

CORMAC Solutions Limited

Bodmin STEPS

Inspection report

Chy Trevail, Beacon Technology Park
Dunmere Road
Bodmin
Cornwall
PL31 2FR

Tel: 01872327781

Website: www.cormacltd.co.uk

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Ratings

Overall rating for this service	Good ●
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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 16 and 18 August 2016 and it was announced 48 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. This was the first inspection for the service since registering as a new provider, Cormac Solutions Limited, in October 2015. Cormac Solutions Limited is a company wholly owned by Cornwall Council. The service was last inspected in October 2013, when the registered provider was Cornwall Council; we had no concerns at that time.

Bodmin 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 25 people. Referrals for packages of care were made to the service by health and social care professionals. These included; hospital discharge teams, physiotherapists and occupational therapists.

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

People told us they felt safe using the service. Comments included, "I am very happy with the help", "Excellent service, I am very satisfied" and "They have been wonderful."

There were enough staff employed by the service to cover the visits and keep people safe. Rotas were organised into runs of work in specific geographical areas. Staff worked, as much as possible, in areas close to where they lived to minimise travel time and help ensure people had a consistent team of care workers. People told us they had regular staff and the times of their visits were agreed with them. Everyone told us the service was reliable, visits were never missed and they were kept informed of any changes to the time of their visits.

Staff did not rush people and provided care and support at their pace, with a focus on encouraging people to do as much as possible for themselves. People spoke positively about how staff encouraged and helped them gain the confidence they needed to meet their goals. People commented, "Staff give you the confidence to do a bit more for yourself", "It has been most helpful" and "Staff are helping me to improve."

Staff were recruited safely, which meant they were suitable to work with vulnerable people. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

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

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and reablement needs, which meant they were able to provide a personalised service. Care plans provided staff with clear direction and guidance about how to meet people's individual needs and wishes. Staff spoke passionately about the people they supported and were clearly committed to providing a personalised and caring service in line with people's agreed goals. Comments from staff included, "It's great to see how people improve", "You really feel that you make a difference to people's lives" and "I love the job."

People told us they were involved in decisions about their care and were aware of their care plans in which their goals and aspirations were agreed. Care plans provided staff with clear direction and guidance about how to meet people's individual reablement needs and goals. Care plans were reviewed weekly to evaluate the progress people were making against their overall goals and agree the next steps for the following week. Any risks in relation to people's care and support were identified and appropriately managed.

Staff and 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.

Bodmin STEPS worked successfully with healthcare services to ensure people's health care needs were met as well as helping people achieve their goals and regain their independence. Healthcare professionals told us they felt staff had the relevant skills and they trusted staff's judgement when they asked them about people's care and support needs. Healthcare professionals told us, "Staff are knowledgeable about the people they care for", "Staff are skilled in their assessment of people's needs" and "We have always had confidence in their ability to manage people with complex conditions."

There was a positive culture within the staff team and staff spoke passionately about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The registered manager was also passionate about their role and was clearly committed to providing a good service for people. Staff told us, "I am proud to work for the STEPS service", "Management and staff all work together as a team", "STEPS are really good to work for" and "Management listen to your ideas."

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received. Comments from people included, "I would recommend them" and "Excellent service." People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe. People told us they felt safe. Staff and the registered manager had a good understanding of how to recognise and report any signs of abuse.

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

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

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

Is the service effective?

Good 

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Staff obtained people's consent before providing personal care.

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

Is the service caring?

Good 

The service was caring. People, and their relatives, were positive about the service and the way staff treated the people they supported.

People's privacy and dignity was respected and staff supported people to maximise their independence.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received. Staff encouraged people to achieve their goals and aspirations.

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

Is the service well-led?

Good ●

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

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

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

Bodmin 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 16 and 18 August 2016 and the provider was given 48 hours notice of the inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of one inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the service's office and spoke with the registered manager, two team leaders, the office support worker and three care workers. We visited three people in their own homes. We looked at eight records relating to the care of individuals, staff records and records relating to the running of the service. Prior to, and after, the visit to the service's office we spoke with five people, three staff and two health and social care professionals.

Is the service safe?

Our findings

People told us they felt safe using the service. Comments included, "I am very happy with the help", "Excellent service, I am very satisfied" and "They have been wonderful."

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

Staff had completed a thorough recruitment process to ensure they had the 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 service, including Disclosure and Barring Service (DBS) checks. Existing staff had all completed new DBS checks when the service registered as a new provider in October 2015.

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

Rotas were organised into runs of work in specific geographical areas. Staff worked, as much as possible, in areas close to where they lived. This helped to minimise travel time and ensure people had a consistent team of care workers. Bodmin STEPS used an electronic roster system and this enabled them to clearly identify any gaps in the rotas. This meant team leaders, who completed the rotas, knew the location and times where new care packages could be accepted.

All staff were contracted to work set hours each week and details of the people they were booked to visit were given to them two days at a time. This helped to minimise the need for changes to be communicated to staff, as due to the nature of the service provided rotas changed frequently. Staff accessed information about the people they were booked to visit electronically on mobile phones supplied by the service.

Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes at the agreed times. If they were delayed, because of traffic or needing to stay longer at their previous visit, office staff would always let people know or find a replacement care worker if necessary. People told us they had regular staff and the times of their visits were agreed with them. Everyone told us the service was reliable, visits were never missed and they were kept informed of any changes to the time of their visits.

There was a rota for the team leaders to answer telephone calls when the office was closed. The team leader on call outside of office hours carried details of the rota, 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. People were given 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 environmental risks in the person's home, directions of how to find people's homes and entry instructions.

The office support worker used an electronic map to check the address for every new package and provided staff with detailed directions of how to find the property. Staff told us where people lived in very rural areas it could sometimes be difficult to find people's homes even with this additional information. In these situations staff would feedback to the office any specific directions and this was passed on to other staff. One member of staff said, "If somewhere is difficult to find you let the office know specific information and this gets passed to all staff on their mobile phones within a couple of hours." One person told us, "The first carer couldn't find me but the message about where I live was passed on and after that all staff knew how to find me."

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, or experienced member of staff, would carry out the first few visits so they could complete a risk assessment for the environment and any equipment needed. This information could be passed on to other staff before they visited the person's home. Staff told us management always informed them of any potential risks prior to them going to someone's home for the first time.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident. Events were audited by the registered manager to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

Care records detailed whether people needed assistance with their medicines or if they wished to take responsibility for any medicines they were prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help with their medicines. Daily records completed by staff detailed exactly what assistance had been given with people's medicines. All staff had received training in the administration of medicines.

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 positively about the staff who supported them, commenting, "They [staff] help me get washed and dressed" and "Staff have been most helpful."

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

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

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

Bodmin STEPS worked successfully with healthcare services to ensure people's health care needs were met as well as helping people achieve their goals and regain their independence. Staff supported people to access services from a variety of healthcare professionals including GPs, occupational therapists and district nurses to provide additional support when required. One person told us, "Staff are very good. They noticed a red spot on my leg and let the district nurses know about it."

Care records demonstrated staff shared information effectively with professionals and involved them appropriately. Healthcare professionals told us they felt staff had the relevant skills and they trusted staff's judgement when they asked them about people's care and support needs. Comments from healthcare professionals included, "Staff are knowledgeable about the people they care for", "Staff are skilled in their assessment of people's needs" and "We have always had confidence in their ability to manage people with

complex conditions."

People told us staff always asked them for their consent before delivering care or treatment and they respected people's choice to refuse treatment. Care records showed that people signed to give their consent to the care and support provided.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Care records showed the service recorded whether people had the capacity to make specific decisions about their care. For example care records described how people might have capacity to make some daily decisions like choosing their clothes or what they wanted to eat or drink. Where the person may not have the capacity to make certain decisions records detailed who should be involved in making decisions on the person's behalf.

Is the service caring?

Our findings

People told us staff were caring and compassionate in the way they supported them. Comments from people included, "All staff are professional, pleasant and helpful", "They have been wonderful" and "Nothing is too much trouble."

People received care, as much as possible, from the same care worker or team of care workers. The service tried to match people's interests with staff's interests wherever possible. One person told us, "All the girls who come live in the same area as me and we have a lot in common." A healthcare professional said, "STEPS tend to maintain the same staff and staff live and work in the same area, so often they know people and their families from the community."

Staff were committed to promoting people's independence even if, by supporting people to carry out tasks themselves, the visit took longer. 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 spoke positively about how staff encouraged and helped them gain the confidence they needed to meet their goals. People commented, "Staff give you the confidence to do a bit more for yourself", "It has been most helpful" and "Staff are helping me to improve."

Staff spoke passionately about the people they supported and were clearly committed to providing a personalised and caring service in line with people's agreed goals. Comments from staff included, "It's great to see how people improve", and "You really feel that you make a difference to people's lives" and "I love the job."

People told us staff respected their privacy and dignity when supporting them with personal care. Staff told us they tried to put themselves in the position of the person, and appreciated how they may feel. Staff respected people's wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Staff showed through their actions, kindness towards the people they supported. People's care records described how staff had often gone the extra mile to promote people's independence. For example, one person was referred to the service for a package of care to help them regain their independence with their personal care. During this period of help the person told staff that the only time they had been out in four years was when they went to hospital. In conjunction with an occupational therapist staff developed a programme to support them to go out for daily walks. At the end of their period of support they had regained the skills to carry out their own personal care and they were also able to go for walks. This not only improved their quality of life but also meant that their family felt confident to go out for walks with them after the package finished.

Another person wanted to wear trainers but was unable to tie the laces and did not wish to wear slip on

shoes. Staff obtained details of a type of lace that could be fastened without the need to tie them. The person purchased these laces and as a result was able to completely dress themselves, in shoes of their choice, without any assistance from staff.

Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

Is the service responsive?

Our findings

People's needs were assessed prior to using Bodmin STEPS, to help ensure it was the right service, for that person. The service worked closely with external health professionals, such as hospital discharge teams, physiotherapists and occupational therapists to help ensure people's needs were correctly assessed before starting to use the service. The service provided a six week intensive support programme. Referrals were mostly for older people who had had either been discharged from hospital or had fallen and required support to build strength and confidence.

