CORMAC Solutions Limited

Penzance STEPS

Inspection report

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Date of inspection visit:
18 July 2016
20 July 2016

Date of publication:
18 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 18 and 20 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 October 2013, when the registered provider was Cornwall Council; we had no concerns at that time.

Penzance STEPS (Short Term Enablement and Planning Service) is registered to provide personal care to people in their own homes. The service provides care visits for periods of up to six weeks. 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 28 people. 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 who was responsible for the day-to-day running of the service. 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 told us they felt safe using the service. Comments included, "No complaints at all" and "Very good service." They also told us staff were caring and compassionate in the way they supported them and were respectful of their privacy and dignity. Comments from people included, "Staff are very nice and very helpful", "The carers are excellent" and "They [staff] are all so pleasant."

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. 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 for how they encouraged and helped them gain the confidence they needed to meet their goals. People commented, "Staff have given me the confidence to go out and I have walked to the end of the road" "It's been a great help to me" and "Staff have been very encouraging."

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 knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and reablement needs, which meant they were able to provide a personalised service. Care plans provided staff with clear direction and guidance about how to meet people's individual needs and wishes. 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. Comments from staff included, "I have seen people achieve really good outcomes", "Helping people to get back on their feet is good" and "It's nice to see people come out the other side, very satisfying."

People told us they were involved in decisions about their care and were aware of their care plans in which their goals and aspirations were agreed. Care plans provided staff with clear direction and guidance about how to meet people's individual reablement needs and goals. 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. Any risks in relation to people's care and support were identified and appropriately managed.

The 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.

Staff worked with healthcare professionals to develop individual care plans and exercise programmes to help people achieve their goals and regain their independence. Healthcare professionals told us, "Staff communication skills are excellent", "The service has a really good success rate" and "I am confident that staff follow the programmes I set for people."

There was a positive culture in the service, the management team provided strong leadership and led by example. The registered manager had clear visions and values about how they wished the service to be provided and these values were shared with the whole staff team. Staff told us about the management team, "I can approach [registered manager's name] at any time", "The support from management has been brilliant" and "If you have a problem you only have to ring up."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People and their families told us the management team was very approachable and they felt involved in their care and the running of the service. People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to. Comments from people included, "Very impressed with the service, I would recommend the STEPS team to anyone" and "I would like to congratulate STEPS on an excellent service."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe. Staff and the registered manager 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.

Is the service effective?

Good

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 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.

Is the service caring?

Good

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.

Is the service responsive?

Good

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 knew how to raise a complaint about the service and reported that any concerns they raised had been resolved appropriately.
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Is the service well-led?

Good

The service was well-led. Management 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 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.

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

Penzance 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 18 and 20 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 one inspector.

We reviewed the Provider Information Record (PIR) 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 other 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, four team leaders, the office support worker, one care worker and a healthcare professional based in the same building. We visited two people in their own homes. We looked at eight 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 five people, four staff and two health and social care professionals.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Comments included, "No complaints at all" and "Very good service."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse. Staff were knowledgeable in recognising the signs of potential abuse and the relevant reporting procedures. If they had any concerns they would report them to management and were confident they would be followed up appropriately. Staff received safeguarding training as part of their initial induction and this was regularly updated.

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 enough staff employed by the service to cover the visits and keep people safe. The registered manager was in the process of recruiting more staff, to increase the number of staff from 16 to around 25. In the meantime until more staff were recruited new packages were only accepted if there were staff available to cover the visits required. Rotas were organised into runs of work in specific geographical areas. Any gaps in the rotas were clearly identified so the service knew the location and times where new care packages could be accepted. Visits were coloured coded to identify the type of service being provided and whether the visit time could be moved to accommodate a new package. For example, the times of visits for exercises only could often be moved, with the person's permission, to a later time in the morning. This meant capacity was created to allow for a new package to start where an early morning visit was needed.

There were suitable arrangements in place to cover any staff absence. The service worked closely with other branches of STEPS in Cornwall and shared staff to cover visits when care staff were sick or on annual leave. Team leaders were available to cover visits at short notice to help ensure people received their visits as agreed.

