CORMAC Solutions Limited

Camborne STEPS

Inspection report

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Date of inspection visit:
02 October 2018
03 October 2018
04 October 2018
08 October 2018

Date of publication:
13 November 2018

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

This announced comprehensive inspection took place on 2, 3 and 4 October 2018. The service was previously rated good in all areas in July 2016 when it was operated by a different provider. At this inspection we again found that the service was good in all areas.

Camborne STEPS (Short term enablement and planning service) is a domiciliary care service that provides support to people living in and around the Redruth and Camborne area of Cornwall. The service provides up to six weeks of support to people who are returning from hospital or who are in need of extra support, to enable them to continue to live in their own homes. The service provides support to both older people and younger adults.

On the day of this comprehensive inspection the service was providing personal care for 29 people. Records showed that the service was highly successful in it's goal of supporting people to regain the skills necessary to live safely at home. In august 96% of people supported by the service had not required ongoing care at the end of their six weeks period of support.

The service is required to have a registered manager and there was a registered manager in post at the time of our inspection. 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. The registered manager was responsible for two registered services in the west of Cornwall and was based in the Camborne STEPS office for half of each week.

The registered manager was not normally allocated care visits and was supported by five team leaders who were also supernumerary. Each team leader was responsible for managing a small group of staff and a number of people's care packages. Team leaders spent at least 2 days per week out of the office completing needs assessments, care plans reviews and staff spot checks. Their remaining time was spent in the service office, updating care plans, reviewing visit schedules and supporting the registered manager. The roles and responsibilities of the registered manager and individual team leaders were well defined and understood by all staff and people who used the service. The registered manager was office based and available to provide support and guidance to team leader sand staff as required.

The staff team were committed to the service aim of supporting people to regain their independence and took pleasure in describing how they had supported people to achieve their goals. Staff said they were well supported by their team leaders and the registered manager who they could contact for advice whenever necessary. Staff comments included, "You never feel there is no back up here. Someone is always comes to help if you need them", "This is the best company I've worked for" and "The best bit is seeing people develop over a short period of time. Seeing that you have helped people recover".

People and their relatives were highly complementary of the service and report that they would be happy to

recommend Camborne STEPS to others. There comments included, "I couldn't cope without them, I would recommend them, it is an amazing service. They deserve all the praise they can get", "My relative would give them 10 out of 10" and "I couldn't have done without them, I can't speak more highly of the service. As far as I am concern the service is absolutely wonderful." While health professionals told us, "We would just like them to have more capacity as we very much believe in their ethos of re-enablement."

The service was designed to support people following illness or a period of hospital admission to regain the skills necessary to live safely at home. Staff took pleasure in describing their successes and told us, "The best bit is seeing people develop over a short period of time. Seeing that you have helped people recover" and "I know that we make a difference to people, and this is an excellent service, we receive lots of positive feedback from our service users and lots of thankyou cards."

People were involved in the development of their care plans and encouraged to identify goals they would like to be supported to achieve. This information was combined with details provided by health professionals to form the person's care plan. People care plans were detailed and informative and were reviewed and updated each week by team leaders to ensure they accurately reflected the person's current needs. Staff told us, "The care plans are pretty good, always up to date."

Staff understood how to protect people from all forms of abuse and avoidable harem and had a good understanding of local safeguarding procedures. Where staff identified concerns in relation to people's welfare these were reported to team leaders and records showed the service had appropriately raised concerns with the local authority to ensure people's safety.

Staff were well trained and sufficiently skilled to meet people's support needs. All new staff completed a 12 week induction programme in accordance with the requirements of the care certificate and training was regularly refreshed. People's comment in relation to staff skills included, "They are superb, very competent" and "They appeared capable and knew what they were doing, we had great confidence in them." While staff told us, "We always get lots of training" and "I did 12 weeks of shadowing (when I first started) and I felt quite confident at the end of it." Recruitment records showed all necessary pre-employment checks had been completed before new staff were permitted to provide support.

