

CORMAC Solutions Limited

Liskeard STEPS

Inspection report

Room 69, Luxstowe House
Luxstowe
Liskeard
Cornwall
PL14 3DZ

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04 April 2017

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Ratings

Overall rating for this service

Good ●

Is the service responsive?

Good ●

Summary of findings

Overall summary

We carried out a comprehensive inspection on the 16 and 17 February 2016. A breach of the legal requirements was found. This was because people's reablement plans did not contain sufficient information to guide and direct staff to meet individuals needs. This meant care may not always have been delivered in line with people's wishes or preferences.

After the comprehensive inspection the registered provider wrote to us to say what they would do to meet the legal requirements in relation to the breach. As a result we undertook this focused inspection on the 4 April 2017 to check they had followed their plan and to confirm they now met legal requirements. This inspection was announced in accordance with our methodology for inspecting agencies and to ensure there was someone at the service's offices when we arrived.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Liskeard STEPS on our website at www.cqc.org.uk

Liskeard STEPS (Short term enablement planning service) is a domiciliary care service within Easts Cornwall. The service provides temporary support to people who are returning from hospital or who are in need of extra support, to enable them to continue to remain to live in their own homes. The service provides support to both older people and younger adults. The registered manager told us that 90% of the people who use STEPS return to independence and have no on going support needs. The average time people spent being supported by the service was two to four weeks. On the day of this focused inspection the service was providing personal care for 23 people.

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

Following our last comprehensive inspection the service had held a meeting at provider level to discuss changing the format of the reablement plan template used across all Cornwall STEPS teams. This led to changes being made to the generic risk assessment template and the reorganisation of information to make it easier for staff to find the information they required. People's reablement plans contained person centered information that guided and directed staff to meet people's needs.

The registered provider had followed their action plan and were now meeting the requirements of the regulations. Reablement plans had been put in to a revised format. The generic risk assessment had been replaced by a more person centered assessment. Information in care files had been reorganised to help staff find the information they required more easily. Reablement plans contained guidance and direction for staff on how to meet people's specific needs in accordance with their preferences and wishes.

The service had a complaints policy and procedure which was available to people using the service should they wish to raise any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

Good ●

The service was responsive. Reablement plans held clear information for staff on how to meet people's needs according to their wishes and preferences.

Reablement plans were regularly reviewed and people's progress was monitored through the service.

People were provided with clear information on how to raise any concerns they may have.

Liskeard STEPS

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an announced focused inspection of Liskeard STEPS on 4 April 2017. This inspection was completed to check that improvement had been made to meet legal requirements after our comprehensive inspection on 16 and 17 February 2016. We inspected the service against one of the five questions we ask about services; is the service responsive? This is because the previous concerns were in relation to this question.

The inspection was carried out by one adult social care inspector. Before our inspection we reviewed the information we held about the home. This included the information from the service regarding what steps they would take to meet the legal requirements.

We spoke to the registered manager and two team leaders. We reviewed six people's care plans and reviewed records relating to the running of the service.

Is the service responsive?

Our findings

At our last comprehensive inspection we were concerned that people's reablement plans did not contain sufficient information to guide and direct staff to meet individuals needs. This meant care may not always have been delivered in line with people's wishes or preferences.

Following the last inspection the registered manager had held a meeting, at provider level, to share our findings and discuss possible changes to the reablement plan and risk assessment template which was used across the Cornwall STEPS teams. From this meeting changes were made to the reablement plans used by all the STEPS teams. The generic risk assessment had been replaced by a more person centered risk assessment and information in the reablement plan had been re-organised to make it easier for staff to find the relevant information they required.

At this focused inspection we found people's needs were assessed prior to using the service. This helped ensure the service was suitable for each person. The service provided up to six weeks of intensive support and rehabilitation to predominantly older people, who had either spent time in hospital or had experienced an event at home which had left them with support needs. The registered manager told us that 90% of the people who use STEPS return to independence and have no on going support needs. The average time people spent being supported by the service was two to four weeks.

Reablement plans contained details of the person's care needs along with their wishes and preferences. People's files contained guidance for staff such as, "Does not wish to have a perching stool, prefers to use her own kitchen stool" and "Likes to eat in the dining room."

There was information about each person's past history and the goals they wished to achieve from the support of the STEPS team. Some people had specific needs and there was clear guidance for staff to follow to meet those needs. For example, "Benefits from additional time to process, repetition and re-phrasing. Encourage to talk around the word if gets stuck on a word" and "Good leg up first over threshold then operated leg with walking aid." This meant that staff were able to provide individualised support for people.

Reablement plans were reviewed each week by a team leader who visited each person to assess the progress each person was making towards achieving their goals. Regular audits and monitoring of people's reablement files were carried out to help ensure quality was maintained.

When staff visited each person they recorded their arrival and leaving time on a computerised system, CM2000. This was done by calling a phone number and registering their presence at an address. The service aimed for a target of 100% of all visits to be made within 15 minutes of the agreed time, and aim for a 90% compliance percentage for logging visits via the service users telephone. Regular audits were carried out to help ensure this happened, and the reports showed the service was currently meeting that target. This showed the service was responsive to people's wishes around the time of their visits.

The service had taken action to address the concerns found at the last inspection and were now meeting the

requirements of the regulations.

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

The service told us they had received one complaint in the last year and that this had been responded to and resolved.