

CORMAC Solutions Limited

Truro STEPS

Inspection report

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Date of inspection visit:

27 June 2016

28 June 2016

Date of publication:

28 July 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 27 and 28 June 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 April 2014, when the registered provider was Cornwall Council, we had no concerns at that time.

Truro 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 30 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 commenting, "I am very happy with the service", "I am getting wonderful care from them", "I haven't had a bad experience at all" and "Excellent service."

People told us staff were kind, caring and compassionate; whilst being respectful of their privacy and dignity. Comments from people included, "The carers have been very conscientious and cheerful", "Staff have been very helpful", "Staff always have a chat with me" and "They [staff] are very nice, they treat me kindly."

People told us they had a team of regular, reliable staff, they knew the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. People told us staff did not rush them and provided care and support at their pace, focusing on enabling them to do as much as possible for themselves. People praised staff on how they were always cheerful, encouraging and helped them gain the confidence they needed to meet their goals. People commented, "They [staff] have kept me going, they are competent and encouraging", "Staff will always do extra things for me" and "You built up a relationship with staff, which gives you confidence to try new things."

Staff were knowledgeable about the people they cared for and responded appropriately as people's needs changed. The registered manager 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 deliver a responsive and caring service in line with people's agreed goals. Comments from staff included, "It's great to see how people improve" and "The service is about helping people to get their confidence back."

People were involved in decisions about their care and staff encouraged and empowered them to achieve their goals. Care plans provided staff with clear direction and guidance about how to meet people's individual 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.

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

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.

The registered manager and 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, "I have always found the service to be professional in their dealings with us, as well as being open to discussion in regards to the needs of people and how to achieve the best outcome for them", "I have confidence in the team, they listen to my instructions" and "The STEPS service is invaluable to the stroke team, very responsive and patient focused."

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, "The organisation is brilliant, they treat us well" , "Very good to work for" , "I am proud to do my job" and "They [management] support us really well."

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 team was 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 couldn't recommend them enough", "Very happy to use the service again" and "I would recommend them to anyone."

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.

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?

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.

Good ●

Is the service well-led?

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.

Good ●

Truro 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 27 and 28 June 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 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, the office support worker and three team leaders. We visited two people in their own homes and during these visits we met two relatives. We looked at six 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 six people, six staff and three health and social care professionals over the telephone.

Is the service safe?

Our findings

People told us they felt safe using the service commenting, "I am very happy with the service", "I am getting wonderful care from them [the service]", "I haven't had a bad experience at all" and "Excellent service."

Staff had received training in safeguarding adults and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising the signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident the registered manager would respond to their concerns appropriately to help ensure people were protected.

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.

There were sufficient numbers of staff available to keep people safe. 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 service knew the location and times where new care packages could be accepted. 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 ahead. 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 a team of regular, reliable staff, they knew the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. One person told us, "They [staff] usually arrive at the agreed times, if they are going to be later they ring me."

Team leaders were on call outside of office hours and 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.

Assessments were carried out 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.

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.

Management also carefully checked information given to them before a package started to see if there was any equipment being used that staff may not be familiar with. For example, one person was being discharged from hospital with a type of hoist that the service had not used before. The team leaders arranged to be trained in using the equipment by an occupational therapist so they could show staff how to help the person safely. Staff confirmed they were fully trained to use any equipment and they were encouraged to report any concerns about equipment or if people's needs changed. One member of staff said, "If people's needs change and we report that equipment is needed this is actioned quickly by the office."

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] have kept me going, they are competent and encouraging" and "Staff have been very helpful, they do everything I ask of them."

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. 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.

In response to a growing number of people using the service suffering from anxiety and depression the registered manager and one of the team leaders had attended courses in understanding depression. They used this learning from the courses to develop workshops for staff to help them understand how to support people. Staff said, "We have lots of training" and "I particularly enjoyed the workshop about depression, it was very informative."

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. One healthcare professional told us they worked with staff to complete joint personal care assessments for people. They went on to explain that staff had a good understanding of people's needs. Another healthcare professional said, "Staff have the knowledge to know when the care for someone may not be going so well and to ask for help."