The service had appropriate systems and procedures in place to ensure staff safety and that all planned visits were provided. A telephone based call monitoring system was used to enable staff to report their arrival and departure time from each care visit. This information was monitored by office staff and alerts were used to highlight any visit that had not been provided. Records showed care visits were not routinely missed and none of the people we spoke with had experienced a missed visit. However, during the weekend prior to our inspection a planned visit had not been provided. The safety systems had worked as intended and on call staff had been alerted. They had contacted the individual who's visit had been missed and offered a visit later in the morning but this had been declined. This demonstrated the service had robust system in place to protect people from the risks associated with missed care visits and staff told us, "It was the first time in 12 years it has happened to me. [Missed visits] do not happen often."

Visit schedules and call monitoring information showed that people normally received their visit on time and for the full planned duration. People told us they never felt rushed and that staff gave them time to try to complete task independently during care visits. Comments from people and their relatives included, "Always been on time and they have never missed", "There was not one staff member who was impatient and everyone gives my relative time" and "They did their job and they had a chat. They were never too busy to talk."

People's feedback was valued and acted upon and the service had appropriate quality assurance system in place. Spot checks of individual staff performance were completed regularly and people were asked to complete and quality assurance questionnaire at the end of their package of support. Records showed people's feedback was constantly complimentary and that the service had not received and recent complaints. In addition, people had been asked to assess their own wellbeing at the beginning and end of their period of support. These records consistently showed the service's reablement support had positively impacted on people's wellbeing.

There were appropriate systems in place for the storage and secure sharing of information with care staff. Where information was shared with staff digitally this was done via a password protected mobile phone application.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Camborne 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 checked 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 between 2 and 8 October 2018 and was announced in accordance with our current methodology for the inspection of domiciliary care services. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of, or has cared for a person who uses similar services.

The service was previously inspected on 11 July 2016 when it operated from a different address. At that inspection we found that the service was good in all areas and at this inspection we found that the service remained good. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also 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 visited one person in their home and spoke with a further 10 people and five relatives by telephone. We also spoke with six members of care staff, four team leaders and the registered manager. Feedback was also received from three health professionals who regularly worked with the service. In addition, we inspected a range of records. These included four care plans, four staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Good

Is the service safe?

Our findings

Without exception people said they felt safe while being supported by Camborne STEPS. People's comments included, "I feel safe because they are kind and helpful", "I do feel safe when the carers are here. It's the way they are, nice to me and make me feel comfortable" and "They know which doors to close and lock when they leave." Relatives also reported that the service provided safe care and told us, "They always check she has a lifeline on before they leave" and "[My relative is] very safe, all the carers were very efficient and look after him excellently."

Staff had received safeguarding and had a good understanding of their responsibilities to ensure people were protected from abuse and all forms of discrimination. Information about local safeguarding procedures was included in each person's care plan and staff told us they would immediately report any concerns to their team leader of the registered manager. Staff were confident team leaders would take appropriate action to ensure people's safety and records showed the service had appropriately raised a variety of safety issues with the local authority. Staff told us, "I have done safeguarding training" and "If I have any safety concerns I feed them back straight away." While team leaders said, "All staff have done safeguarding training, they know how to raise referrals and can talk to me for advice" and "We know about how to deal with issues when they come up and how to signpost to other services."

Risks assessment had been completed as part of the process of developing people's care plans. For each risk identified, staff were provided with specific instructions and guidance on how they should protect people and themselves. This included, environmental risks within the person's home, risks while supporting people to regain mobility skills and risk in relation to specific support needs. Staff recognised that supporting and encouraging people to regain skills involved impowering people to take risks to regain their independence and staff told us, "People are as safe as they can be within the realms of what we are doing."

