

# Doncaster Metropolitan Borough Council

# STEPS and Night Visiting

# Team

## Inspection report

Mary Wollett Centre  
Danum Road  
Doncaster  
South Yorkshire  
DN4 5HF

Tel: 01302734824

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

# Summary of findings

## Overall summary

This was an announced inspection carried out on 6 September 2017. Our last inspection of the STEPS (Short Term Enablement Programme) team took place on 20, 21 and 23 July 2015. At that time the service was rated Good, including an Outstanding rating in the domain of Responsive.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'STEPS Team' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Since the last inspection the service has had a name change, to the STEPS and Night Visiting Team. At this inspection we found the service had sustained this quality of service and remained Good, with an Outstanding rating in Responsive.

There was a registered manager who managed the service on a day to day basis. 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.

STEPS and the Night Visiting Team is located in Doncaster and provides care and support for up to six weeks, to people living in their own homes. The service aims to help people regain confidence and independence with daily living tasks such as, personal care, medication management and meal preparation. At the time of this inspection there were 190 people using the service.

The service ensured that people received effective care that met their needs and wishes. People experienced very positive outcomes as a result of the service they received and gave us outstandingly positive feedback about their care and support.

The length of time people had received support from the service varied from five days to six weeks and the care received varied from one visit a day to four visits a day. However, the level of satisfaction people expressed with the service did not vary, with everybody happy with the care and support they received from the staff. People told us they felt safe and that staff enabled them to become independent again. For instance, one person who used the service told us, "I'm very happy. I don't know what I would do without them." Everybody found it easy to say something positive about the service and another person commented, "They gave me my confidence back. They are so, so good." Nobody we spoke with had any negative comments to make.

We also saw very high volumes of positive feedback people had given directly to the service, either in the form of thank you letters and cards, or in the questionnaires they had completed once the programme of re-enablement was completed.

The service managed risks to people well, acting on the information gained at people's assessment to ensure they were safe when they returned home. All staff were trained to undertake risk assessments which meant there was no delay in identifying equipment to help rehabilitate people who used the service.

The service actively involved people in their assessment which enabled them to make choices about the support they needed to help them back to independence. People were involved in updating their support plans regularly and they were written in a format that was suitable for people to understand.

A continual review of people's support meant that the service could change the length of the visits to enable people to reach their full level of independence. The service worked in partnership with other organisations, such as healthcare services, to make sure people received the care and support they needed. Staff were also able to signpost people to other agencies, if they felt a person needed ongoing support.

The service was very responsive to people's changing needs, adjusting visit times at very short notice for those people who required less or more time for each visit. Staff were able to build in 'quality time' into their working rota. This meant they could spend additional time with people who may have been socially isolated. The feedback we received from people regarding this was very positive.

Staff knew how to recognise and respond to abuse. Staff told us they felt supported, they could raise any concerns with the registered manager and felt that they were listened to.

People were supported to take their medication safely. The service ensured that priority was given to calls for people who had support with their medication.

Staff were recruited safely and trained to a particularly good standard. They received service specific training which enabled them to rehabilitate people back to their own level of independence. The agency enabled staff to undertake nationally recognised training to help them progress in their work. Staff were actively encouraged to progress into more senior roles within the organisation.

Staff were supported in their roles and attended regular team meetings and staff events. Formal supervision and quality monitoring of their work performance meant staff worked to the values and expectations of the service.

Equality, diversity and human rights were at the forefront of how support was provided. The registered manager and all members of the team were committed to a strong person centred culture. Kindness, respect, compassion and dignity were key principles on which the service was built and these values were reflected in the day-to-day practice of staff.

People told us that staff were very professional and always respected their dignity when undertaking personal care tasks. Staff we spoke with were highly motivated to provide a good, personalised service to people they supported.

Staff demonstrated an in-depth awareness of the principles of the Mental Capacity Act 2005 and put people who used the service at the centre of everything they wanted to achieve.

People were actively encouraged to give their views and raise concerns or complaints. There was a clear, unambiguous complaints policy and procedure that was accessible to everyone. People who had raised concerns told us that they were dealt with swiftly and fairly.

