

The workforce was made up of a registered manager, nine team leaders, approximately 35 STEPS care workers and an office support worker.

There was a positive culture in the service, the management team provided leadership and led by example. Staff described the service as "Very strong", "It provides a good service to people; it's well run" and "A good company to work for. We do the best with the resources we have."

People told us they were happy with the service they had received. Comments included, "I am very grateful to them. I would not be where I am today without their help" and "I cannot praise the ladies enough for their assistance. I thought it was wonderful; kind and cheerful."

People said staff were kind, caring and compassionate while also being respectful of people's privacy and dignity. Comments included, "They gave me personal care and were very careful to maintain my dignity when they were bathing me", "They are very careful to maintain my dignity" and "All the carers were very respectful."

People confirmed they were supported by a team of regular, reliable staff; they knew the times of their visits

and were kept informed of any changes. No-one reported experiencing missed visits. People told us staff were patient, did not rush them and provided care and support at their pace. The focus was on enabling people to do as much as possible for themselves. People told us, "They were amazing I can't speak highly enough of them, they deserve it. I got better because of their help" and "They are brilliant I can't fault them" and "Lovely girls. Never rush me and always time for a chat."

Staff were knowledgeable about the people they cared for and responded appropriately as people's needs changed. Staff spoke positively about the people they supported and were motivated to provide an individualised service in line with people's needs and goals. Comments from staff included, "I have worked for the service for a long time and I love my job. I get a lot of job satisfaction from helping people to regain their independence and feel stronger."

People were involved in decisions about their care and staff encouraged and empowered them to achieve their goals. Care plans provided staff with clear direction and guidance about how to meet people's individual re-enablement needs and goals. Care plans were reviewed weekly to evaluate the progress people were making and agree next steps for the following week. Any risks in relation to people's care and support were identified and appropriately managed. These were reviewed regularly and updated when people's needs changed.

Staff told us they felt well supported by the registered manager and senior staff. Staff had received appropriate training and supervision. New staff received an induction, which incorporated the care certificate. All staff received an appraisal of their work. Staff comments included, "I am well supported in my job. It is a strong team and the manager is very supportive of us all" and "The registered manager is very supportive. Even when I've had personal issues she's been very helpful and accommodating. She's very approachable and supportive to all of us."

Staff had been recruited safely, which helped ensure they were suitable to work with vulnerable people. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

The service worked successfully with healthcare services to ensure people's health care needs were met. People were supported to access services from a variety of healthcare professionals including GPs, occupational therapists and district nurses to provide additional support when required. Care records demonstrated staff shared information effectively with professionals and involved them appropriately. One healthcare professional told us, "They are good at seeking advice when needed and keeping us informed of changes in people's needs."

People had details of how to raise a complaint if they needed to and we saw that this happened. Comments from people included, "I have never had to make a complaint but I wouldn't have any issue talking to the manager if I needed to", "Staff are always checking that I'm happy with how things are going. I'd have no need to complain" and "I had concerns about a carer's attitude; the response was quick, and the carer replaced."

The service had a contingency plan in place to manage any emergencies. Risks to people, in the event of an emergency, had been assessed and rated, in order to identify who would be at the highest risk. Team leaders were on call outside of office hours and carried details of the roster and relevant contact details with them. The service provided people with information packs containing details of their agreed care and also telephone numbers for the service. This meant people could ring at any time if they had a query. People

confirmed they could always contact someone from the agency inside and outside of office hours.

Management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There were quality assurance systems in place to make sure that areas for improvement were identified and addressed. Staff and people who used the service were complimentary about how the service was managed. Comments included, "They were very, very good. I was quite pleased" and "I thought the service was excellent. I met the team leader once a week and I think they are well led."

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. Staff had a good understanding of how to recognise and report any signs of abuse.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Risks in relation to people's care and support were identified and appropriately managed.

Good 

Is the service effective?

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

The management had a clear understanding of the Mental Capacity Act 2005 and recognised how to ensure people had their rights protected.

The service worked closely with other health care services to ensure people's changing needs were addressed in a timely way.

Good 

Is the service caring?

The service was caring. People were positive about the way staff treated the people they supported.

