

CORMAC Solutions Limited

St Austell STEPS

Inspection report

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Date of inspection visit:
25 July 2016
26 July 2016
27 July 2016
28 July 2016

Date of publication:
17 August 2016

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 25, 26, 27 and 28 July 2016 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 since registering as a new provider, Cormac Solutions Limited, in October 2015. Cormac Solutions Limited is a company wholly owned by Cornwall Council. The service was last inspected in December 2013, when the registered provider was Cornwall Council, we had no concerns at that time.

There are two different services registered to provide personal care, to people in their own homes, from this location. These are St Austell STEPS (Short Term Enablement and Planning Service) and CORCARE, which provides on-going long-term care packages.

The STEPS service provides care visits for periods of up to six weeks in the St Austell and surrounding areas. The aim of the service is to re-enable people to maximise and re-gain their independence, within their own home, after a period of illness and/or hospital stay. The service provides support to adults of all ages. On the days of the inspection the service was providing personal care to 33 people and employed 23 staff. 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.

The CORCARE service provides on-going care packages across the county of Cornwall. The service provides care and support to adults of all ages. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals. On the days of the inspection the service was providing personal care to 67 people and employed 30 staff. Referrals for packages of care were made to the service from Cornwall Council's brokerage team and were mostly taken from the 'unmet needs list'. This list comprised of people who, usually because they lived in difficult to reach locations, had not been provided with their assessed care package through the usual contracting processes.

There were two registered managers in post. One was responsible for the day-to-day running of the STEPS service and the other for the day-to-day running of CORCARE. 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 and associated Regulations about how the service is run.

People and their relatives told us they felt safe using both services, commenting, "[Persons' name] is comfortable with all the staff", "I trust the staff and because of that I have let go of caring for [the person]" and "Excellent service, can't fault it." People told us staff were kind, caring and compassionate; whilst being respectful of their privacy and dignity. Comments from people and their relatives included, "Staff are cheerful and very helpful", "[Persons' name] is very happy with all the staff" and "Fantastic, nice and helpful girls."

People received care, as much as possible, from the same care worker or team of care workers. Rotas were planned in such a way as to minimise changes of staff. People told us they had regular staff and the times of their visits were agreed with them. Everyone told us the service was reliable, visits were never missed and they were kept informed of any changes to the time of their visits. People said, "I am amazed how staff keep to the times" and "If they are going to be late they ring me."

Staff were recruited safely, which meant 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. Staff received appropriate training and supervision. New staff received an induction, which incorporated the care certificate. There were sufficient numbers of suitably qualified staff available to meet the needs of people who used the service.

Staff were knowledgeable about the people they cared for and responded appropriately as people's needs changed. The registered managers ensured staff received appropriate training and supervision. New staff received an induction, which incorporated the care certificate. Staff spoke passionately about the people they supported and were clearly motivated to provide an individualised service in line with people's needs and goals. Comments from staff included, "I enjoy the job very much" and "I think people who use the service are safe and received good care."

People told us they were involved in decisions about their care and were aware of their care plans. Care plans provided staff with clear direction and guidance about how to meet people's individual needs and goals. In the STEPS service 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. In the CORCARE service care plans were reviewed monthly, or as people's needs changed. Any risks in relation to people's care and support were identified and appropriately managed.

Both services worked successfully with healthcare services to ensure people's health care needs were met. The services had supported people 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, "Staff are very good about reporting any concerns and asking for advice."

The management, of both services, 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 was a positive culture in both services, the management teams provided strong leadership and led by example. Both registered managers had clear visions and values about how they wished their service to be provided and these values were shared with their staff team. Staff told us the management of both teams were very supportive and readily available if they had any concerns. Staff told us, "The team leaders of CORCARE are very supportive", "They [CORCARE] are they best organisation I have worked for and the best rotas I have ever had", "Any concerns we raise in the STEPS team are addressed" and "They [management of STEPS] take notice of what you say."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. People and their families told us the management teams were very approachable and they were included in decisions about the running of the service. People had details of how to raise a complaint if they needed to but felt that issues would usually be resolved informally. Comments from

people included, "I would recommend the STEPS service to anyone" and "I would say the CORCARE service is well managed."

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 told us they felt safe. Staff and the registered managers had a good understanding of how to recognise and report any signs of abuse.

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

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service and safe recruitment practices were followed.

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, of both services, 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.

Staff obtained people's consent before providing personal care.

People's changing care needs were referred to relevant health services when concerns were identified.

Good 

Is the service caring?

The service was caring. People, and their relatives, were positive about the service and 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.