Any incidents, accidents or dangerous occurrences had been recorded and reported managers. Investigation had been completed in relation to all reported incidents to identify any points of learning or any changes that could be made to the service's systems or staff techniques to improve safety. Where any issues with staff performance were identified these had been raised during staff performance reviews and addressed.

There were systems in place to ensure the safety of lone working staff. The call monitoring system alerted managers if staff failed to log out of their final visit each day and staff told us, "They always ring, say if you forget to log out they are on the phone within half an hour to check [on your safety]." There was also a procedure in place to enable staff to raise safety concerns discreetly during care visits if required and this was well understood by manager and all staff. Team leaders commented, "I think we keep our staff as safe as possible."

The service had appropriate procedures to ensure people's safety during emergencies or periods of travel disruption. The priority of each person's individual care visit had been identified based on their specific needs and available informal support networks. This information was available to on call staff at all times

and had been used effectively to prioritise care visits during last winter's snows.

The service only accepted additional packages of support where there were enough staff available to meet the person's needs. Referrals were accepted seven days each week and each morning team leaders reviewed the service's visits schedules to identify where any new packages could be added to staff visit schedules.

None of the people we spoke with reported having experienced a missed care visit. Their comments included, "No missed calls they were always available" and "They have always turned up." Staff also confirmed that care visits were not regularly missed and told us, "I don't actually recall a missed visit", "it is very rare that that happens" and "I have never known a missed visit." The service used a telephone based call monitoring system to enable staff to report their arrival and departure times from each planned visit. A system of alarms was used to alert team leaders if planned care visits were not provided and staff were phoned and advised of any change that were made to their visit schedules. Team leaders told us, "All our staff have smart phones and rotas are updated every day. If there are any big changes we call and let them know."

We reviewed data from the call monitoring system, daily care records and staff visit schedules and found that a planned care visit had not been provided during the weekend prior to our inspection. The registered manager and team leaders were aware of this incident and were in the process of investigating how it had occurred. The call monitoring system had highlighted to on call staff that a planned visit had not been provided. The team leader on duty had contacted the person to offer a later visit but this had been declined. This meant that although the visit had been technically missed, the person had not been exposed to additional risk as the service's call monitoring system had identified the issue and alternate support had been offered. In relation to this issue a team leader commented, "It was the first time in 12 years it has happened to me. [Missed visits] do not happen often."

People told us, "Always been on time and they have never missed", "They are on time or even a little early", "Mostly on time, once she was ten minutes late and she phoned me let me know. They always come" and "Yes on time, if they were ever late or there was a change I was told in advance." We reviewed the service's visit schedules and found staff had been provided with appropriate amounts of time to travel between people's addresses. Staff confirmed their rotas include appropriate amounts of travel time and commented, "The rotas are planned with travel time", "They always give you more than enough time to get to the next person" and "We do get enough travel time. If we feel we don't have enough time we feed it back and they will increase it."

The service's recruitment procedures were safe and robust. References and disclosure and baring service checks were completed for all staff prior to their appointment. This ensured all new staff were suitable for employment in the care sector.

People felt well supported with their medicines and relatives commented, "They watched [my relative] take their medicines. They always did it correctly no problems, excellent." All staff had received training in medicines management and people's care plans clearly highlighted any support required from staff. However, as a service designed to help people regain their independence staff did not normally administer people's medicines. Instead staff prompted and reminded people when their medicines were due. Where staff provided any support in relation to medicines this was recorded in the daily care notes.

Staff had received infection control training and understood how to protect people from cross infection risks. Supplies of Personal Protective Equipment including disposable gloves, aprons and overshoes were

available from the office and people told us, "They all wear gloves and aprons, definitely work in a clean way and dispose of all the stuff before they go" and "When they give me personal care they wear gloves and aprons."

Good

Is the service effective?