There were effective processes in place to monitor quality and understand the experiences of people who used the service. Where improvements were needed, these were addressed. People's views were continuously sought, both while they are receiving support and again when they exited the programme. This helped to shape the service for the future.

There was strong emphasis on continual improvement and best practice, which benefited people who used the service and staff. The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service. Feedback from people, whether positive or negative, and was used as an opportunity for improvement.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service remains Outstanding.

### Is the service well-led?

Good ●

The service remains Good.

# STEPS and Night Visiting Team

## **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 6 September 2017 and was announced. The registered provider was given notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of an adult social care 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. The expert by experience conducted telephone interviews with people who used the service and people's close relatives.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We had also received a provider information return (PIR) from the registered provider which helped us to prepare for the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke on the telephone with twelve people who used the service and six relatives. This enabled us to gain their views on how the service was delivered and planned. At the office we spoke with the registered manager, a support team manager, two case managers, an administrator and two support staff.

We reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for three people, and other records relating to the management of the service. This included three staff training, support and employment records, quality assurance audits, and minutes

of meetings with staff. We looked at the findings from questionnaires and incident reports.

# Is the service safe?

## Our findings

Everybody we spoke with said that they felt safe with the staff from the STEPS and Night visiting team in their homes. For instance, one person who used the service said, "I do feel safe." We spoke with staff about their understanding of protecting vulnerable adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. We saw staff had received training in this subject.

Staff were trained to undertake risk assessments of the environment in each person's home, taking into account the person's wishes. Risk assessments were centred around the needs of the person. Staff consulted with each person about any risks. This included people who used moving and handling equipment to move safely around their home. The risk assessments were reviewed regularly and the necessary adjustments made, where required. As the role of the staff was re-enabling people so they could be as independent as possible staff had a particularly good understanding of the importance of balancing safety while supporting people to make choices, so that they had control of their lives.

Everybody we spoke with felt that there were enough staff to provide the care that people needed. For instance, one person who used the service said, "There are enough people to look after me." People also confirmed that support staff usually had the time to chat and check on the care people needed. One person said, "They [staff] have the time to chat when they have finished the job." Another person said, "They do [have the time to chat]. Really nice people."

We found there was enough skilled and competent staff to safely support people who used the service. Teams were divided into geographical areas, each with a support team manager. They had responsibility to make sure staff were deployed to meet people's needs. Staff scanned a tag on the care plan with their mobile telephone to confirm they had attended each call. They scanned the tag again to confirm the time the call was completed. Team managers checked the system to confirm that all scheduled calls had been made.

People reported that they had a team of regular support staff, except for the people who had only been with the service for a very short time. One person's relative said, "On the whole, I see the same faces." Another person said, "Most of the time they're the same ones. Lovely girls." People told us that the timing of their visits had been discussed and were to their satisfaction. For instance, one person said, "I told them [the service] I was not an early riser. They [staff] come at the right time for me." Most people were happy that generally, staff arrived when they were expected, or within a reasonable timeframe. One person who used the service said, "They [staff] are fairly good at the times." Another person commented, "They have never let me down." A small number did report that on occasion, there were delays. Comments included, "They've always come, even if it's a bit late sometimes" and "They can be late, if there's been an accident or something." One person's relative said, "They have arrived late a couple of times, but we understand."

We saw that staff managed supporting people to take their medication consistently and safely. Everybody who said they were given medicines was happy that they received them in a timely manner. All support staff



received medicines management training and the staff we spoke with were aware of their responsibilities in relation to supporting people with their medicines.

The daily records and care plans we saw included the management of medicines and were accurately completed. The care plan had sufficient detail to make sure people received the support they needed. They reflected the degree of support each person needed, and it was clearly recorded if the person could manage their medicines themselves. It was the role of staff to support people to be as independent as possible and what people told us confirmed this. For instance, one person said, "They [staff] will give me tablets, but they prefer me to take them myself."