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

Good ●

Is the service well-led?

The service was well-led. Management, of both services, had a clear vision about how to provide a quality service to people, which was understood by staff and consistently put into practice.

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

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

Both services had positive relationships with organisations to make sure they followed current practice, and sustained quality.

Good ●

St Austell STEPS

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 inspection took place on 25, 26, 27 and 28 July 2016 and the provider was given 48 hours notice of the inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of two inspectors for first day and one inspector for the subsequent days.

We reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection, we went to the service's office and spoke with the registered manager for the CORCARE service, the operational service manager and four team leaders (two from the STEPS service and two from the CORCARE service). We met four care staff, two from each service, in the service's office. We also met two health and social care professionals who were based in the same building.

For the STEPS service we visited two people in their own homes and during these visits we met two relatives. We looked at five records relating to the care of individuals, staff records and records relating to the running of the service. After the visit to the service's office we spoke with four people and two staff over the telephone.

For the CORCARE service we visited six people in their own homes and during these visits met six relatives. We looked at nine records relating to the care of individuals, staff records and records relating to the running of the service. After the visit to the service's office we spoke with four people and three staff over the telephone.

Is the service safe?

Our findings

People and their relatives told us they felt safe using both services, commenting, "[Persons' name] is comfortable with all the staff", "I trust the staff and because of that I have let go of caring for [the person]" and "Excellent service, can't fault it."

Staff fully understood their role in protecting people from avoidable harm. Staff were able to explain how they would respond to any incident of suspected abuse and records showed all staff had received training on the safeguarding of adults. Staff told us they would report any concerns to their manager and felt confident any issues they reported would be dealt with appropriately. They were also aware of the relevant reporting procedures external to the organisation.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. Existing staff had all completed new DBS checks when the service registered as a new provider in October 2015.

There were sufficient numbers of staff available to keep people safe in both services. Rotas were organised into runs of work in specific geographical areas and management ensured they employed enough care staff to cover each area. Any gaps in the rotas were clearly identified so the services knew the location and times where new care packages could be accepted. The two services worked closely together, and with other branches of STEPS in Cornwall, to share staff to cover for sickness or annual leave. Team leaders were available to cover visits at short notice to help ensure people received their visits as agreed. The CORCARE service was in the process of recruiting more staff to meet the number of care packages being referred. In the meantime, until more staff were recruited, new care packages were only accepted if there were staff available to cover the visits required.

Staff had set patterns of working and mostly worked in the same geographical area. Staff accessed information about the people they were booked to visit electronically on mobile phones supplied by the service. Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes at the agreed times. If they were delayed, because of traffic or needing to stay longer at their previous visit, office staff would always let people know or find a replacement care worker if necessary.

People told us they had regular staff and the times of their visits were agreed with them. Everyone told us the service was reliable, visits were never missed and they were kept informed of any changes to the time of their visits. People said, "I am amazed how staff keep to the times" and "If they are going to be late they ring me."

A combined out of hours on call service was provided by team leaders working for both services. The team leader on call, outside of office hours, had access to details of the roster, telephone numbers of people using the service and staff. This meant they could answer any queries if people phoned to check details of their

visits or if duties needed to be re-arranged due to staff sickness. Managers were also available to support the team leader on call, particularly if the query related to the service that they didn't normally work in. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours.

Management carried out assessments to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People's individual care 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 of how to find people's homes and entry instructions. The office support worker used an electronic map to check the address for every new package and provided staff with detailed directions of how to find the property. Staff told us this was especially helpful in rural areas as postcodes did not always take them to the correct location.

Often, and especially for the STEPS service, it was necessary to start new care packages at short notice. This meant that it was not possible for a manager to visit the person's home and complete a risk assessment prior to a care package starting. A team leader would carry out the first few visits so they could complete a risk assessment for the environment and any equipment needed. This information could be passed on to other staff before they visited the person's home. Staff told us management always informed them of any potential risks prior to them going to someone's home for the first time.

Staff were aware of the reporting process for any accidents or incidents that occurred. 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.

Care records detailed whether people needed assistance with their medicines or if they wished to take responsibility for any medicines they were prescribed. The service had a medicine policy which 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 with people's medicines. All staff had received training in the administration of medicines.

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 well of staff commenting, "They [staff] do a good job" and "Very happy with the carers." Relatives also had confidence in the staff and felt that staff knew people well and understood how to meet their needs.

