

Corserv Care Ltd

STEPS & Corcare 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 and Corcare East is a community-based care provider made up of two distinct areas of provision. The STEPS branch of the service provided short term reablement support to people who were returning from hospital to their own homes, and Corcare provided long-term domiciliary care. The service covered the east of Cornwall. At the time of inspection 50 people were receiving a reablement service from the STEPS team and 39 people were receiving long term domiciliary care from Corcare branch of the service,

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

The primary focus of the STEPS reablement service was to support people to regain their independence. The Corcare branch provided domiciliary care to people with long term needs. There were two distinct teams of staff for each branch of the service. Staff told us, "I love this job, I am so useful. We are a real team working to help each person as an individual" and "It is a fantastic team. We all talk to each other regularly about each person to ensure they are getting the outcome they need."

STEPS staff carried out initial assessments to identify what people wanted to achieve and set goals. The goals were monitored regularly, and new ones set in line with people's progress. The aim was to increase people's independence.

Corcare care plans described people's long term needs and their levels of dependence on the staff for many aspects of daily living. All care plans were reviewed regularly to help ensure they were up to date and relevant.

Risks were identified, assessed and recorded. Environmental risks to visiting staff were also assessed. Care plans contained details of the people's needs and preferences.

People told us they felt safe when being supported by staff and were able to increase their independence in a way that felt comfortable for them. There were systems to help protect people from abuse and to investigate any allegations, incidents or accidents.

There were sufficient staff employed to cover the visits required by people. Staff were provided with adequate travel time to enable them to carry out visits at the time of the person's choosing.

The recruitment process was managed by the provider and all personnel files were held at head office. We received evidence from the provider that appropriate checks were made before people were employed, including references which were checked against the dates provided by new staff regarding their past

employment.

There were robust auditing or monitoring processes in place at the time of this inspection. People were regularly asked for their views and experiences of the service provided.

The service had implemented effective quality assurance systems to monitor the quality and safety of the service provided. Spot checks were carried out to monitor staff performance. Staff were well supported and asked for their views.

People and their relatives spoke positively about staff and told us they were happy with the service they received. We were told staff were friendly, they were treated with kindness and compassion and their privacy and dignity was respected. Comments included, "They are lovely, nice people," "Yes, they support me. They are helping me to be independent" and "They did what I wanted them to do."

People were supported by staff who had been mostly appropriately trained and were skilled in their role. Some staff in the Corcare branch of the service needed to complete some training. The provider was aware of this and there was a plan to address this.

People received support to maintain good health and were supported to maintain a balanced diet where this was part of their care plan.

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.

Staff understood the importance of respecting people's diverse needs and promoting independence. People using both the STEPS and the Corcare branch of the service did not have any capacity issues at the time of this inspection. People were always asked for their consent prior to care being provided.

There were clear lines of responsibility which were known and understood by the staff team. Audits of all aspects of the service 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.

There was a registered manager at the time of this inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 28 April 2022 by a new provider, and this is the first inspection of this location. The last inspection for this service was rated good on 9 June 2021.

Why we inspected

This inspection was prompted by a review of the information we held about this 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.
Details are in our safe findings below

Is the service effective?

Good ●

The service was effective
Details are in our effective findings below

Is the service caring?

Good ●

The service was caring
Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive
Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well led
Details are in our well led findings below

STEPS & Corcare 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and 2 Experts 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 STEPS branch provides reablement support and the Corcare branch provides long term domiciliary support.

Registered Manager

The service had a manager registered with the Care Quality Commission. The registered manager 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 1 working days' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 7 July 2023 and ended on 12 July 2023. We visited the office location on 7 July 2023.

What we did before the inspection

We reviewed information we held about the service and the provider which included any statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. The provider had completed a provider information return prior to this

inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed 4 people's care plans and risk assessments. We reviewed staff training and supervision records. We also reviewed other records relating to the management of the service. We met with two care staff during the office visit. We spoke with the registered manager and two supervisors. We spoke with 12 relatives and 17 people receiving care and support and received email feedback from 13 staff on 11 and 12 July 2023.

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 of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were carried out before staff started working for the service.
- There were sufficient numbers of staff employed to cover the requirements of the rotas and meet people's specific needs.
- People and relatives confirmed there were enough staff available to support them and meet their care needs. People told us staff came at the arranged time and stayed for the agreed length of time. Comments included, "Yes, they arrive on time. Very helpful. Very good. They did all that needed doing," "Yes, they arrive on time. They get everything done" and "Yes, they had enough time to do it all."
- Rotas were produced by the service in advance to help ensure people had the assessed support when they needed it. Any short notice sickness absence or gaps in the rotas were covered by other members of the team.
- Staff were given time in-between calls to allow for travelling from one call to the next.
- People were positive about the time they received their visits. Comments included, "Morning visits are absolutely fantastic, but the evening calls are not so good as it's at the end of their day," "They are on time," "Never late" and "Yes, they are normally on time."

