

# CORMAC Solutions Limited

## Bodmin STEPS

### Inspection report

Chy Trevail, Beacon Technology Park  
Dunmere Road  
Bodmin  
Cornwall  
PL31 2FR

Tel: 01872327781

Website: [www.cormacltd.co.uk](http://www.cormacltd.co.uk)

Date of inspection visit:  
26 February 2019  
27 February 2019

Date of publication:  
25 March 2019

### 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

### About the service:

Bodmin STEPS (Short term enablement and planning service) is a domiciliary care service that provides personal care and support to people living in their own homes in the community. The service provides up to six weeks of support to people who are returning from hospital or who are in need of extra support, to enable them to continue to live in their own homes. When we inspected the service was providing the regulated activity, personal care, to approximately 21 people in the Bodmin and surrounding areas in Cornwall.

### People's experience of using this service:

People using the service consistently told us they felt safe and staff treated them in a caring and respectful manner. Comments included "Staff make me feel safe by the way they work, they know what they are doing" and "It's the way they speak and treat me, you can tell that they care."

People made decisions about their care and they were involved in developing their care plans, in which their goals and aspirations were agreed. 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 were supported by a stable staff team who had the skills and knowledge to meet their needs. Staff spoke passionately about the people they supported and were clearly committed to providing a responsive and caring service in line with people's agreed goals. One staff member said, "I love seeing people improve and become more independent."

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. People had agreed the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits.

The registered manager and management team used various methods to assess and monitor the quality of the service. These included the call monitoring system, staff meetings, spot checks, auditing of the service and surveys to seek people's views about the service provided. All feedback was used to make continuous improvements to the service.

Rating at last inspection: Good (report published on 10 September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The full details can be found on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good ●

# Bodmin STEPS

## Detailed findings

### Background to this inspection

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

**Inspection team:** The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service for older people. Their area of expertise was in older people's care.

**Service and service type:** Bodmin STEPS (Short term enablement and planning service) is a domiciliary care service that provides personal care and support to people living in their own homes in the community. The service provides support to both older people and younger adults.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This comprehensive inspection took place on 26 and 27 February 2019 and was announced. We gave the service 48 hours notice of the inspection visit because it is a domiciliary service and the manager is often out of the office supporting staff or providing care. We needed to be sure that we could access the office premises to look at records and arrange to visit people in their own homes.

**What we did:** Before the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports before 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. We also reviewed the information we 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 five care staff, three team leaders and the registered manager. We obtained consent from two people, who used the service, to visit them in their own homes. The expert by experience telephoned and spoke with 13 people who used the service and two relatives to gain their views

of the service. We reviewed three staff recruitment files, supervision and training records, four care records and records relating to health and safety, safeguarding and other aspects of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from harm or abuse.
- Staff meetings were used to remind staff of safeguarding processes and discuss any concerns.
- People told us they felt safe using the service, commenting, "Staff lock the door when they leave and this makes me feel safe" and "I feel safe in my home and comforted by my visits."

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Any identified risks were well managed.
- There was a positive approach to risk taking to enable people to regain and maintain their independence.
- People had agreed the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits.
- The service used a telephone based call monitoring system which staff used to report the arrival and departure times of each visit. Team leaders were alerted if care visits were not provided at the agreed time and this enabled them to make alternative arrangements for people and to check if staff were safe.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The service only accepted additional packages of support where there were enough staff available to meet the person's needs.
- Staff confirmed their rotas included realistic amounts of travel time, which helped ensure they arrived for visits at the agreed times.
- People told us staff always stayed for the full time of their planned visits and were never rushed.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Some people needed support or reminding to take their medicines. When staff supported people in this task appropriate medicines records were completed by staff.
- People told us they were happy with the support they received to take their medicines.
- Medicines were well managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and regular competency checks were carried to ensure safe practice.

#### Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- Everyone told us staff practiced good infection control measures.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- The management team discussed accidents and incidents with staff, at regular staff meetings, as a learning opportunity.



## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Health and social care professionals referred people to the service for support seven days per week and there were appropriate procedures in place to ensure people were suitable for reablement support.
- Where people needed a service after leaving hospital, a manager from the Bodmin STEPS visited the person in hospital to carry out an assessment of their needs, in conjunction with other professionals.
- There were systems in place to ensure all information required about people's needs was gathered from referring professionals prior to the first care visit.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their further development and any training needs.
- Regular spot checks were also carried out to check staff competency and practices, to help ensure people received a consistent service.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- New staff had completed a comprehensive induction and shadowed experienced staff till they felt confident to work alone.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff carried out, or supported, some people with meal preparation and this was completed in a satisfactory manner.
- Staff had been provided with training on safe food preparation.
- People's dietary needs and preferences were recorded in their care plans.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- If needed staff supported people to see their GP, community nurses, and attend other health

appointments regularly.