We found that the recruitment checks of staff were robust and thorough. We looked at the recruitment records for three staff who had recently commenced employment. Prior to being offered a post people were required to provide references, proof of identity, complete a health declaration form, provide details of all their previous employment and complete a Disclosure and Barring Service (DBS) check. DBS checks provide information about any criminal convictions an applicant may have. This helped to make sure staff employed were of good character and had been assessed as suitable to work in the service.

## Is the service effective?

### Our findings

Everybody we spoke with felt that the support staff had sufficient training and knowledge to provide the care and support they needed. For instance, one relative said, "Absolutely they are well trained." Another person told us, "I wish there were more people like them. They are very good and what they do." Another person commented, "They know what they are doing and they know me well." And another person said, "They [the staff] are very professional." One relative responded, "The standard is good." While another person's relative said, "They seem to know what [my family member] likes and doesn't like." One person's relative who completed a CQC questionnaire included the comment, "My spouse has dementia and the help they received was excellent." This indicated that people received effective care from skilled, knowledgeable staff.

All staff completed a comprehensive induction which included the principles of care, along with service specific training such as dementia care, equality and diversity, expectations of the service and how to deal with accidents and emergencies. New staff worked alongside more experienced staff until they were confident and competent in their role.

All staff including the managers in the team were trained to a high standard. Managers and support staff had obtained nationally recognised qualifications to levels three, four and five. All support staff completed a validated course on rehabilitation and re-enablement. Staff who had completed the course told us it was very helpful and key to them having an in-depth understanding of people's healthcare needs and the best approach to people's re enablement.

The service had a particularly good record of staff retention and most of the staff we spoke with told us that they had worked for Doncaster council for a number of years. All were passionate about their work and told us they enjoyed supporting people to regain their independence. They told us they worked in small teams and managers were accessible and available whenever needed and were very supportive.

We saw records of staff supervision and appraisal, along with observations of support staff's work practice that were undertaken by the support team managers, in the homes of people who used the service. We found these records of formal staff support were very detailed and confirmed staff were working to a good standard.

People told us staff quickly got to know their preferences. One person who used the service said, "They [staff] know me and they know how to speak to me." Another person said, "They get to know you quite quickly." Everybody felt that the care they received was good or excellent. They said the staff were flexible in their tasks and responsive to their daily needs. One person who used the service said, "I think the care is top notch." Another person simply said, "Marvellous." One relative said, "The care staff are very, very good." While another relative said, "Yes, they do their jobs well."

When a request for support was received, staff responded swiftly, to make sure the person's safety and wellbeing was not compromised. They told us that they also tried to match the support worker with the person they would be supporting, which helped to build relationships quickly. Relatives that we spoke with

said they were pleased with the progress of their family members. They consistently said that the six week re-enablement programme had improved things, such as their relatives' confidence and ability to mobilise safely again.

People we spoke with all said that they had received an assessment very quickly. In some cases this was as soon as they arrived home from hospital, or very soon after, or shortly after the support workers began to support them. Several people said that they had received their assessment on the day they had returned home. People and their relatives were involved in their assessment and if appropriate asked what equipment they would find useful. The service held a central store of small equipment such as walking frames, toilet and bathing aids and equipment to move people safely in bed. This meant they could 'fast track' equipment which would normally take a number of weeks if referred by an occupational therapist.

People we spoke with said they were very happy with the support they had received and they understood that the programme was usually limited to the six weeks period. The case manager we spoke with told us they asked people to complete an exit questionnaire at the end of each care package to obtain people's views of the service. A relative also told us, "They [managers] came and did a review of the situation and how I felt about it ending." The questions included what had worked for people and how the service could be improved. This showed that the team were continually looking at ways to improve the service.

Case managers we spoke with told us that the assessment of each individual usually took two hours to complete and people were encouraged to be part of the process. They told us they asked people's preferences about the times they would like their visit. This often included information about when they liked to get up and go to bed. Times of visits were then scheduled as near as possible to those times. Where the service was unable to meet a preference at the start of service a record was made of this and as soon as the preferred time became available the person would be allocated their preferred choice of time.