People's privacy and dignity was respected and staff supported people to maximise their independence.

Staff respected people's wishes and provided care and support in line with those wishes.

Good 

Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received. Staff encouraged people to achieve their goals and aspirations.

Good 

People knew how to raise a complaint about the service and reported that any concerns they raised had been resolved appropriately.

Is the service well-led?

The service was well-led. Management had a clear vision about how to provide a quality service to people.

There was a positive culture within the staff team and with an emphasis on providing a good service for people.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Good ●

STEPs Mid

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 5 and 6 March 2018. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager, six staff members and seven people who were able to express their views of living at the service and two relatives. Following the inspection visit we spoke with four health professionals who worked closely with the service.

We looked at three records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

We spoke with sixteen people who received a service from STEPs – Mid. People and their relatives told us they felt the service was safe. Comments included, "I feel very safe with them. They take their time and help me with my tablets. Very good."

People told us that if they had any concerns about the safety or well-being of a person who received a service from STEPs - Mid the registered manager would deal with them straight away. People were supported by staff that had received appropriate training and understood how to recognise and report signs of abuse or mistreatment.

Safeguarding and whistleblowing policies and procedures were available for staff to access and safeguarding was a regular agenda item at staff meetings. The registered manager followed a clear procedure for making appropriate alerts to the local authority regarding people's safety. Where concerns had been expressed about the service; for example if there had been safeguarding investigations, the registered persons had carried out, or co-operated fully with these.

Staff were aware of the reporting process for any accidents or incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident. Where incidents had occurred the service had used these to make improvements and any lessons learned had been shared with staff.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Relevant recruitment checks including Disclosure and Barring checks (DBS) had been carried out.

Management ensured they employed enough staff to provide sufficient cover for each area. The service worked closely with other branches of STEPs in Cornwall and shared staff to cover visits in the event of staff sickness or annual leave requiring additional cover in an area. Team leaders were available to cover visits at short notice to help ensure people received their visits as agreed.

There were sufficient numbers of staff available to keep people safe. Rotas were organised into 'runs' of work in specific geographical areas. Staff had set patterns of working and mostly covered the same geographical area.

Due to the type of service provided rotas changed frequently to accommodate new care packages and people's changing needs. Staff had details of the visits they would cover 48 hours in advance. This helped to minimise the number of changes to the rota and reduced the risk of mistakes being made because of last minute changes. Staff said rotas allowed for realistic travel time. This meant staff were not rushed and arrived at people's homes at the agreed time. If there was a delay the office would inform people by telephone about the situation.

Team leaders were on call outside of office hours and carried details of the roster and relevant contact details with them. The service provided people with information packs containing details of their agreed care and also telephone numbers for the service. This meant people could ring at any time if they had a query. People confirmed they could always contact someone from the agency inside and outside of office hours.

Due to the type of service provided new care packages started at short notice. This meant it was not always possible for a manager to visit a person's home to complete a risk assessment before a care package began. A team leader would carry out the first few visits to ensure all appropriate risk assessments were carried out to assess the environment and any equipment required.

Care plan records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions about how to find people's homes and entry instructions.

Care records detailed whether people needed assistance with their medicines or whether they wished to take responsibility for their prescribed medicines. The service had a medicines policy that gave staff clear instructions about how to assist people who needed help with their medicines. Daily records completed by staff detailed exactly what assistance had been given. All staff had received training on the safe administration of medicines.

Procedures to ensure staff adhered to high hygiene standards were in place. Staff followed good infection control practices and were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons. Staff had received training on infection control and understood their role in preventing the spread of infection.

Staff supported people with their meals and had received training in food hygiene. Staff were aware of good practices when it came to food preparation and storage.

Is the service effective?

Our findings

People received care from staff who knew them well and had the knowledge and skills to meet their needs. People spoke positively about the standard of care provided to them. People told us they felt the staff understood their needs and support they required. They said the staff were good and competent. Comments included, "I am very grateful to them. I would not be where I am today without their help."

Management recognised the importance of having of having a competent skilled staff group. People were cared for by staff who had the knowledge and skills to deliver a high level of care to people.