- People were supported to improve their health and regain skills. For example, staff supported some people with physiotherapy exercises to help them improve their mobility and become independent.

Adapting service, design, decoration to meet people's needs

- The service enabled people to remain as independent as possible by ensuring they had the equipment they needed.
- Equipment provided for staff to use in people's homes was regularly checked as safe to use and serviced in accordance with best practice.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff were provided with training on the Mental Capacity Act 2005.
- Staff were aware of how to protect people's rights.
- People were asked for their consent before they received any care and support. For example, before assisting a people with personal care and getting dressed.
- Staff involved people in decisions about their care and acted in accordance with their wishes.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff treated people with kindness and compassion. Staff interacted well with people and their relatives when providing care and support.
- Staff were caring and affectionate towards people and knew what mattered to them. People said about staff, "They have given me brilliant emotional support. They cheer me up" and "They make me feel very happy."
- People were supported in a dignified and respectful manner.
- People and their relatives were highly complementary in discussions with us about the care and support they received.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in day to day decisions and had control over their care package.
- Everyone told us they were involved in making decisions about their care and support and a manager regularly reviewed their care plan with them. Comments included, "The team leader comes in every week and we have a discussion about my care" and "I feel much more in control now. I feel stronger that I was and that gives me more choices."
- Some people needed aids to help them communicate effectively. This was recognised and supported. Care plans recorded if people needed glasses or hearing aids.

Respecting and promoting people's privacy, dignity and independence

- People told us how staff supported them to regain skills and confidence in their ability to live safely at home. People commented, "All the girls have been so helpful, taking their time to help me try and do things for myself. It's working and I am getting there" and "They give me time to do things at my own pace and it gives me confidence."
- Staff and management were very aware that they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. People told us, "I get given time to use the toilet in private" and "The curtains are drawn and the doors are locked until I am washed and dressed."
- People's confidentiality was respected and people's care records were kept securely.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised to the individual and recorded details about each person's specific needs and wishes.
- People agreed what they wanted to achieve during the period they received a service from Bodmin STEPS. Their aims and goals were clearly detailed in their care plan.
- Care plans were reviewed weekly to evaluate the progress people were making against their overall goals. At these reviews the next steps for the following week were agreed and if necessary adjustments were made to either reduce or increase the length of the package.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this.
- People and their families knew how to make complaints and felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, relatives and staff expressed confidence in the management team. The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and management team were all involved in the day to day running of the service including working hands on, alongside staff where required.
- Staff felt respected, valued and supported and that they were fairly treated. There was a positive culture in the service and staff made comments like, "I am very proud to work for STEPS" and "Management are very supportive."
- There was a good communication between the management team and care staff.
- The management team worked to drive improvement across the agency. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- Staff also strived to ensure care and support was delivered in the way people needed and wanted it.
- The service was well organised and there was a clear staffing structure. The provider had a defined organisational management structure and there was regular oversight and input from senior management.
- The registered manager completed monthly service performance audits and shared details of these findings with staff. Records showed that the service was highly successful in its goal of supporting people to regain the skills necessary to live safely at home. In January 2019 92% of people supported by the service had not required ongoing care at the end of their six weeks period of support.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the

organisation and working practices and raise any suggestions. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.

- People and their relatives were asked for their views of the service through questionnaires and regular visits from management. A sample of comments from people included, "Can't speak highly enough of the service", "They appear to know what they are doing because everything runs smoothly" and "It has signposted me in the right direction in so many ways, so helpful."
- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development.

#### Continuous learning and improving care

- The registered provider and manager were keen to ensure a culture of continuous learning and improvement.
- The registered manager had recently introduced new templates for referrals, needs assessments, care plans and risk assessments. These new formats had been developed by working with other health and social care professionals. This had resulted in the same forms being used across partner agencies, which had helped to achieve a consistent approach in the information gathered.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals. They also met regularly with other registered managers within the provider group to share experiences and good practice ideas.
- Staff kept up to date with developments in practice through training and working alongside local health and social care professionals.