New staff completed an induction when they started their employment that consisted of a mix of training and working alongside more experienced staff. The service had introduced a new induction programme in line with the care certificate framework which replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff, who are new to the role, have a wide theoretical knowledge of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. New staff in the STEPS service worked alongside other teams such as physiotherapists and occupational therapists, to understand how these services interacted with the STEPS service.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. Staff had either attained or were working towards a Diploma in Health and Social Care. All staff had received training relevant for their role such as, Mental Capacity Act, safeguarding of adults and children, fire safety and food safety. Staff received specialist training to enable them to effectively support and meet people's individual needs such as dementia awareness, epilepsy and autism awareness. Staff across all the provider's services completed an intensive training course on care for people who had experienced a stroke. This training included a period where staff worked alongside healthcare professionals in hospital on a specialist stroke ward.

Management met with staff every month for either an office based one-to-one supervision or an observation of their working practices. Yearly appraisals were completed with staff. This gave staff an opportunity to discuss their performance and identify any further training they required. Staff told us they felt supported by their registered manager and team leaders. They confirmed they had regular face-to-face supervisions and an annual appraisal to discuss their work and training needs. Staff said there were monthly staff meetings which gave them the chance to meet together as a team and discuss people's needs and any new developments for the service. Staff told us, "We have lots of meetings and can go and speak with a manager or team leader at any time" and "We had a really good meeting the other day, really helpful."

Both services worked successfully with healthcare services to ensure people's health care needs were met. The service had supported people 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, "Staff are very good about reporting any concerns and asking for advice."

Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. People we spoke with confirmed staff asked for their agreement before

they provided any care or support and respected their wishes if they declined care. Care records showed that people, or their advocates, 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 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity 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. The Act 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 mental capacity to make their own decisions. Discussions with staff confirmed that they knew the type of decisions each individual person could make and when they may need support to make decisions. Daily records showed the CORCARE service had worked with other professionals and people's families to make decisions in some individual's best interests. However, care plans did not record the knowledge staff had about people's specific decision making abilities. After discussions with the registered manager of the CORCARE service we were assured that care plans would be updated to include information about each person's individual decision making abilities.

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker or team of care workers. Rotas were planned in such a way as to minimise changes of staff. People told us staff were kind, caring and compassionate when they cared for them. Comments from people and their relatives included, "Staff are cheerful and very helpful", "[Persons' name] is very happy with all the staff" and "Fantastic, nice and helpful girls."

The STEPS staff were committed to promoting people's independence even if, by supporting people to carry out tasks themselves, the visit took longer. We were told that staff did not rush people and provided care and support at their pace, focusing on enabling them to do as much as possible for themselves. People praised staff on how they encouraged and helped them gain the confidence they needed to meet their goals. People commented, "The fact that staff were there with me gave me the confidence to do things myself" and "I have been getting better every day, thanks to the staff who have encouraged me and made me believe I can do things again."

People told us the CORCARE staff also did not rush them and always asked exactly what they needed assistance with and what they would like to do for themselves. People said, "They [staff] don't rush me" and "Nothing is too much trouble for staff, they do everything I ask of them."

During our visits to 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. 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 spoke passionately about the people they supported and were clearly motivated to provide an individualised service in line with people's needs and goals. Comments from staff included, "I enjoy the job very much" and "I think people who use the service are safe and receive good care."

Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the family carer was important in helping people to continue to be cared for in their own home. A relative told us, "The staff have most definitely been a help to me."

Staff showed through their actions, kindness towards the people they supported. People told us staff had often gone the extra mile for them, doing things beyond the agreed package of care and support. For example, a relative told us staff had suggested that a sitting service would be of benefit to them so they could go out shopping. Staff had reported this back to management who were looking at obtaining details of a suitable service to meet their needs.

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, "Staff understand the need to promote independence."

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. One person told us, "Staff stay nearby when I have a shower, in case I need any help, but they look away while I am in the shower."

Is the service responsive?

Our findings

People's needs were assessed prior to using the STEPS or CORCARE service, to help ensure it was the right service, for that person. The service worked closely with external 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.

Care plans for both services were personalised to the individual and recorded detailed information about how each person wanted specific tasks to be carried out with them. For example, how to assist someone with a shower or to get up in the morning or go to bed. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This meant staff could read the section of people's care plan that related to the visit or activity they were completing.

Some people who used the CORCARE service had communication difficulties due to their health conditions and others could display behaviour that might be challenging for staff. Important information about how to meet individual people's communication or behavioural needs was gathered on an on-going basis and passed to staff. Staff accessed any updated information about people's communication or behavioural needs by reading the daily notes in individual's homes. Notes were comprehensive and informative about people's changing needs. From speaking with staff it was clear they knew how to respond if someone had limited verbal communication or if they might become agitated. Staff told us that as they developed different ways of working with people they passed this knowledge to the office so other staff could be informed. Staff confirmed they were able to access updated information about people's needs electronically on their mobile phones and they were confident that they were kept informed as people's needs changed.