Our findings

Health professionals referred people to the service for support seven days per week and there were appropriate procedures in place to ensure people were suitable for reablement support. There were systems in place to ensure all information required about people's needs was gathered from referring professionals prior to the first care visit. Which was normally provided by a team leader or a highly experienced member of care staff. If a referral was unusually complex this was highlighted and the service normally allocated two staff for each visit during the first week of support. During the initial visit staff completed risk assessments and talked with the person and their relatives to identify the individual's goals and support needs. Health professionals told us the current referral system worked well and commented, "They are very polite, efficient and respond to all referrals. They try to accommodate anything and have proved a safe service which I use to prescribe exercises. They contact me regularly if they feel that someone needs progressing or are not managing."

There were induction procedures in place to ensure all new staff were sufficiently skilled before they provided support independently. All new staff completed a 12-week induction programme which incorporated the care certificate and involved both formal training and the shadowing of experienced care. The care certificate is a nationally recognised training programme designed to provide staff, new to the care sector, with an understanding of current good practice. Recently appointed staff told us, "I did the care certificate" and "I did 12 weeks of shadowing and I felt quite confident at the end of it."

Everyone we spoke with told us their staff were skilled and well trained. There comments included, "They are superb, very competent", "They appeared capable and knew what they were doing, we had great confidence in them" and "All those who I had were very competent and had my interests at heart. If they could suggest anything they would do." Records showed staff training had been regularly updated and staff told us, "We always get lots of training" and "I have had loads of training." Managers understood individual staff learning styles and varied how information was presented and provided appropriate supported to maximise staff learning.

Staff were well supported by their team leaders who were each responsible for managing approximately five staff. Records showed that staff supervision consisted of a mixture of observations of care provision regular face to face meetings and annual performance reviews. Staff told us they were well supported by their managers and commented, "I've had supervision every three months" and "They do come out and do observations as well."

The service had strong relationships with community based health professionals including district nurses, occupational therapist and physiotherapists who worked collaboratively with the service to support people to regain their independence. Professionals told us, "In my experience they are always open to suggestions and ideas I have put forward" and we saw guidance provided by professionals had been incorporated in people's care plans. One person told us, "The team leader helped to rush through the physiotherapy and organised a basket on my zimmer frame so I can carry things around" while another person described how staff had supported them to identify and arrange alterations that could be made to their property to support

their independence.

Care records provided staff with specific guidance on how to support people with their meals. At the beginning of periods of support staff often prepared meals and snacks for people while encouraging them to participate and make choices about what to eat. As people regained their confidence the level of support staff provided with meals was gradually reduced. People told us, "Got my breakfast and it was very nice" and "They did start asking what I like, so I ask them to surprise me they do this. They make me toast and heat meals on a plate and move it another one before they to give it to me, so it is presented nicely."

The service made appropriate use of new technologies to ensure people's care needs were met. Digital care planning and call monitoring systems were used to ensure all care visits were provided and staff had been provided with smart phones to enable them to securely access information about people needs and planned visit remotely. Staff told us, "The app on the phone tells you where to go and how to get in" and "We have an app on our phones with the rota. It gets updated everyday and you can see seven days in advance."

In order to ensure people's safety between planned care visits the service worked in collaboration with the local lifeline provider. Who offered each person supported by STEPS a free six week trial of their service. This provided people with a pendant based alarm and speaker phone system which enabled them to call assistance in the event of a fall or other accident within the home.

People's consent was sought before staff provided support. We saw staff supported and encouraged people to make decision during care visits and that their choices were respected.
Staff told us, "They do definitely get to make choices" and "People choose how they would like their visit to go." Daily care records showed people were able to decline planned support and staff commented, "If [the person] chooses not to do something that is there choice. I would try to offer an alternative" and "I offer assistance but I can't force anyone to do anything. If support is declined I make a note so that the next staff know. I try to encourage a face and neck wash if the person has declined a full wash." People had been involved in both the development and review of their care plans and had signed these documents to formally record their consent to the planned care.

