CORMAC Solutions Limited

Liskeard STEPS

Inspection report

Room 69, Luxstowe House
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Liskeard
Cornwall.
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 16, and 17 and February 2016 and was announced.

Liskeard STEPS (Short term enablement planning service) is a domiciliary care service within East Cornwall. The service provides temporary support to people who are returning from hospital or who are in need of extra support, to enable them to continue to live at home. The service provides support to both older people and younger adults. On the days of the inspection the service was providing personal care to 24 people.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us staff were kind, caring and compassionate; whilst being respectful of their privacy and dignity. The philosophy of the service was focused on reablement to "Build up the person's strength and confidence" and to enable people to maintain their independence. People confirmed staff demonstrated the organisations ethos, through their actions and conversations. Staff spoke passionately about the people they supported and were inspired and motivated by the registered manager to deliver a responsive and caring service.

People were involved in decisions about their care. People felt they were encouraged and empowered to achieve their goals and aspirations. Staff recognised social isolation, and took action to assist people to integrate into the community and encourage new interests.

People were supported by a small staff team which helped to provide continuity of people's care and assisted in the development of positive relationships. Staff had been recruited safely, which meant they were suitable to work with vulnerable people. Staff and the registered manager had a good understanding about safeguarding procedures and were able to tell us what action they should take if they felt some one was being abused, mistreated or neglected.

People felt safe when staff entered their home. Staff arrived on time and when they were going to be late, people were informed of this. There were enough staff to meet people's needs. Staff were protected from risks associated with lone working. People were protected from risks associated with their care because risk assessments were in place. People were protected from the spread of infection because staff followed infection control procedures.

People's individual needs were met by staff who had received training and supervision. New staff received an induction, which incorporated the care certificate. Staff told us they enjoyed working for the organisation, were well supported and that there were adequate opportunities to obtain further training and qualifications.

Pre-assessments of people's care were carried out to help ensure staff had the right skills and experience to meet people's needs. When staff did not have the right skills, specialist training was arranged.

People's consent and mental capacity was demonstrated in care plans to help make sure people who did not have the mental capacity to make decision for themselves, had their legal rights protected. Staff were aware of the importance of obtaining people's consent prior to carrying out care and support.

People had care plans in place to provide guidance and direction to staff about how to meet their health, social care and reablement needs. However, care plans did not always detail how people's care needs should be me, which meant care may not be delivered in line with the person's wishes or preferences. The registered manager took immediate action at the time of our inspection to make improvements, by designing a new care plan.

People were encouraged to eat and drink. When staff were concerned about whether a person was not eating and drinking enough, they took action, reported any concerns to health care professional or to management. Staff were observant of the deterioration in someone's health and wellbeing and took the necessary action, for example contacting the person's GP or a district nurse. External health professional told us staff were receptive to recommendations and were always happy to implement changes to people's care when required and told us communication was good.

People who required support with their medicine received them safely, had care plans in place to provide guidance and direction, and were assisted by staff who had undertaken training.

People's feedback was valued and used to facilitate change. People's complaints were investigated and solutions were found. There was an emphasis for continued improvement and development. Quality assurance systems in place helped to achieve this. The registered manager had positive relationships with other organisations, such as the local authority health and social care commissioners, as well as hospital discharge teams.

Staff and stakeholders felt the service was well managed. The registered manager spoke openly and honestly about the service, and told us if things went wrong, they would "hold their hands up" and learn from their mistakes, this reflected the requirements of the duty of candour. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

People were protected from risks associated with their care because risk
assessments were in place. At the time of our inspection the registered manager was taking action to re-design care planning and risk assessment documentation.

People's medicines were safely managed.

Safe recruitment practices were followed. Staff were protected from risks associated with lone working.

People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

Is the service effective?

Good

The service was effective.

Staff obtained people's consent before providing personal. Staff had an understanding of the Mental Capacity Act 2005 (MCA).

People received support from staff who had the necessary knowledge, skills
and training to meet their needs.

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

People were supported to eat and drink to help maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring. Staff spoke fondly of the people they supported.

People had good relationships with the staff who supported them.

People's privacy and dignity were respected.

People independence was promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans did not always provide guidance and direction to staff about how to meet their individual needs. This meant people's care may not be delivered in line with their wishes or preferences.

People felt they were encouraged and empowered to achieve their goals and aspirations.