However, details about individual people's communication or behavioural needs was not being recorded in care plans to provide an overview and a central point for staff to look for information. One member of staff who worked for CORCARE said, "While it would be helpful if care plans had more detail about people's health conditions we do get lots of updates about people needs in information we access on our mobile phones." We discussed this with the registered manager for the CORCARE service who assured us that the care plan format would be reviewed so this information could be included.

People told us they were involved in decisions about their care and were aware of their care plans. Care plans provided staff with clear direction and guidance about how to meet people's individual needs and goals. In the STEPS service 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. In the CORCARE service care plans were reviewed monthly, or as people's needs changed.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example, providing extra visits if people were unwell and needed more support, or responding in any emergency situation.

Where people using the STEPS service 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, who used both services, 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.

Is the service well-led?

Our findings

The management structure of the service provided clear lines of responsibility and accountability. There were two registered managers in post. One was responsible for the day-to-day running of the STEPS service and the other for the CORCARE service. Both registered managers 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 services in Cornwall. The registered managers 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 of the STEPS service was also the registered manager for the Truro STEPS service and divided their time equally between the two locations. They were supported in the day-to-day running of the service by an office support worker and four team leaders.

The registered manager of the CORCARE service was supported in the day-to-day running of the service by four team leaders. Two team leaders worked in the St Austell/Mid Cornwall area, another in the Penzance/West Cornwall area and the fourth in the Liskeard/North Cornwall area. This meant that staff had a team leader to support them who was based locally to where they lived and worked. At the time of the inspection the CORCARE service was in the progress of recruiting an office support worker.

Both registered managers fully understood their roles and responsibilities and were clearly focused on ensuring the people they supported received good quality care. People told us they knew who to speak to in each service and had confidence in the management teams. Comments from people included, "I would recommend the STEPS service to anyone" and "I would say the CORCARE service is well managed."

There was a positive culture in both services, the management teams provided strong leadership and led by example. Both registered managers had clear visions and values about how they wished their service to be provided and these values were shared with their staff team. Staff spoke with passion and commitment about their work and clearly demonstrated they understood the principles of providing care and support that was personalised to the individual person.

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 of both teams were very supportive and readily available if they had any concerns. Staff told us, "The team leaders of CORCARE are very supportive", "They [CORCARE] are the best organisation I have worked for and the best rotas I have ever had", "Any concerns we raise in the STEPS team are addressed" and "They [management of STEPS] take notice of what you say."

The registered manager of the STEPS service was the dementia and safeguarding champion for the organisation and the registered manager for the CORCARE was the Equality and Diversity champion. They attended external meetings and training so they could pass on new information to staff. This helped to ensure that the service was aware of the most up-to-date practices and any new research.

The services 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 all very positive about working with the service and how the service sought different ways to improve the quality of the service provided. Health and social care professionals told us, "STEPS are easy to communicate with and professional in their approach" and "Staff in the CORCARE team are experienced in caring for people and professional in the way they work."

Both services had quality assurance systems 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 managers knew what capacity their service had and how the service was performing.

The registered manager of the STEPS service analysed the service's success rates, to help ensure they were achieving their vision of "reablement". In June 2016, 86% of people who had used the service had required no further service after their six week support programme and 10% required a reduced service. Feedback was sought from people during and at the end of their support programme, to help enhance the service. 75 people have given feedback about the service at the end of their period of support since January 2016. Everyone had made very positive comments about the service they had received. Comments included, "All the carers were lovely and seemed dedicated to helping one become independent again", "I feel more confident for doing things myself", "My care and rehabilitation were very skilfully and sensitively pursued with result of an early achievement of outcome of goals", "We are extremely happy with the amazing and professional care and support that the Steps Workers have provided. With their help I am back on my feet and my confidence has grown" and "Satisfied with the service, would recommend this service."

The registered manager of the CORCARE service gave people and their families questionnaires to complete on an annual basis. Results from the last survey carried out in April 2016 showed good satisfaction levels. Of the 58 surveys given out 25 were returned. 19 people had answered questions about their overall view of the quality of the service as very satisfied, 5 mostly satisfied and one person was dissatisfied. Where people had made any comments, which were mostly in relation to the consistency of staff and the times of visits, the service had taken action to improve the service provided.