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. All staff had completed training in the MCA and the manager and staff had a good understanding of this legislation. This service does not normally support people who lacked mental capacity. This is because and a reablement service it supported people to regain confidence and skills lost following periods of illness and this support was not normally appropriate for individuals who lacked capacity.

However, the service had recently supported one person who lacked capacity. This person had been discharged from hospital and the service commissioned to provide reablement support. Staff had identified that this individual lacked the capacity to make specific decisions and was unable to engage with reablement support. As a result they had made appropriate referrals to care commissioners and health professionals to ensure the person's safety. Staff told us, "Our priority was to keep [the person] safe, it was really difficult to get [them] the relevant help that [they] needed. It was hard work but we did it." This person did not have anyone to advocate on their behalf and would not engage with strangers so staff had supported them during meetings with professionals. Staff told us, "I had to be present on these visits because [the person] wouldn't engage with people [they] didn't know' and, "Sometimes you just can't stop

worrying about people but we know [the person] finished the service with us with the right kind of support."

Good

Is the service caring?

Our findings

People told us their support staff were kind, caring and supportive. Their comments included, "They are kind and helpful. They go above and beyond", "The staff are as good as gold, very helpful", "They very, very nice people and I felt comfortable with them" and "I liked the older [staff] in the beginning, however, I was very surprised with the younger girls their attitude was first class they are good too." Relatives were also highly complementary of the service's staff team and told us, "They are superb, very competent", "They appeared capable and knew what they were doing, we had great confidence in them" and "Very professional, very friendly my relative feels very relaxed and comfortable with them. All the girls have been superb."

The service aimed to support people for up to six weeks to help them regain skills and confidence in their ability to live safely at home. Visit records showed people were supported by small consistent teams of staff who visited regularly. People and their relatives said, "I see the same staff regularly", "There are three or four carers, I see" and "What I appreciate about the system is we are getting the same set of carers." While staff said, "They try to have the same staff three days in a row" and "We usually see the same people while they are with us." This consistency meant people were able to develop trusting and supportive relationships which their staff. Which gave people the confidence to try to complete tasks independently, engage with exercises and regain skills they had lost. Health professionals were complimentary of the service and told us, "I have received nothing but positive feedback from the people they visit."

Care plans included relevant information about people's current likes and interests to help staff build bonds with people during their initial care visits. People said they got on well with their support staff and looked forward to their visits. Their comments included, "I think it is brilliant I am really impressed, they are happy cheery and friendly we have a good rapport", "I get on very well with them. They have a laugh with me I tell you", "I have a wicked sense and humour and they did to, that was nice", and "The nice thing about it is staff chat. They are like friends each one brings something different." While relatives told us, "They very friendly and [my relative] looks forward to seeing them. I hear lots of laughter when they are with him" and "They have established a good relationship [with my relative] and you see in his facial gestures, he is happy to see them and he is willing to wait until they arrive for to get support from them."

People and relatives told us staff responded immediately to any changes in people's ability to do tasks and gave additional support, care and encouragement when required. Comments we received included, "They judge from day to day, and adapt my care. What they said they could do at the beginning they have done", "If [my relative] is not having a good day, they are able to read the situation and encourage [them]" and "Some days I don't feel like I want to do anything at all. They make suggestions of how they can help bring things close to me."

The manager understood the requirements of the accessible information standards. People's communication needs had been identified as part of the assessment process and where highlighted to staff within individual care plans. Staff were able to describe different methods that had used to meet people individual communication needs approaches. For example, the service had recently supported one person who did not speak any English but was fluent in a little-known language from their home country. To

communicate effectively with this person staff had researched this language. They had learnt how to greet the person and key phrases necessary to enable the person to make choices during support visits using online resources. This support had been appreciated by the person and staff told us "[The person] began learning English as a result of our attempts to communicate" and "We did a lot of research into the culture to understand the background of [The person's] needs."

