

# CORMAC Solutions Limited

## STEPS East

### Inspection report

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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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

STEPS East is a domiciliary care service that provides short term support to people who are returning from hospital to their own homes. The service covers the east of Cornwall.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People told us they felt safe when being supported by staff and were able to increase their independence in a way which felt comfortable to them.

Staff had received safeguarding training and described the actions they would take if they felt people were at risk. Any accidents or untoward events were recorded and investigated to identify if there were any areas for improvement to minimise the risk of reoccurrence.

New staff completed an induction and period of shadowing before starting to work independently. Training was regularly refreshed and people were confident when being supported by staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The primary focus of the service was to support people to regain their independence. Staff told us they found this aspect of their work rewarding.

Initial assessments were used to identify what people wanted to achieve and set goals. This was monitored regularly and new goals set in line with people's progress. Care plans were reviewed regularly to help ensure they were up to date and relevant.

People and professionals said they found the service to be well organised and efficient. There were clear lines of responsibility which were known and understood by the staff team. Audits were completed by the registered manager. The service engaged pro-actively with other agencies to help provide joined up care with positive outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 8 August 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection to provide a rating for the service.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well-led.

# STEPS East

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We met the registered manager at the service office base. We reviewed a range of records including four people's care records. A variety of records relating to the management of the service, including policies and

procedures were reviewed.

#### After the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff. We contacted two professionals who had worked with the service. We looked at staff recruitment files and reviewed other information provided.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when being supported by staff. Comments included; "I do indeed [feel safe], they make sure I don't fall. They make sure I have my Zimmer frame or table on wheels" and "They are all very good really, I have never felt unsafe with them."
- Staff had received training in safeguarding and were confident about the processes to follow. One member of staff told us of an occasion when they had made the registered manager aware of a possible safeguarding situation. Action had been taken to help ensure the person's well-being.
- There was a safeguarding policy in place which clearly set out the potential types of abuse and the relevant agencies to contact if abuse was suspected.

Assessing risk, safety monitoring and management

- Risk assessments were in place, so staff were aware of any potential risks to people's health and knew how to support people to mitigate any risks.
- During the initial visit to someone's home an environmental risk assessment was completed to highlight any hazards.
- Team leaders reviewed people's progress weekly. This included a review of risk assessments to ensure they remained relevant and were enabling people to attain their goals.
- The service worked closely with physiotherapists and occupational therapists to help people develop their independence safely.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were carried out before staff started working for the service.
- There were enough staff employed to cover all care calls. The number of people using the service fluctuated and staff were employed on contracts to help ensure there were enough staff to cover calls when the service was running to capacity.
- People told us they received their visits on time and staff stayed for the agreed time. One said; "They were here on time and there wasn't a time they didn't come on time. They always came, they definitely stayed for the correct amount."

Using medicines safely

- Most people did not require support with their medicines. There were clear guidelines in place for staff when they did fulfil this role.
- Medicine Administration Records (MAR) were completed when required. These were regularly audited so

any errors could be quickly identified.

- Staff received training on the administration and management of medicines. Senior staff completed competency checks on staff before they were able to administer medicines independently. These were regularly repeated.

#### Preventing and controlling infection

- There were robust processes in place to help prevent the spread of infections including COVID-19. Staff told us they had always had easy access to PPE and had enough to enable them to change it in line with the guidelines.
- People told us staff wore PPE. One commented; "Absolutely, they are masked, have aprons and gloves and they change their gloves."
- Staff had completed infection control training and additional training specific to COVID-19.

#### Learning lessons when things go wrong

- Any untoward incidents or accidents were recorded, and action taken to mitigate the risk of reoccurrence.
- The registered manager gave us examples of when they had identified that things could be done better and the subsequent action they had taken to improve and update their processes.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Referrals were made to the service from hospitals and other agencies when it had been identified people needed support to help them regain their independence and remain living at home.
- Team leaders carried out initial assessments to establish the support people needed and identify goals. These were followed up with weekly reviews to check people's progress and set new goals for the following week.

Staff support: induction, training, skills and experience

- New staff completed an induction which included familiarising themselves with the organisational systems and processes. Mandatory training was provided in line with the Care Certificate.
- New staff completed shadow shifts before starting to work independently. This shadowing period continued until both staff and managers were confident they were ready to work unsupervised.
- Training was regularly refreshed. Face to face training had been limited during the pandemic. At the time of the inspection this was being reintroduced.
- People told us staff were competent and skilled. Comments included; "They are really right on the ball with everything" and "They know what they are doing and encourage me. They know how to help me with my equipment."
- Staff received on-going support from team leaders with regular supervisions and observations of practice.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people were at risk of poor health due to poor nutritional intake. Where necessary staff monitored what people ate and supported them with basic meal preparation.
- Staff checked what people had eaten and made sure there were enough fluids available to them.
- Some people needed equipment to help them regain their independence in the kitchen. Staff identified if they needed additional equipment to help them achieve this, for example perching stools and handrails.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to make sure people had the appropriate support in place.
- Most people achieved their goals within the time allocated. If people still required support after this period, team leaders helped them to arrange support packages.
- A professional told us; "Using STEPS I know the patients will be supported in practising their exercise programmes I or my colleagues set on a regular basis."

### Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Most people using the service had capacity to make their own decisions. They told us staff asked for permission before carrying out any personal care and made sure they were comfortable.
- Care plans had been signed by people to indicate they were in agreement with their plan of care. Records showed staff checked with people before discussing their care with other professionals.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with respect and in line with their own preferences and routines. Comments included; "Yes, I am telling them what I want, rather than them telling me what to do" and "They talk to me, offer advice and give me confidence. A lot of talk lifted my confidence." A professional told us; "They [staff] are also passionate about the reablement ethos which is clear when talking to any of the staff, they clearly want to achieve the best outcome for people."
- Staff were enthusiastic about their roles and demonstrated a caring and empowering approach in their conversations with us. Comments included; "Most people get their independence back, achieve their goals and there is a positive outcome", "It's really rewarding when people achieve independence" and "It's really rewarding, seeing them progress and end up doing everything for themselves."
- If people's diverse needs impacted on their routines or dietary needs this was respected.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the development of their care plans. They worked with staff to identify their goals and what they needed help with.
- People and their relatives told us they were included in decisions about their care. Comments included; "We had a bit of a discussion. I was involved when I was hospital and then things have slipped into place when I came home" and "They have been in touch, the other day the leader was asking if I could manage and they are cutting out my lunch time call. I am alright with this, I managed alright yesterday."

Respecting and promoting people's privacy, dignity and independence

- The focus of the service was to support people to regain their independence within a relatively short period of time. Staff told us this was their primary aim and was what made their jobs so rewarding.
- If people felt uncomfortable receiving personal care from staff of a specific gender this was respected.
- People confirmed staff supported them with their independence. One person told us; "They have made it easier, they are only there for an hour but it's an amazing hour. I have seen a totally massive difference in a few days."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person-centred and included information about people's preferences. Staff had clear information about people's preferred routines and what was important to them.
- It was clear people had choice and control about how their care was planned and delivered.
- There were systems in place to help ensure staff were up to date with any changes in how support was provided. As people gained independence care plans were updated to pinpoint the areas where they still needed support and what they could do for themselves.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information about any sensory aids people needed such as hearing aids.
- People new to the service were given service user information packs which included some easy read information. The pack was available in alternative formats if required.

Improving care quality in response to complaints or concerns

- A complaint policy was in place and information about how to make a complaint was included in the service user guide given to people when they started using the service.
- Following any complaint, a manager worked with the complainant to identify a time scale for dealing with the issue.
- People told us they had not needed to raise a complaint but would know who to discuss any concerns with.

End of life care and support

- The service was set up to help people leaving hospital to regain their independence. End of life care was not routinely provided.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and professionals were positive about the service. Comments included; "Patients are safe, love the input, benefit from and highly regard the service."
- Staff told us they enjoyed their roles and liked seeing people regain their independence.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour. They told us of an occasion when things had gone wrong and how they had kept the family involved informed of the actions taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Roles and responsibilities were well defined and understood. The registered manager was supported by team leaders who oversaw small staff groups.
- Staff told us they would go to their team leader for advice and guidance in the first instance. If this was not possible, they described how they would escalate any queries or concerns.
- The registered manager received monthly organisational reports from the operations manager. They had also attended weekly performance meetings to review staff hours and provision of care packages including travel time.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were regularly asked for feedback of their experience of the service. Team leaders completed weekly reviews and people were asked to complete questionnaires when their support package ended.
- Due to restrictions imposed during the pandemic staff meetings had not been taking place. Team leaders had weekly on-line TEAMS meetings and had maintained telephone supervisions. Small group staff meetings were due to be reintroduced.
- Staff told us they were well supported by their line managers and the organisation. One staff member said; "It was a big career change for me and the company have done nothing but support me and nurture me."

Continuous learning and improving care

- Regular audits were completed by the registered manager. These were used to identify any areas for improvement.
- The registered manager told us they were looking at possibilities for providing mental health training for staff as they had noted a greater number of people needing support to manage anxieties.

#### Working in partnership with others

- The registered manager had developed good working relationships with partners to help achieve positive outcomes for people. For example, they had twice daily meetings with occupational therapists so they could effectively co-ordinate their support.
- External professionals told us communication with the service was effective. One commented; "Overall, the STEPS East team are a pleasure to work alongside, they are professional, approachable and always try to help as much as they can."