Staff recognised social isolation, and took action to assist people to integrate into the community and encourage new interests.

People's complaints were investigated and solutions were found.

Is the service well-led?

Good

The service was well-led.

There was an open and transparent culture.

People were at the heart of the organisations vision. The vision was understood by staff and consistently put into practice.

Staff were motivated and inspired to develop and provide quality care. Staff enjoyed working for the organisation.

There was a strong emphasis on striving to improve. Quality assurance systems drove improvements and raised standards of care.

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

Liskeard 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.

The inspection took place on 16 and 17 February 2016 and was announced. The inspection team consisted of three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be in.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since our last inspection, about important events which the service is required to send us by law.

During our inspection, we visited six people who used the service and spoke with six relatives. We visited the provider's head office and met and spoke with three team leaders, one office support worker, ten members of care staff and the registered manager. We also spoke with a physiotherapist, an occupational therapist, and the nurse lead for the NHS Early Intervention Service (EIS).

We looked at 16 records which related to people's individual care needs. We viewed five staff recruitment files, training records and records associated with the management of the service including policies and procedures, visit logs, and quality monitoring. After our inspection we contacted a social worker to obtain their views about the service.

Good

Is the service safe?

Our findings

People felt safe when staff entered their homes to provided care and support, they told us, "Yes, I'm safe; they're as good as gold" and "Of course I feel safe". One person who had recently returned from hospital told us, "I worried about coming home, but they've just been brilliant".

People were protected from discrimination and avoidable harm. The provider had a safeguarding policy, which was given to staff to inform them of the procedures to follow, and how to report any concerns. Staff had undertaken training in the safeguarding of vulnerable adults and children and had a good understanding of the different types of abuse and how to report any concerns if they felt someone was being abused or mistreated. One member of staff told us, "There is always someone to tell". The registered manager shared an example of a recent safeguarding alert they had made, and told us she had received good support from her manager.

People were supported by staff who were safely recruited. Recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff uniforms and identification badges helped people to recognise staff on arrival and spot checks were carried out to ensure staff adhered to the dress code. One member of staff confirmed, "Whenever we visit someone we always have to have our uniform and ID badge".

Protocols were in place to help keep staff safe, for example a lone working policy, environmental risk assessments and first aid training all helped to ensure staff were equipped to deal with emergencies. When staff joined the agency, they were provided with a torch and a panic alarm. There was an on call team which was available so staff could always receive advice and guidance if they found themselves in a difficult situation. All staff had been provided with a confidential emergency phrase to use, so the caller would know immediately that they required support urgently. Staff were requested to provide copies of insurance documents so the provider knew staffs vehicles were road worthy.

People told us staff mainly arrived on time and if there was going to be a delay they would be informed. Comments included, "They're always on time, five minutes either side. Never missed", and "Fine, no complaints whatsoever. They arrive on time more often than not, but if their late it's only a few minutes. If they are running late they will phone me, it only happened twice. Normally they arrive with-in five minutes". Staff told us the provider had a policy about keeping people informed and explained about the importance of communication, as people may worry. The role of the office support worker was also to ensure staff arrived on time, and when there was a delay, they contacted the member of staff to ensure they were safe and to confirm whether contact had been made with the person they were going to visit next.

Staffing was arranged to try and ensure people received a consistent staff team to help meet their individual needs and achieve their reablement goals. When possible, people's preference for their visit time was achieved. However, when this was not possible, every effort was made to make changes when space became available. We saw an example of this, during our inspection when the rota had been amended for someone who had requested a visit earlier in the day. Staff told us, that overall they felt they had enough

traveling time, with one member of staff telling us "It has got better lately". Staff explained, when they did not have enough time, they spoke with the team leaders who listened to their worries and made amendments.

Staff understood how to keep people safe, and told us how they supported people to ensure their environment was safe. For example, a member of staff had recorded in one person's care records how they had talked with the person about re-arranging their furniture to provide the person with extra space to help with their mobility and to reduce the likely hood of them falling.

People had risk assessments in place. The risk assessments provided staff with specific information on areas where risks had been identified. This included environmental risks within the person's home, as well as risks in relation to a person's care and support needs. Some risk assessments were not always in place; however, the registered manager took responsive action during our inspection to ensure this would be rectified, by re-designing the care plan document.