People told us staff provided support at the pace they required, that they never felt rushed and staff always took time to chat during their visit. People and their relative's comments included, "They are always here for me and they talk to me while I am having a wash", "The nice thing about it is staff chat. They are like friends each one brings something different", "There was not one staff member who was impatient and everyone gives my relative time" and "They did their job and they had a chat. They were never too busy to talk." Call monitoring records showed that visits were routinely provided for the full duration and occasionally significantly over ran. Staff recognised the importance of spending time with people and providing support at a relaxed pace to enable people to complete tasks independently. Staff said they never felt pressured to shorten planned visits and commented, "If you don't have enough time you just ring the office and they make it longer" and team leaders commented, "The rotas are reviewed every week to fit everything together" and "We work to get people's visits at the time they want."

People and their relatives told us staff acted to ensure people's privacy and dignity was respected at all times. Comment received included, "[My relative] is very comfortable [the staff] are polite respectful", "I have never ever felt uncomfortable, never felt embarrassed I just feel comfortable with all the them. They have a knack of just knowing on how to deal with me" and "[I initially felt embarrassed] the carer made light of the situation and talked me through it (personal care). We had a giggle about it because I was feeling embarrassed. She said a little joke and I have been okay since."

The service was designed to support people to regain their independence and staff recognised how important it was to allow people to try and cope with specific tasks. Staff said they often found this difficult but recognised and took pride in people's achievements. Their comment included, "Seeing people at the end having regained their confidence is nice. You can see you have made a difference", "I like helping people, making a difference. Helping people to stay in their own homes, It's a very rewarding job" and "I enjoy seeing people become more independent and getting back to normal life. I get a lot of job satisfaction from that." People were very grateful for this support and told us, "They always and let me do what I can do, they step in when needed", "They don't take over at all, they allow me to do what I can and take over necessary", "[The staff] offer assistance all the time, they know my limitations and work with them, they offer help when I need it and allow me to do what I can" and "The girls who came let me get on with the job when I felt I could. They gave me the confidence to do things for myself." Where the service was unable to support people to regain the skills necessary to live indecently at home the service worked with commissioners to ensure appropriate arrangements were made to meet people needs.

Good

Is the service responsive?

Our findings

The service relied of health care professionals based in hospital and the community to identify and refer people for reablement support. The service worked closely with and had provided training to these professionals to ensure referrals were made appropriately. The service was thus often able to make initial care visits on the same day a referral was made. One relative said, "When the stroke unit got in touch with them, they acted immediately and we knew they would be there on the date and time arranged. On the first morning the [team leader] introduced herself, it was all done very professionally, carefully and gently. [They] went through our needs."

Normally initial care visits were completed by team leaders, who met with the person, established their needs and goals and identified any specific risks associated with the person's support needs or the environment. People were provided with a welcome pack, detailing the support the service was able to provide and useful contact numbers, during the initial visits. One person told us, "[The team leader] was very good about the assessment and we could ask her questions about the process."

People's care plans were developed by combining information provided by professionals as part of the referral with details gathered during the initial care visit. We found people's care plans were detailed, accurate and informative. Staff told us, "The care plans are pretty good, always up to date" and "There is a care plan in every house."

People were encouraged to identify specific and individualised goals that they wished to achieve as part of the care planning process. For example, one person's goal was, "I want to get back to being independent with everyday things like washing, and preparing own food." People's care plans were focused on supporting people to regain their independence and the skills necessary to achieve their identified goals.

For each care visit staff were give detailed guidance on both the person's needs and how to encourage them to regain the specific skills necessary to become more independent. For example, one person's care plan stated, "I will require assistance to wash my back and lower half at present" and continued, "I have long handled equipment in situ but need verbal encouragement when using this to promote my independence." Staff told us it was important to follow the care plan so people could relearn how to do things for themselves and commented, "We must just stick to the care plans as it is about getting people to do things for themselves."