People were involved in decisions about their care and the development of their goals and aspirations. Comments from people included, "Staff have given me a lot of confidence, I can now walk upstairs" and "I can manage to have a shower on my own now, which when I first came out of hospital I thought I would never do again."

People told us they were involved in decisions about their care and were aware of their care plans in which their goals and aspirations were agreed. Care plans were personalised to the individual and recorded details about people's goals and care needs for the six week period. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity such as an exercise programme. This meant staff could read the section of people's care plan that related to the visit or activity they were completing. These routines had step by step instructions for staff to follow to meet people's individual needs and wishes. For example, care plans described how people liked to have a shower. This included what towels or products they might use and what they could do for themselves when they needed support from staff.

Team leaders reviewed care plans weekly to evaluate the progress people were making against their overall goals and agreed the next steps for the following week. When routines changed, as people progressed and their needs changed, care plans were updated to provide staff with accurate guidance about how to meet people's changed needs. People told us a team leader visited them regularly to review their care plan and updated their progress against their goals. One care worker told us, "The new care plans are very detailed and are always updated."

Staff were updated about any changes to people's needs through messages they accessed on their mobile phones. Staff told us if they reported any changes to the office these were actioned promptly. Team leaders collected the daily notes, written by care staff, from people's homes every week. These notes were checked to see if there was any information that either needed to be passed to staff or updated in a person's care plan.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. This included providing extra visits or increasing visit times, if people were unwell and needed more support, or responding in an emergency situation. One person said, "They are very helpful. I know I can ring the office at any time and ask for any extra help if I need it."

Where people were assessed as not being ready to reach their goals in the six week period, the service worked with the person and health and social care professionals to decide the best actions to take. This might be increasing the person's daily visits, extending the period of the package or arranging for another service to provide an on-going package of care. When someone was assessed as needing an on-going package of care the service continued to provide support until a new package was in place. This sometimes resulted in the STEPS package carrying on beyond the normal six week period. The service provided detailed handovers of the person's needs to the new service to help ensure continuity of the person's care provision.

People had details of how to raise a complaint if they needed to but felt that issues would usually be resolved informally. People said they would not hesitate in speaking with management or staff if they had any concerns.

Is the service well-led?

Our findings

The management structure of the service provided clear lines of responsibility and accountability. There was a registered manager in post who was responsible for the day-to-day running of the service. The registered manager was also the registered manager for the Liskeard STEPS service and divided their time equally between the two locations.

Senior management in the organisation were accessible and supportive. The registered manager met regularly with their line manager. There were also monthly managers meetings which gave the registered manager the opportunity to meet with managers from the other branches of STEPS in Cornwall. This meant that managers were able to have support from colleagues and to share good practice to continuously improve the quality of the service. For example, the registered manager had responded to feedback from the CQC inspection at the Liskeard branch in February 2016. This feedback related to a lack of personalised detail in some people's care plans. The registered manager of this service had developed and introduced a new care plan format across all the other STEPS branches within a few weeks of that inspection. CQC inspections carried out during July and August 2016 of the other STEPS services, including Bodmin STEPS, showed that this new format had been introduced. The new care plans contained more personalised information and guidance for staff about people's needs.

The registered manager was supported in the day-to-day running of the service by an office support worker and five team leaders. People told us they were involved in decisions about their care and were regularly asked for their views of the quality of the service they received. Comments from people included, "I would recommend them" and "Excellent service." Health and social care professionals were all very positive about working with the service and said there was an open culture that welcomed feedback. Health and social care professionals told us, "The feedback we get from people about the service is excellent" and "We have a really good working relationship with the service."

There was a positive culture within the staff team and staff spoke passionately about their work. Staff received regular support and advice from managers via phone calls, texts, e-mails, social media and face to face individual and group meetings. The registered manager held monthly care staff meetings and team leader meetings. Team leader meetings were held jointly with team leaders from the Liskeard branch. This enabled them to share practice and information, which was helpful if team leaders needed to work in a different area to cover for a colleague's absence. Staff were complimentary about the management team and how they were supported to carry out their work. The registered manager was also passionate about their role and was clearly committed to providing a good service for people. Staff told us, "I am proud to work for the STEPS service", "Management and staff all work together as a team", "STEPS are really good to work for", and "Management listen to your ideas."

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 and this was taken on board and changes made to people's care plans. Staff also told us the registered manager passed on feedback the service received from people and their families. Comments

from staff included, "We get shown the results of feedback from people which is really nice to have" and "If you give feedback to management about anything they always listen and act on it."

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

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

The registered manager analysed the service's success rates, to help ensure they were achieving their vision of "reablement". In June 2016, 89% of people who had used the service had required no further service after their six week support programme and 6% required a reduced service. Feedback was sought from people during and at the end of their support programme, to help enhance the service. Comments in the surveys returned in June included; "I wish to thank the whole team for their care, which was carried out with respect and cheerfulness, nothing was too much trouble", "The team have always been exemplary in their duties, we both will miss them" and "Thank you for your excellent service. The care has been very good and the carers have been so helpful and a pleasure to have had in our home."