Staff told us they felt supported by the registered manager and team leaders. They told us they had regular face-to-face supervisions and an annual appraisal to discuss their work and training needs. Staff said there were regular 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.

New staff completed an induction when they commenced employment which included training identified as necessary for the service and familiarisation with the service's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. The service had recently updated the induction in line with the Care Certificate. The Care certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector.

Truro 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. Care records demonstrated staff shared information effectively with professionals and involved them 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 the mental capacity to make their own decisions.

Is the service caring?

Our findings

People told us staff were kind, caring and compassionate; whilst being respectful of their privacy and dignity. Comments from people included, "The carers have been very conscientious and cheerful", "Staff always have a chat with me" and "They [staff] are very nice, they treat me kindly."

Staff recognised that supporting people to carrying out tasks, such as washing and dressing or making a cup of tea required patience as these tasks often took longer when people completed them independently. People told us staff did not rush them and provided care and support at their pace, focusing on enabling them to do as much as possible for themselves. Most people we spoke with talked about how losing their confidence, since being in hospital, had been the biggest barrier to overcome in re-gaining their independence. However, people praised staff on how they were always cheerful, encouraging and said this helped them gain the confidence they needed to meet their goals. Comments from people included, "They [staff] have kept me going, they are competent and encouraging", "You built up a relationship with staff, which gives you confidence to try new things", "They tell me how well I am doing" and "Staff lift my spirits."

Staff spoke passionately about the people they supported and were clearly motivated to deliver a responsive and caring service in line with people's agreed goals. Comments from staff included, "It's great to see how people improve" and "The service is about helping people to get their confidence back."

When we visited people's homes we observed staff providing kind and considerate support appropriate to each person's care and communication needs. Staff respected people's wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left. One person told us, "Staff will always do extra things for me." For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Staff showed through their actions, kindness towards the people they supported. People's care records had recorded when staff had often gone the extra mile for people. For example, one person had been particularly emotional and distressed about what had happened to their health and how this had affected their independence. Staff were concerned for their well-being and provided emotional support as well as practical support. This included putting the person in touch with organisations who could provide professional counselling and support. It also became clear that mornings were particularly difficult for the person and by staff supporting them at that time it helped to lift their mood. Within a few weeks the person started to feel less anxious and they were more able to complete physical tasks themselves.

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 are particularly good at building people's confidence and this is really important to their recovery."

People told us staff respected their privacy and dignity and staff gave us examples of how they did this. Staff

described how they were sensitive to how people may feel, being helped to wash and dress. Staff tried to put themselves in the position of the person, and appreciate how they may feel.

Is the service responsive?

Our findings

People's needs were assessed prior to using Truro 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 prior to the person using the service.

The service provided a six week intensive support programme. Supporting predominately older people who had had either been discharged from hospital or had fallen and required support to build strength and confidence. Care plans were personalised to the individual and recorded details about people's goals and care needs for the six week period. Details of people's daily routines and were recorded in relation to each individual visit they received or for a specific activity such as an exercise programme. This meant staff could read the section of people's care plan that related to the visit or activity they were completing. Care plans were reviewed weekly to evaluate the progress people were making against their overall goals and agree the next steps for the following week. People told us a team leader visited them regularly to review their care plan and update their progress against their goals.

Care plans provided staff with clear direction and guidance about how to meet people's individual reablement needs and goals. Staff were aware of their preferences and interests, as well as their reablement and care needs, which enabled them to provide a personalised service. One member of staff said, "We get good information about people's needs before we visit for the first time."

The registered manager and staff worked with healthcare professionals to develop individual care plans and exercise programmes to help people achieve their goals and re-gain their independence. Healthcare professionals told us, "I have always found the service to be professional in their dealings with us, as well as being open to discussion in regards to the needs of people and how to achieve the best outcome for them", "I have confidence in the team, they listen to my instructions" and "The STEPS service is invaluable to the stroke team, very responsive and patient focused."

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

People were involved in decisions about their care and staff encouraged and empowered them to achieve their goals. People told us the service was flexible and responded to people's needs and they were encouraged and empowered to achieve their goals. Comments from people included, "I try to do something by myself each time staff visit" and "I have started walking around the house on my own."