Each week team leaders visited people at home to discuss progress towards their goals and review care records. During these meetings people's care plans were updated to ensure they accurately reflected the person's current support needs. Staff told us, "We add written changes to the bottom of care plan", "Team leaders go out every week to review care plans" and "We visit everyone for a review once a week, more if there needs are changing." People and their relatives said they had been involved in the care plan review process and commented, "I have had three visits from the supervisor, initial assessment, when they explained the process, one to see how things were going and one at the end to tell me what I could do if I needed any help" and "The office staff came in to review [the care plan], they came periodically and checked

up."

All staff completed daily records detailing the care and support they had provided and any observed changes or improvements in the person's condition. Staff arrival and departure times were recorded along with information on the level of support required with individual tasks. Where people's needs had changed or they had been able to complete tasks independently this was also highlighted. From the records we reviewed, it was clear staff were focused on supporting people to become more independent. Some planned visits had over run as it often took longer for people to complete tasks independently. Staff told they were able to extend visits where necessary and that their managers would ensure this did impact on other people. One staff member told us, "If things are taking longer than planned you don't have to rush. Just phone the office and they well let people know."

During the visit we observed staff were asked to reschedule a visit to enable the person to attend a family gathering. Staff reported this request to their team leader and changes were made to planned visit schedules to meet the person's needs were. People told us the service was good at responding to requests to vary visit times and commented, "Once, I rang and arranged for them to come earlier as I had an appointment and they did this" and "They adjusted my time this morning at short notice to accommodate an appointment."

Care plans included some information about people's back ground and life history while focusing on people's current interests and hobbies. This information was provided to help staff develop a rapport with people and to help identify topics of conversation the person may enjoy. People said their staff were interested in their hobbies and encouraged them to continue these pursuits. People comments included, "They are always asking what I have doing and about my hobbies", "I am learning crocheting and they are interested in what I am doing, they show interests in my hobbies. They praised me up and they have made me feel better just being there and saying hello" and "They put my knitting near me so I reach it. They are very good."

People were provided with information on how to make complaints during their initial care visit and there were procedures in place to ensure all complaints received were documented and investigated. People consistently told us they had not needed to make any complaints and were complimentary of the support they had received. Their comments included, "A team leader comes every week and we have a long chat. I can put in complaint to her but have had no need to", "I know how to complain but not needed to as they are as good as gold" and "No complaints. If I did I would have phoned the [manager], she had been to see us, she is very good I could have raised anything. She was excellent."

The service asked people to provide feedback and complete a questionnaire on the quality of support they had received at the end of each period of support. People told us, "I filled a questionnaire, when the service had finished" and "When I finished they wanted me to fill the form about how I was treated. I filled it in, it was all good." We found that the feedback received was consistently complimentary and positive. Recently received compliments included, "I found all the steps workers pleasant and helpful", "Thank you, keep up the good work. The team leader was a gem" and "I have no complaints regarding the care. Everyone has been helpful kind and I appreciate all that has been done for me."

Good

Is the service well-led?

Our findings

People and their relatives were highly complementary of the service and said they would be happy to recommend it to others. People's comments included "Absolutely happy with the service, I would get them again if I need to", "[The carers] are nice, kind and thoughtful, I would recommend them" and "I couldn't cope without them, I would recommend them, it is an amazing service. They deserve all the praise they can get", and "I couldn't have done without them, I can't speak more highly of the service. As far as I am concerned the service is absolutely wonderful." Relatives were also consistently complimentary of the service and told us, "I have nothing but admiration for them, I would recommend them", "My relative would give them 10 out of 10" and "I can't praise them enough. I would definitely recommend." Health professionals were also complimentary of the service and told us, "I have always very much valued their service and the services they have offered have been valued by the therapy staff whom refer to them. We would just like them to have more capacity as we very much believe in their ethos of re-enablement."