People when required were supported with their medicines and staff had received training. People's care plans gave guidance and direction to staff about what support they needed with their medicines.

People were protected from the spread of infection, because staff had received training in relation to infection control practices. Staff wore the correct protective equipment when providing personal care to people, for example gloves and aprons and staff confirmed there was always plenty in stock. One person told us, "They always put their aprons and gloves on and whatever the circumstances they all know what to do. X and X have got it down to a fine art!".

Good

Is the service effective?

Our findings

People were supported to access external services such as GP's, social workers, occupational therapists and district nurses. Staff were aware of what to do if someone was unwell and who to contact, because people's care plans contained contact details. A relative praised the responsive action of staff by telling us, "They spotted that (their relative) was getting ill and that saved her life. If the carers hadn't realised they'd be dead".

Staff had supported people to contact occupational therapists when they had observed a person would benefit from a piece of equipment. One member of staff told us, "It is amazing what a grab rail can do to help people". External health professional told us staff were receptive to recommendations and were always happy to implement changes to people's care when required and told us communication was good.

People were supported and encouraged to maintain a healthy balanced diet as part of their care plan. Staff told us if they were concerned someone was not eating and drinking enough, with the person's permission they would contact their relative and/or a health care professional. One member of staff commented, "I always tend to encourage a jug of water at the side of them to encourage hydration". Staff also explained, if they were concerned they monitored and recorded what a person was eating and drinking on a daily basis. Monitoring and communication within the staff team was effective in achieving outcomes for people, when concerns had been raised. For example, one person had been admitted into hospital by their GP, as a result of good recording and the sharing of information.

People were supported by knowledgeable, skilled staff who effectively met their needs. People told us, "The staff know what they're doing", and "For me they know what they're doing".

People were supported by staff who understood the importance of gaining people's consent for example, before contacting their GP. People's care plans detailed their involvement and consent to the care and support staff were providing.

Staff had an 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 MCA provides a legal framework for acting and making decisions, on behalf of the individuals who lacked mental capacity to make particular decisions for themselves.

Staff received an induction when they first started working at the agency. The induction was thorough, and involved the care certificate (a nationally recognised set of skills training). Staff confirmed and records showed they completed training to enable them to support people and meet their needs. Some of which included dementia, nutrition and hydration, stroke, and moving and handling. A member of staff told us, "Training has helped me absorb different theories adapt my approach and communication".

Staff told us training was mainly in the form of online learning, but felt they would benefit from more face to face training, to cater for different learning styles. External health professionals told us they felt staff had the

required skills and explained when additional training was required, this was requested. One health professional told us staff had not updated their rehabilitation training for some time; and although they did not feel this was an issue, they felt staff would benefit from a refresher course. We spoke with the registered manager about this, who told us staff had not requested refresher training, but they would take time to discuss this in further detail with the staff.

Staff received specialist training to enable them to effectively support and meet people's individual needs. An external health professional explained, staff training had been specifically requested and tailored to help ensure, the person they were supporting had a greater chance of achieving their reablement goals. For example, staff had been trained to carry out exercises correctly to support one person with neurological difficulties.

Staff confirmed they were well supported and received regular supervision and an appraisal of their work. This gave staff an opportunity to discuss their performance and identify any further training required. One member of staff told us, "She (team leader) gives me feedback, it is very helpful". The registered manager had recently revised the supervision form, and told us this was to "make it more about staff". People also confirmed supervision of staff took place, with one person telling us, "From time to time they (the care staff) get supervised. The team leader was here about a week ago".

The registered manager looked at ways to continually improve communication and support for staff. For example, the staff attendance rate for staff meetings had been low, so the registered manager had arranged smaller meetings, to enable more staff to attend, on different days and at different times. Staff told us this had been a great improvement and now felt more confident to contribute in the meetings as the group was smaller.

Good

Is the service caring?

Our findings

People told us staff were kind and had a positive attitude, one person described staff to be "Loving and caring". Other comments included, "We have our favourites, like X, she's lovely but they're all nice", "The carers are so lovely", "I find them excellent", "They are a lovely team. I can't fault them" and "They're always smiley, even when it's chucking down with rain, they make me feel special".

Relatives were also impressed with the caring nature of staff and told us, "Couldn't fault anybody, everyone has been very good", "Everyone that's come has been good. They've been lovely to me as well as to X (my partner)" and "You get to know some (members of staff) quite a lot, but others just fill in from time to time, but everyone who comes is lovely."