New staff took part in a 12 week induction programme, which incorporated the care certificate. The care certificate is an identified set of national standards that health and social care workers should follow when they are new to work in the care sector. All staff were qualified to a minimum of NVQ Level 2 or were working towards this. Staff received an appraisal of their work. Staff comments included, "I am well supported in my job. It is a strong team and the manager is very supportive of us all" and "The registered manager is very supportive. Even when I've had personal issues she's been very helpful and accommodating. She's very approachable and supportive to all of us."

The provider had systems in place to identify what training staff should receive and when this should be completed and refreshed. This was monitored using a training matrix that gave an overview of training completed at the service. We saw from this report that training was up to date for staff. There was a wide variety of training available to people including person centred planning, health and safety, manual handling, equality and diversity, communication and emergency first aid. Staff told us they felt supported to complete their training.

There were good opportunities for ongoing training and obtaining additional qualifications. Staff worked towards a minimum of a Diploma in Health and Social Care. Staff told us, "The training is very good. We are well supported by STEPs and also by other healthcare services if people have specific needs." Staff received specialist training to enable them to effectively support and meet people's individual needs. For example, staff had completed an intensive training course on care for people who had experienced a stroke. This training included a period working alongside health professionals in hospital on a specialist stroke ward.

Staff told us they felt supported by management and they received regular individual supervision. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future, and training and development needs. This gave staff the opportunity to discuss working practices and identify any training or support needs. Supervision records were personalised and included details of training undertaken or required, tasks to be completed and feedback on performance. They were dated and signed by both the supervisor and staff member. One member of staff we spoke with told us "I have regular supervision and can also talk to the registered manager at any time if I need support."

People's physical, mental health and social needs were holistically assessed before the service accepted the care package. Assessments assisted staff to develop a care plan for the person so care was delivered in line

with current legislation, standards and guidance. People received care and support from staff that were well trained, supported and knew their needs and preferences well. Consent to care was sought in line with legislation and appropriately recorded on care plans.

The service worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. Health and social care professionals told us staff had the knowledge required to meet the person's care and support needs. A healthcare professional commented, "I have always found them competent and confident to undertake the support and care needed." Staff encouraged people to maintain their health by supporting people to access services from a variety of healthcare professionals including GPs and dentists to provide additional support when required.

People told us staff asked for their consent before delivering care or treatment and their choice to refuse treatment was respected. Care records showed that people signed to give their consent to the care and support provided.

The registered manager and staff had a clear understanding of the Mental Capacity Act (2005). The Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves; and requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had the mental capacity to make their own decisions.

Nobody we spoke with said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

Is the service caring?

Our findings

People told us staff were kind, caring and compassionate; whilst being respectful of their privacy and dignity. Comments from people included, "I cannot praise the ladies enough for their assistance. I thought it was wonderful; kind and cheerful and answered my questions", "They were amazing I can't speak highly enough of them, they deserve it. I got better because of their help", "They are brilliant I can't fault them" and "They are very careful to maintain my dignity."

People told us staff respected their privacy and dignity and staff gave us examples of how they did this. Staff described how they were sensitive to how people may feel, being helped to wash and dress. Staff tried to put themselves in the position of the person, and appreciate how they may feel.

Staff recognised that supporting people to carry out tasks, such as washing and dressing or making a cup of tea required patience as these tasks often took longer when people completed them independently.

People told us staff did not rush them and provided care and support at their pace, focusing on enabling them to do as much as possible for themselves. Most people we spoke with talked about how losing their confidence, since being in hospital, had been the biggest barrier to overcome in re-gaining their independence. However, people praised staff on how they were always cheerful, encouraging and said this helped them gain the confidence they needed to meet their goals. Comments from people included, "Lovely girls. Never rush me and always time for a chat."

Staff spoke passionately about the people they supported and were clearly motivated to deliver a responsive and caring service in line with people's agreed goals. Comments from staff included, "I have worked for the service for a long time and I love my job. I get a lot of job satisfaction from helping people to regain their independence and feel stronger."