Staff were committed to the service's objective of supporting and encouraging people to regain skills and their independence. Staff took obvious pleasure in describing their successes in supporting people to achieve their goals which enable individuals to remain safely and independently in their own homes. Staff told us, "The best bit is seeing people develop over a short period of time. Seeing that you have helped people recover", "I personally wouldn't work for anyone else", "This is the best company I've worked for" and "I know that we make a difference to people, and this is an excellent service, we receive lots of positive feedback from our service users and lots of thankyou cards."

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. The service requires a registered manager and there was a registered manager in post at the time of this inspection. The registered manager was responsible for overseeing two registered STEPS services in the west of Cornwall and normally spent half of each week in this service's office.

The registered manager did not normally provide care visits and was supported by five experienced team leaders and an office administrator. Team leaders were responsible for managing and reviewing the care needs of small groups of people and providing support and supervision for approximately five staff. The management structure and responsibilities of team leaders and the registered manager were well known and understood by staff and people who used the service.

People told us they felt the service was well led and that team leaders and the manager were pleasant and approachable. People's comments included, "They were thoroughly professional, nothing was too much for them. Very well trained and did exactly what I needed. I got the feeling that [the manager] was methodical, reliable and set the standard for her team", "Very well managed" and "[The staff] were so pleasant and friendly and reassuring. The manager was supportive to the whole family, had holistic approach."

Staff were enthusiastic and well-motivated. They told us they were well supported by both their team leader

and the registered manager. The service's system for providing support to people and staff outside of office hours worked well and staff said they were able to access additional support and guidance whenever necessary. Staff comments included, "[The Registered manager] is pretty fair. You can contact her at any time and she is there to support you", "Team leaders do visit as well so we can use them to cover staff sickness", "You never feel there is no back up here. Someone always comes to help if you need them" and "The manager is very good. She is great. You can go to her if you have any issues. She will always talk to you and help you sort it out." The provider had appropriate systems I place to support the registered manager who had also received regular supervision.

Team meetings were held regularly and provided additional opportunities for staff to share information about people individual needs and for the manager to update and include staff in decision making about any prospective changes within the service. Staff told us, "We have team meeting every 6 weeks" and commented, "They do actively involve us in any changes."

The service had equality and diversity policies in place and appropriate systems to ensure people and staff were protected from all forms discrimination. Where staff had requested changes in their working patterns as a result of ill health or caring responsibilities these requests had been granted and staff told us their supervisors had been compassionate and supportive.

The service's quality assurance systems worked well and were designed to drive improvements in performance. Everyone who used the service was asked to complete a wellbeing score, out of 100, at the beginning and the end of their period of support. Analysis of this information showed people consistently recognised that the support the service provided had a beneficial impact on the wellbeing and independence. During the last scheduled visit people were asked to complete a detailed questionnaire so the service could gain additional feedback on the quality of support they had provided. Questionnaire responses were constantly positive and had been reviewed by the registered manager. Where any minor issues had been reported these had been discussed in detail with the individual to try to identify how the service could further improve. Staff told us, "We are always looking for new ideas on how we can improve the service" and reported that where they made suggestions these were listened to by the manager and team leaders and if appropriate adopted.

People's care plans and daily records were reviewed each week by team leaders during visits to the person's home. Where any issues were identified with the quality of staff recordkeeping these were addressed promptly and resolved. In addition, unannounced spot checks of the quality of care provided by staff were completed regularly and part of the service's staff supervision programme.

Once packages of support were completed all records were returned to the office and audited by team leaders. Any recorded keeping issues identified during these audits were addressed with staff during their supervision meetings. Information and records were stored appropriately when not in use in accordance with data protection guidelines. Where information was shared with staff digitally it was only accessible on password protected devices.

The registered manager completed monthly service performance audits and shared details of these findings with staff. Records showed that in August 96% of people had not required ongoing support at end of reablement period. Staff took pride in this achievement and told us, "I think STEPS provide a really good service and a high percentage of people come out totally independent' and "Those that are not true reablement, we signpost to other services."