Staff took their role seriously and demonstrated a caring ethos, one member of staff told us, "You must be a caring person to do the job", with another member of staff expressing the importance of "Listening, having empathy and to try and see things from their side".

Staff showed through their actions, kindness towards the people they supported. For example, people's care records had recorded when staff had gone the extra mile for people. One person's records stated they had been having a problem with their telephone and a member of staff had taken time to sort it out. One person was in danger of a serious accident whilst using their stair lift. So a member of staff had contacted the stair lift engineer and followed it all through, ensuing the issue had been rectified. One person expressed, "It's not in the plan but they mostly ask if there is anything else that I'd like them to do. I think they would have done anything when I was still on my crutches; it's not in their remit to just do …..I am so impressed. They are just so kind, I really can't speak highly enough".

Staff explained to us how they enjoyed brightening up a person's day and forming relationships with people, they told us, "I try and make them smile", and "Taking time to listen to their life, their family".

The philosophy of the service was focused on reablement to "Build up the person's strength and confidence" and to enable people to maintain their independence. People confirmed staff supported them to be independent and told us, "They dressed me in the beginning but now I can dress myself but they're always there in case I need them". One person told us of the encouragement staff showed, by using phrases such as "So long as you get your confidence back, you'll manage a bit better".

Carrying out tasks, such as washing and dressing or making a cup of tea to promote independence and improve confidence, could take some people a long time. People told us they were not rushed by staff, with one person telling us, "There's no rush. If you need support they're there". One relative explained, "They (care staff) are giving them the confidence to get back up to 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. Staff tried to put themselves in the position of the person, and appreciate how they may feel. One member of staff told us

people should always be treated with the "Upmost respect".

People were supported to express their views and be actively involved in making decisions about their care. People were visited by team leaders on a weekly basis to review their care plans and reablement goals to help ensure progress was being made and that people were happy with the support they were receiving.

Requires Improvement

Is the service responsive?

Our findings

People had care plans in place to provide guidance and direction to staff about how to meet their health, social care and reablement needs. Staff told us, "I take my time to read about the person, they are my priority". However, care plans did not always detail how people's care needs should be met, which meant care may not be delivered in line with the person's wishes or preferences.

For example, care plans made reference to staff "to be observant for signs of ill health related or unrelated to current health conditions". The care plan did not detail what these maybe, or what action staff would be expected to take if they did observe something of concern. One person had a leg amputation. Their care plan detailed staff should demonstrate "good handling techniques" to assist the person to transfer from their wheelchair. However, there was no information about what these "good handling techniques" were. People who had a diagnosis of diabetes did not have care plans in place to provide direction to staff about what action to take, should the person became unwell.

The registered manager was receptive to our care plan feedback and demonstrated through their discussions with us, that they passionately wanted to get things right. They explained they had recognised care plans needed addressing, but they had been prioritising on other areas within the service which had required immediate improvement. During our inspection the registered manager started to design a new care plan and told us a meeting had been arranged to discuss it with her line manager.

People's care plans did not always provide guidance and direction to staff about how to meet their individual needs. This meant people's care may not be delivered in line with their wishes or preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were assessed prior to using the agency, 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. We were told communication was of a good standard, with one health professional complimenting the service about how the staff, at times requested additional information or professionally challenged referrals, to ensure people's needs would be met.

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. People's care plans detailed their goals and aspirations for the six week period and these were reviewed weekly by team leaders, to help ensure people were going to achieve them. One person told us, "The team leader comes every so often to check everything's ok". When there were concerns the person may not reach their goal, action was taken such as contacting other health and social care professionals or increasing the person's daily visits. For example, it had been recorded in one person's care plan that they had agreed to another week of support visits as they were still unsteady on their feet when they were showering.

People felt they were encouraged and empowered to achieve their goals. Comments included, "They help me change my stockings and they've given me confidence to start having a shower",
"They helped me into the shower and I let her (the member of staff) know when I wanted my hair to be done, but she stayed near the door all the time in case I needed her. It let me build my confidence up" and "They've decided today to stop the lunch time carer. So I've got to learn myself, but if I find it too difficult, to let them know and they'll put them on again". Staff told us they used reassuring phases, like "We'll help sort you out"!, to encourage people and to help people believe in themselves.