When we visited people's homes we observed staff providing kind and considerate support appropriate to each person's care and communication needs. Staff respected people's wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left. One person told us, "I can't fault them. They have helped me a lot and let me do things my way." We saw staff were responsive to a person's request to have their personal care in a warm room because the weather had been particularly cold.

For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Staff showed through their actions, kindness towards the people they supported. People's care records had recorded when staff had often gone the extra mile for people. For example, one person had lost confidence about living independently due to their recent illness. Staff were concerned for their well-being and provided emotional support and reassurance as well as practical support. This included putting the person in touch

with organisations who could provide professional counselling and support.

Information about community organisations and advocacy services that could provide independent support and advice was available to people and their families. The registered manager told us this was something discussed during the initial assessment and when necessary people were signposted and supported to contact other agencies such as social services and Citizens Advice when appropriate.

All healthcare professional told us staff had a caring, supportive and encouraging attitude. They told us the caring approach staff displayed was the reason why the service had such a good success rate in supporting people to achieve their goals and re-gain their independence. One healthcare professional told us, "People have never been anything but positive about the care packages they have had from STEPs. Staff understand the remit to support people's independence and are particularly good at building people's confidence."

People's religious and cultural needs were respected and supported. There was information about this in people's care records.

Is the service responsive?

Our findings

People told us they were happy with the care and support provided to them by STEPs. Comments included, "I am grateful to them, I would not be where I am today without their care", "They are brilliant I can't fault them" and "I was absolutely amazed, they assist you and help you to manage."

People said the service was responsive to their needs. Comments included, "They understand my needs and the importance of working towards what I can do myself. They won't do stuff for me if I can do it myself" and "I had concerns about a carer's attitude the response was quick, and the carer replaced."

The registered manager and staff were knowledgeable about people's needs and how to respond to them. People who used the service and who were able to speak with us told us the staff responded to their needs and they said they were looked after well.

People's needs were assessed prior to using the service to ensure STEPs Mid could meet people's needs. The service worked closely with other health professionals, such as hospital discharge teams, physiotherapists and occupational therapists to help ensure people's needs were correctly assessed prior to the person using the service.

The service provided a six week intensive support programme. Supporting predominately older people who had had either been discharged from hospital or had fallen and required support to build strength and confidence.

Care plans were personalised to the individual and recorded details about people's goals and care needs for the six week period. Details of people's daily routines and were recorded in relation to each individual visit they received or for a specific activity such as an exercise programme. This meant staff could read the section of people's care plan that related to the visit or activity they were completing.

Care plans were reviewed weekly to evaluate the progress people were making against their overall goals and agree the next steps for the following week. People told us a team leader visited them regularly to review their care plan and update their progress against their goals. Comments included, "I thought the service was excellent. I saw the team leader several times", "They always read the earlier notes when they arrive", and "We're having a review before they cease the service."

Care plans provided staff with clear direction and guidance about how to meet people's individual reablement needs and goals. Staff were aware of their preferences and interests, as well as their reablement and care needs, which enabled them to provide a personalised service. One member of staff said, "We work from STEPs reablement plan that outlines the exact needs for each people and the goals we are working towards. These are individual and personalised to each person. For example, it may be helping a person to become more mobile around their home or it may be supporting them to be able to carry out activities such as going out, that they were doing before becoming ill or going into hospital."

The registered manager and staff worked with healthcare professionals to develop individual care plans and exercise programmes to help people achieve their goals and re-gain their independence. Healthcare professionals told us, "If there is an exercise programme in place, STEPs will support the person in doing the exercises each time they visit. This consistency really helps with recovery."

Where people were assessed as not being ready to reach their goals in the six week period, the service worked with the person and health and social care professionals to decide the best actions to take. This might be increasing the person's daily visits, extending the period of the package or arranging for another service to provide on-going package of care. For example, one person told us their reablement package had been extended for a further six weeks to help them reach their goals. The registered manager explained that if it was agreed that a person needed an on-going care package the service would continue to provide help until the new package was set up.

People were involved in decisions about their care and staff encouraged and empowered them to achieve their goals. People told us the service was flexible and responded to people's needs and they were encouraged and empowered to achieve their goals. Comments from people included, "I am getting stronger all the time and try to do more and more for myself" and "I have just started to go out again and begin driving myself to the local supermarket."