Staff had set patterns of working and mostly worked in 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 were given details of the people they were booked to visit two days at a time. This helped to minimise the need for changes to be communicated to staff and reduced the risk of any mistakes being made. 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.

There was a rota for the team leaders to cover calls when the office was closed. The team leader on call outside of office hours carried details of the roster, telephone numbers of people using the service and staff with them. 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. 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.

Due to the type of service provided new care packages started 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. Events were audited by the registered manager to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

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.

Good

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. One person said, "Staff have always done everything I have needed."

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 also 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 completed, 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, person centred thinking, fire safety and food safety. Staff received other 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 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 the 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 staff team and discuss people's needs and any new developments for the service.

Penzance STEPS 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. Healthcare professionals told us they felt staff had the required skills and they trusted staff's judgement when they asked them about people's care and support needs. Care records demonstrated staff shared information effectively with professionals and involved them appropriately. A healthcare professional told us, "STEPS staff are good at identifying people's needs and reporting to us appropriately."

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 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.

Good

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. The service tried to match people's interests with staff's interests wherever possible. One person told us, "I have lots in common with the girls as they are all local." People told us staff were caring and compassionate in the way they supported them. Comments from people included, "Staff are very nice and very helpful", "The carers are excellent", "Staff are very cheerful and happy" and "They [staff] are all so pleasant."

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, "Staff have given me the confidence to go out and I have walked to the end of the road", "Staff have been very encouraging" and "It's been a great help to me."

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. Comments from staff included, "I have seen people achieve really good outcomes", "Helping people to get back on their feet is good" and "It's nice to see people come out the other side, very satisfying."

People were asked about their choices and preferences, including if they had a preference about the gender of the care worker booked to support them. Some people requested that they only had female care workers. There was a run of work allocated specifically for male care workers and only people who wanted a male worker were put on this run. This ensured that people's preferences about the gender of their worker were respected and minimised the risk of any mistakes being made in the allocation of staff. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

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.

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, "Staff always ask how I am and check of I need any help with anything."

People told us staff respected their privacy and dignity when supporting them with personal care. Staff told

us they tried to put themselves in the position of the person, and appreciated how they may feel. All healthcare professional told us staff had a caring, supportive and encouraging attitude. One healthcare professional said, "The general attitude of staff is very good, a real reablement approach."

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, the service had to adapt the support for one person whose health deteriorated rapidly and they needed palliative care. Throughout their decline in health, staff were compassionate and caring to the person's needs, ensuring they were as comfortable as possible, and reported any concerns back to health professionals. Staff also supported the person's family as they were upset and distressed by the person's sudden decline in health. The family were also coming to terms with the prospect of the person nearing the end of their life. Feedback the service received from the family said they were, "Overwhelmed by the empathy and support provided by the workers during an extremely emotional time."

Good

Is the service responsive?

Our findings

People's needs were assessed prior to using Penzance STEPS, 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 before starting to use the service. The service provided a six week intensive support programme. Referrals were mostly for older people who had had either been discharged from hospital or had fallen and required support to build strength and confidence.

People told us they were involved in decisions about their care and were aware of their care plans in which their goals and aspirations were agreed. 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 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. Team leaders reviewed care plans weekly to evaluate the progress people were making against their overall goals and agreed the next steps for the following week. People told us a team leader visited them regularly to review their care plan and updated their progress against their goals.

Staff were updated about any changes to people's needs through messages they accessed on their mobile phones. Staff told us if they reported any changes to the office this were actioned promptly. One care worker told us, "We always get up-to-date information about people's needs. The team leaders are very good about keeping us informed."

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. This included providing extra visits or increasing visit times, if people were unwell and needed more support, or responding in an emergency situation. For example, one person and their family carer were both profoundly deaf with limited verbal communication. They were both able to lip read, use sign language and communicate in writing. Extra time was allocated to the visits to ensure the person, their family member and staff were had enough time to communicate effectively.

Staff worked with healthcare professionals to develop individual care plans and exercise programmes to help people achieve their goals and regain their independence. Healthcare professionals told us, "Staff communication skills are excellent" and "I am confident that staff follow the programmes I set for people."