Assessing risk, safety monitoring and management

- Environmental risk assessments were undertaken of people's homes before staff started supporting the person.
- Risks associated with people's care needs were identified, assessed and recorded. This provided staff with some of the information needed to support people safely.
- Staff were experienced and had a good knowledge of the people they supported. They were aware of risks associated with people's care, how to monitor them and what action to take to reduce risks.
- Team leaders reviewed people's progress regularly. This included a review of risk assessments to ensure they remained relevant to people's individual needs.
- The STEPS service worked closely with physiotherapists and occupational therapists to help people regain their independence safely.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding processes in place and the service had made appropriate referrals to the local authority where required.
- People told us they felt safe with the staff that supported them. Comments included "Yes, definitely feel

safe because they are just so kind" and "Yes, I feel safe. Staff are very caring, thoughtful and helpful."

- Staff knew how to recognise abuse and protect people from it. Staff had received training in how to keep people safe.

Using medicines safely

- Most people did not need support with their medicines. If they did Medicine Administration Records (MAR) were completed and regularly checked by the management team for any errors.
- Staff received training on the administration and management of medicines. Senior staff supported care staff with recording and administering any new medicines that people may be commenced upon.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination including COVID-19. People told us staff regularly wore personal protective equipment (PPE) appropriately when they delivered care to them.
- The service had an ample supply of PPE. Staff had received training in the safe use of PPE.
- Staff had received training in infection control.

Learning lessons when things go wrong

- There were policies and procedures in place to ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.
- The registered manager gave us an example of when they had identified that things could be done better and the subsequent actions they had taken to improve things. For example, the managers had identified some stress and challenges in the way the community supervisors worked. The supervisors advised management that felt under pressure to complete all the different aspects of their role each day. They now had dedicated time once a month where they only worked in the office, taking referrals, supporting people and staff on the phone. The rest of the month the supervisors were out in the community reviewing care plans and supporting staff. This had reduced their stress levels and had improved their well-being. One supervisor told us, "The splitting of the role is very helpful, I can plan my work better now."

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 STEPS branch of the service from hospitals and adult social care professionals when it had been identified people needed support to help them regain their independence and remain living at home. The Corcare branch of the service had taken over an existing domiciliary care service which was closing. All staff and people using the service were transferred to Corcare to enable people's support to continue.
- People's needs were assessed before the service began by a team leader, to establish people's needs and wishes and to identify goals. Regular reviews took place during the time the person received the support of STEPS and Corcare East to check on progress and to respond to any changes.
- The assessment also considered people's protected characteristics as part of the Equalities Act 2010, including any disabilities.

Staff support: induction, training, skills and experience

- New staff received an induction which included training and a period of working alongside a more experienced staff member before they started working on their own. One staff member told us, "E-learning training is often backed up by an in-person course such as for Moving and Handling and First aid, then I shadowed experienced staff for a couple of months before I went off on my own."
- Staff completed training in a range of different subjects to ensure they had the right skills, knowledge and experience to deliver effective care. The Corcare staff required some training updates, but this was recognised by the provider and plans to address this were in place. Staff told us, "We do a lot of e-learning," "We are asked to review a policy each month" and "We get paid for doing our training, its good."
- People were confident staff had the skills necessary to meet their needs. They told us, "Yes, they have the skills, I have no complaints" and "From what I have seen, the staff have the skills needed."
- Staff received regular one to one support from their team leaders and managers. Supervision was held alternately out in the community then back at the office, so that observations and competencies could be completed. Staff told us, "I have regular formal supervision, but also have good ongoing support on the phone. We visit late at night, up to 8pm, and early mornings can be dark, but we have a device which can summon emergency help if needed. I have never felt at risk" and "We have regular supervision. About once a month, sometimes at the office, sometimes online on TEAMS" and "We get good support, there is always someone on the end of the phone."

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

- If required staff supported people with meal preparation. One person told us, "Yes, they do support me

with meals and drinks. I am doing some things myself."

- Staff checked what people had eaten at each visit to make sure they had sufficient intake.
- Some people needed equipment to help them regain their independence. For example, with meal preparation or cream application. Any equipment assessed as required was provided.

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

- The service worked with a range of agencies in the care and support of people, such as community nurses, therapists and GP's.
- Most people supported by the STEPS team achieved their goals within the time allocated. If people still required support after this period, team leaders helped them to arrange on-going support packages with other agencies. People who were supported by the Corcare branch of the service tended to have long term care and support needs. Where their needs increased additional support was arranged and provided.
- The service had facilitated timely access to specific small items of equipment by purchasing and storing such items within the service, such as long handled sponges and 'helping hands.' This helped ensure people had quick access to such items to support their independence.