People had details of how to raise a complaint if they needed to but felt that issues would usually be resolved informally. People said they would not hesitate in speaking with management or staff if they had any concerns. At any stage of the complaints procedure people could be represented by a friend or relative, or could choose to have an independent advocate (a person who could represent their views). The service could assist people in finding an advocate in the event this was requested. Comments from people included, "I have never had to make a complaint but I wouldn't have any issue talking to the manager if I needed to" and "Staff are always checking that I'm happy with how things are going. I'd have no need to complain."

People were assured of consistent, co-ordinated and person-centred care when they moved between services. For example, people had hospital passports with important information about their health needs, how the person communicated and what medication they were currently taking. Where people had regular specialist appointments, staff accompanied them and there was regular documented communication between the service and the treatment centre.

Is the service well-led?

Our findings

The management structure of the service provided clear lines of responsibility and accountability. There was a registered manager in post who was responsible for the day-to-day running of the service. They told us they received good support from the organisation and met with their line manager regularly. They also attended monthly meetings with managers from the other branches of STEPS in Cornwall. The registered manager told us these meetings were helpful to gain support from colleagues and to share good practice to continuously improve the quality of the service.

The registered manager was supported in the day-to-day running of the service by an office support worker and nine team leaders. There was a positive culture in the service, the management team provided strong leadership and led by example. People told us they knew who to speak to in the office and had confidence in the management team. Comments from people included, "Well run. I've never had any problems", "They are always checking how things are going" and "The service was wonderful, the girls were lovely. I can't fault them."

The registered manager had clear visions and values about promoting and encouraging people to re-gain their independence and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and enthusiasm and this was evidenced by what people told us about the way staff cared for them. Staff demonstrated they understood the principles of providing care that was tailored to the individual person by talking to us about how they met people's care and support needs. Staff told us, "Seeing the progress that individuals make and seeing their progression throughout their package is the main reason I do this job" and "I have worked for the service for a long time and I love my job. I get a lot of job satisfaction from helping people to regain their independence and feel stronger."

Staff received regular support and advice from managers via phone calls, texts, e-mails, social media and face to face individual and group meetings. Staff told us the management team were supportive and readily available if they had any concerns. Staff comments included, "I am well supported in my job. It is a strong team and the manager is very supportive of us all" and "The registered manager is very supportive. Even when I've had personal issues she's been very helpful and accommodating. She's very approachable and supportive to all of us."

We observed that there was an open respectful relationship between staff and the management team. Staff were encouraged to challenge and question practice and were supported to make improvements to the service. Staff told us how they would often feedback to the office about different ways of supporting people or about the running of the service. For example, monthly staff meetings were held to provide an opportunity for staff to meet as a group and share information about how the service was working.

Staff said the organisation were open to suggestions about areas for improvement. For example, a consultation was held to encourage staff to share ideas about how new innovations could improve the running of the service. As a result of this staff uniforms were redesigned and staff were provided with

identification lanyards with the organisation name clearly visible. New technology had been implemented to support remote working; staff were provided with smart phones in order to access work information more easily.

The registered manager was the dementia and safeguarding champion for the service. They attended external meetings and training so they could share new information with staff. This helped to ensure that the service was aware of the most up-to-date practices and new research.

The service worked in partnership with other health and social care professionals to seek their advice about current practices and monitor the quality of the service provided. Health and social care professionals were positive about working with the service and how the service sought different ways to improve the quality of the service provided.

There was a quality assurance system in place to drive continuous improvement of the service. Audits which assessed the quality of the care provided to people, such as care reviews and spot checks of staff working practices were completed regularly. There were effective systems in place to manage staff rosters, identify gaps in rotas and match staff skills with people's needs. This meant the registered manager knew what capacity the service had to accept new packages.

The registered manager analysed the service's success rates, to help ensure they were achieving their vision of "reablement". Data from the March 2017 annual satisfaction survey was unanimously positive. The questionnaire was sent to 81 people who received a service and was completed by 34 people. Results showed 100% of people who responded were satisfied with the service.