Staff recognised when people were at risk of being socially isolated, and took action to assist people to re-integrate into the community. One person told us that before going into hospital they liked to go out regularly to the local pub, which was a short walk from their home. Their goal on starting the reablement package was to be able to resume this activity, as they liked to go out and meet their friends. Staff had walked the route with them until they re-gained the confidence to complete the journey independently.

Staff told us about another person who they had helped to access their local community. The person was going to be on their own during a holiday period and staff were worried that they were lonely. One of the team leaders found out about local groups who were putting on events and asked if the person if they would like to go out for lunch. The person was interested in doing this activity but was concerned about how they would be able to get to the venue. The team leader explained that staff would be able to take them in their car as long as they could manage to mobilise from their house to a car. The team leader arranged for an occupational therapist to carry out an assessment with the person to see how they could manage the steps outside their house. The team leader also visited the venue to check about access to the premises and to toilets. Once the person was confident in their ability to walk from their house to the transport the lunch visit was arranged.

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.

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 told us they received good support from the organisation and met with their line manager regularly. They also attended monthly managers meetings with managers from the other branches of STEPS in Cornwall. The registered manager told us these meetings were helpful to gain support from colleagues and to share good practice to continuously improve the quality of the service.

The registered manager was supported in the day-to-day running of the service by an office support worker and three team leaders. There was a positive culture in the service, the management team provided strong leadership and led by example. People told us they knew who to speak to in the office and had confidence in the management team. Comments from people included, "I couldn't recommend them enough", "Very happy to use the service again" and "I would recommend them to anyone."

The registered manager had clear visions and values about promoting and encouraging people to re-gain their independence and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and enthusiasm and this was evidenced by what people told us about the way staff cared for them. Staff demonstrated they understood the principles of providing care that was tailored to the individual person by talking to us about how they met people's care and support needs. They spoke with commitment and used words like 'individual' and 'personalised' when they talked about the people they supported. Staff told us, "The organisation is brilliant, they treat us well", "Very good to work for", "I am proud to do my job" and "They [management] support us really well."

Staff received regular support and advice from managers via phone calls, texts, e-mails, social media and face to face individual and group meetings. Staff told us the management team were very supportive and readily available if they had any concerns. Staff told us, "you can go into the office at any time to talk" and "There is always someone we can speak to."

We observed that there was an open respectful relationship between staff and the management team. Staff were encouraged to challenge and question practice and were supported to make improvements to the service. Staff told us how they would often feedback to the office about different ways of supporting people or about the running of the service. For example, staff meetings had been held every three months and staff had given feedback that only having one date available could make it difficult to attend. The registered manager had changed the format and staff meetings had changed to monthly. Staff were asked to attend at least one meeting every three months but were also free to attend each one if they wanted to.

The registered manager was the dementia and safeguarding champion for the service. They attended external meetings and training so they could cascade new information to staff. This helped to ensure that the service was aware of the most up-to-date practices and new research. One of the team leaders was the lead for mental health and had helped staff who needed support after attending training for depression and suicide. For some staff the training had highlighted areas in their personal life that caused them to become

distressed. As a result of this the service had provided support for these members of staff. One member of staff said, "We were well supported during the course and afterwards."

The service worked in partnership with other health and social care professionals to seek their advice about current practices and monitor the quality of the service provided. Health and social care professionals were 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, "Communication with the service is outstanding", "STEPS are an excellent service, they have a really good success rate" and "I always get glowing reports about the service from people. They tell me that staff are helpful, supportive and motivational and have a 'can do' approach."

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

The registered manager analysed the service's success rates, to help ensure they were achieving their vision of "reablement". Data from December 2015 to May 2016 showed 77% of people who had used the service had required no further service after their six week support programme and 13% required a reduced service. Feedback was sought from people during and at the end of their support programme, to help enhance the service. 27 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, "I thought this service was excellent and I can't find fault with anything", "All services have been good", "I have no complaints at all, and the girls were very nice and most helpful" and "Thank you for all your help. Support was there when I needed a helping hand."