Staff who worked for the service spoke passionately and shared success stories of people they had supported. One person's goal had been to walk to a local pub to meet friends. Staff explained how they had helped to increase the person's confidence by walking with them in their garden, resulting in the person being able to achieve their ambition.

Staff told us their role was also about providing helpful tips about how people could make things easier for themselves. For example, a member of staff told us how they had provided simple guidance to someone about sitting down to put their socks on, rather than struggling to stand. One person had been taught how to use a microwave rather than their AGA to enable them to create and purchase easy meals. Staff told us everyone was an individual and this was how they approached people's care.

Staff spoke passionately about how it made them feel to see how a person's confidence had grown by the end of their six week support programme. Staff commented, "It's nice to go in and see someone at the start of the service, to help, develop and assist", and "We all go through difficulties in life; it's nice to see people through difficult times". One member of staff told us what it had meant to them when they had met one person, who had previously used the service, shopping in supermarket. The staff member commented "I thought to myself, I've been part of that journey, that man has taken, and that's so special".

Staff recognised social isolation, and took action to assist people to integrate into the community and encourage new interests. One person, who was struggling with using their computer, was told of a free computer class at the local library that they could attend. The person accepted their advice and attended. A member of staff told us they had spoken with the registered manager about one person they were concerned was lonely. The member of staff did not feel the service was effectively meeting their needs on a social level, so the registered manager was taking action to speak with external health and social care professionals to see how the person could be helped.

People told us they did not have any complaints commenting, "I can't complain at all" and "Fine, no complaints whatsoever". One person who had complained explained their complaint had been promptly actioned telling us, "They were coming too early but changed the time, and have been very helpful".

The service had a policy and procedure in place for dealing with complaints. The policy was adapted when necessary, for example people with visual impairments were provided with a copy in large print. The policy was made available to people, their friends and families when they started using the service. There was process in place to ensure complaints were recorded and analysed for themes. This meant, reflection and learning could then take place to reduce the likelihood of a similar complaint from occurring.

Good

Is the service well-led?

Our findings

The vision of the service was to promote and encourage independent living. Their vision was underpinned by strong leadership, inclusiveness and communication amongst people, staff and stakeholders. Stakeholders and external health and social care professionals all told us they felt the service was well managed and they communicated effectively.

The registered manager analysed the service's success rates, to help ensure they were achieving their vision of "reablement". Data from October 2015 to January 2016 showed 85.5% of people who had used the service, had required no further service after their six week support programme. Appreciation was shown to staff by acknowledging success rates and individual achievements during team meetings and supervision. Staff were also given a copy of any thank you letters and were sent emails by the registered manager. A member of staff told us, "We are all striving for excellence".

Staff told us the service was well managed and they were motivated by the registered manager's managerial style of feedback and praise. Staff commented, "She praises us where praise is due, she is brilliant", and "If I love my job, it's going to come through to the people I care for". The provider was part of Unisons ethical care charter. This meant, staff were allocated sufficient time to carry out their visits, paid above the minimum wage and all training was paid for and delivered within work time. The registered manager told us, "Overall it's about making the team feel valued in what they do and …reflected into providing high quality, personalised care for our service users".

Staff felt there was a "team ethos" and told us the registered manager had an "open door policy", meaning that they made themselves available at any time. The providers whistle-blowers policy, supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they would not hesitate to raise concerns, and were confident they would be acted on appropriately.

Feedback was sought from people during and at the end of their support programme, to help enhance the service. We visited one person who was receiving their last visit from the agency. The member of staff gave the person a feedback form and asked the person to fill it in, and return it at their leisure. The member of staff explained to the person that their feedback would "help the service to develop and improve". The provider also carried out an annual survey, the results of which were published on the provider's website.

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, spot checks, infection control and record keeping were carried out. There was a contingency plan for the service, such as in the event of staffing difficulties, to help the provider pre-empt difficulties, so as to reduce any negative impact for people using the service.

The registered manager spoke openly and honestly about the service, and told us if they ever got things wrong, they would always "hold their hands up" and "apologise", as well as using it as an opportunity to learn. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act

in an open and transparent way in relation to care and treatment.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 (1) (a) (b) (c) (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's care plans did not always provide guidance and direction to staff about how to meet their individual needs. This meant care may not be delivered in line with the person's wishes or preferences.