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 an on-going package of care. When someone was assessed as needing an on-going package of care the service continued to provide support until a new package was in place. This sometimes resulted in the STEPS package carrying on beyond the normal six week period. The service provided detailed handovers of the person's needs to the new service to help ensure continuity of the person's care provision.

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.

Good

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. The registered manager was also the registered manager for the Camborne STEPS service and divided their time equally between the two locations. Senior management in the organisation were accessible and supportive. The registered manager met regularly with their line manager. There were also monthly managers meetings which gave the registered manager the opportunity to meet with managers from the other branches of STEPS in Cornwall. This meant that managers were able to have 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 five team leaders. People and their families told us the management team was very approachable and they felt involved in their care and the running of the service. Comments from people included, "Very impressed with the service, I would recommend the STEPS team to anyone" and "I would like to congratulate STEPS on an excellent service."

There was a positive culture in the service, the management team provided strong leadership and led by example. The registered manager had clear visions and values about how they wished the service to be provided and these values were shared with the whole 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. The registered manager held monthly care staff meetings and team leader meetings. Team leader meetings were held jointly with team leaders from the Camborne branch. This enabled them to share practice and information, which was helpful if team leaders needed to work in a different area to cover for a colleague's absence. Care staff had the option to attend the monthly staff meeting in Camborne if they were unable to attend the Penzance meeting one month. We were told by staff that the management team were very supportive and readily available if they had any concerns. Staff told us, "I can approach [registered manager's name] at any time", "The support from management has been brilliant" and "If you have a problem you only have to ring up."

The registered manager was the organisation's lead for recruitment. Together with one of the team leaders from the Camborne branch they were developing different ways of advertising and promoting the service to attract new staff. A proposal had been submitted to higher management for the service to advertise on Facebook. The team leader explained that the advert would explain the ethos of the service and the different roles available as well as giving people the opportunity to message the service to ask questions.

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. This partnership working included carrying out joint visits to people's homes with commissioners from the Early Intervention Service (EIS) to review the

progress & ongoing needs of individuals. Together with the Camborne branch the service had started a pilot scheme called 'Discharge to Access'. This involved working jointly with community therapists and nurses for the first five days after an individual was discharged from hospital. The aim of the pilot was to help ensure a smooth transition for people from hospital back home and assess that the correct support and equipment was in place for people to remain at home safely.

Health and social care professionals were all very positive about working with the service and said there was an open culture that welcomed feedback. Health and social care professionals told us, "The service has a really good success rate" and "We have a really good working relationship with the STEPS team."

The registered manager had effective systems in place to manage staff rosters, identify gaps in rotas and match staff skills with people's needs. Care staff remotely 'logged in' to the provider's call monitoring system by telephoning when they arrived and left each person's home. The management analysed information from the call monitoring system, about the length and timing of care visits, to check if these had been completed as agreed. Any concerns or queries about the timings of visits were raised at each individual staff's face-to-face supervision meetings. This meant the registered manager had a good knowledge of how the service was performing.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and action taken to continuously improve the quality of the service provided. Audits which assessed the quality of the care provided to people, such as care reviews were completed regularly. Team leaders carried out unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.

The registered manager analysed the service's success rates, to help ensure they were achieving their vision of "reablement". Information supplied in the Provider Information Record (PIR) showed that since October 2015, 87.91% of people who had used the service had required no further help after their six week support programme. The service asked people to give a 'quality of life score' at the beginning and end of their intervention to measure if any improvement had been made to their well-being. Since October 2015, 91.26% of people said that they had experienced an increase in their quality of life.

Feedback was sought from people during and at the end of their support programme, to help enhance the service. Information supplied in the PIR stated that since October 2015 all 62 people who returned a questionnaire were completely satisfied with the service they had received. Comments in the surveys returned included; "I have nothing but praise for the help I received", "I have been absolutely satisfied with the service", "I can now do a lot for myself", "I have come from a wheelchair to being able to move around myself with my walking frame" and "It was a pleasure to see all the staff, it cheered me up when I needed a boost over the slowness of my recovery."