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 MCA 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.

- People were involved in decisions about their care and staff supported them to have maximum control of their lives. We were told all the people who were being supported at the time of this inspection had capacity to make their own decisions therefore no assessments had been indicated as necessary.
- Staff told us they always sought the persons consent before providing any support. People and their relatives confirmed this
- Staff had received training in the MCA.

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.

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

- People were supported to express their views and be actively involved in making decisions about their goals and what they needed help with.
- Senior staff spoke with people during spot checks of staffs' practice, to ensure people's experiences were heard.
- People were happy with the service they received. They told us, "They are lovely, nice people," "Yes, they support me. They are helping me to be independent" and "They did what I wanted them to do."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. People told us, "The staff are kind and caring towards my husband," "Yes, they are very caring," "They are kind and caring, I am very pleased with all my carers" and "They are very nice people".
- If people's diverse needs impacted on their routines or dietary needs, this was respected.
- The focus of the STEPS 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.
- People told us that staff promoted their independence and respected their right to make choices for themselves.

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

- People and their relatives told us they were treated with respect and in line with their own preferences and routines. Comments included, "The staff deal with his personal care and they are respectful" and "They are very respectful."
- Staff were enthusiastic about their roles. People told us the staff demonstrated a caring and supportive approach. Comments included, "I agreed to what is provided. The staff are caring and listen to me. Very respectful" and "They wait for me to decide how, or if, I go about things. They ask how I am feeling."

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

- Staff had electronic access to personalised care plans which identified people's support needs and provided staff with clear guidance on people's needs, wishes and routines. Paper versions were held in people's homes.
- People told us they had choice about how their support was provided.
- Most people confirmed they knew about their own care plans. People told us they were very happy with the care they received which met their individual needs. Comments included, "I would recommend them, but all agencies are short of staff, so the niggles are to be expected," "They care for you, and they do what you ask them to do and are very helpful," "They are all very friendly and caring and nothing is too much" and "They are just efficient and good".
- People's needs were regularly reviewed, and care plans were updated to reflect changes in their abilities and level of independence.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included any communication needs and how best to achieve effective communication. For example, if they wore hearing aids or glasses. We were told if anyone needed information in an accessible format this could be provided. No one, who was receiving support from the service at this time, required this sort of assistance.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to complain if they needed to. Information on how to make a complaint was included in the service user booklet that was given to people and their relatives. Comments included, "Yes, I know how to complain," "I would ring the switchboard" and "I did, and they addressed it."
- Complaints and concerns were investigated by the registered manager and used as an opportunity to learn and improve.

End of life care and support

- The STEPS service did not provide end of life care as this service was set up to enable and rehabilitate

people through short term intervention. The Corcare branch of the service provided this care when required.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were robust quality assurance and governance systems in place to monitor the quality and the safety of the service.
- There were regular audits and monitoring in place to help ensure the service was constantly improving.
- Staff roles and responsibilities were clear and understood. Audits were conducted on care plans, risk assessments, visit notes, staff professional development plans, supervision and training information.
- The community supervisors and team leaders supported the registered manager.
- The service had a clear staffing structure. Staff understood their roles and responsibilities and knew who to speak with if they had any concerns. Staff told us they could easily access support when it was needed.
- The provider understood their legal responsibilities and had submitted statutory notifications to the Care Quality Commission as required by law.

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 the duty of candour requirements and ensured information was shared with the relevant people when any concerns were identified.

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

- People and relatives were complimentary about the service they received. A relative told us, "I would recommend this agency as they give me peace of mind and it means I can go on holiday and not worry about my mother."
- The culture of the service was open and transparent.
- The registered manager, and all the staff were passionate about their work and very committed to providing the best service possible to people.

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

- People had been asked for their views on the service. Comments from people included, "They are excellent", "The people in the office are more than obliging" and "The manager is really nice and really proactive. There is good communication. They helped us organising the handrails".

- Staff were very happy working for the service, and told us, "I love this job, I am so useful. We are a real team working to help each person as an individual" and "It is a fantastic team. We all talk to each other regularly about each person to ensure they are getting the outcome they need."
- Regular audits and monitoring processes were in place to check on the standard of support provided by staff. These were used to identify any areas of improvement.

Working in partnership with others

- The service had established good working relationships with other agencies to ensure good outcomes for people.
- If people required on going support following a period of reablement from the STEPS branch of the service, they were passed on for a long term domiciliary package of care. We were told, "At one time it was difficult to find a package of care for some people to move on to. We got a bit held up. But recently things have become easier and so we have a flow through now."