The service was able to respond quickly to the changing needs of people. For example, Where people had hospital appointments the service amended the time of the visit to make sure their support was provided prior to people leaving home for their appointment. The service responded to emergencies, and if a person had an accident [falls or illness] the service would identify and send a support worker to assist at very short notice.

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 we spoke with had a good working knowledge of the Act, in protecting people and the importance of involving people in making decisions. They had received training in the principles of the MCA.

Consent to care and treatment was always sought, in line with the law and guidance. People told us that the support staff took the time to explain the care and ask for consent. For example, one person said, "Yes, they [staff] explain things and ask if they can do it." And another person said, "They explain things and ask if it's OK." Staff we spoke with described in detail how they supported people using the service and gave examples of how they respected people's wishes. They said they always asked for people's permission before undertaking any personal care. Staff told us most people who used the service had capacity to say how they wanted their care delivered and where people had limited capacity close relatives were involved to inform decisions needed.

We looked at people's care and support plans, which were kept electronically, along with some paper records. We found the assessments and care plans were detailed to make sure staff were able to deliver the support to people within a few hours. Staff used mobile electronic devices, which held comprehensive data about the individuals that they supported. This included health and medical needs, support plans, next of kin and details of the person's GP. This meant staff had instant access to information enable them to support people appropriately. The registered provider had clear procedures that governed the devices use. This included a policy on maintaining confidential information in line with the Data Protection Act 1998.

People were supported to maintain good health and have access to healthcare. People told us that they had been part of their initial assessment and had agreed to share the information with the appropriate people, such as healthcare professionals. People told us that when staff were supporting them with personal care they would always ask for their consent before commencing the support.

People told us the staff helped with microwave meals and would help people make sandwiches and simple breakfasts, like tea and toast The registered manager told us staff would also help people to source other services, such as meals, locally. Staff were also able to sign-post people to obtain ongoing care packages and to support any medical intervention people may require, such as district nursing services or ongoing hospital appointments. Staff worked very closely with other support agencies such as occupational therapists and social workers to make sure people received the best care possible.

## Is the service caring?

### Our findings

People we spoke with said very positive things about the caring nature of the service. For instance, one person who used the service said, "I would recommend [the staff] to anybody, they are lovely girls." And another person said, "I'm very happy. I don't know what I would do without them." Other comments about the staff included, "They are very kind and caring.", "They are kind and they are lovely." And "They are kind and caring, very caring." People's relatives also felt their family member received a very good service from caring staff and one person's relative said, "I think it is an excellent service." While another relative said, "They are very kind and caring people with lots of patience."

Staff developed positive, caring relationships with people. Everyone we spoke with felt that the attitude of the support staff was either good or excellent. For instance, one relative said, "They are kindness itself. They have empathy and laugh with us. They are friendly and they are discreet."

We asked people to tell us one good thing about the service and we received very positive responses from everyone we asked. For instance, one person who used the service responded, "Everything. They [the staff] are so nice and friendly. Another person told us, "They [the staff] are friendly. They talk and discuss with you and they ask if things are alright. They stay with you if you feel ill." Another person commented, "They [the staff] help me. They are always polite and cheerful." People's relatives also responded positively to the question. For instance, one relative responded, "Just them [the staff] being there really." Another person's relative told us, "They [the staff] all do good jobs. [My family member] enjoys the service."

A lot of people told us that staff had helped to restore their confidence. For instance, one person said, "They [the staff] gave me my confidence back. They are so, so good and very jolly." Everybody felt that they were supported to do as much for themselves as they wanted to and were able to. One relative said, "Yes, they encourage [my family member] to do what they can." Another person's relative said, "They got [my family member] back on their feet."

When we asked people if anything could be improved. Nobody had any criticisms of the service. For instance, one person who used the service responded, "Nothing." Another person said, "The service is so good. The best I've ever had." Another person replied, "Nothing. Not with my two [support staff]." People's relatives also felt nothing needed to be changed."

Everybody we spoke with who received personal care said that their privacy and dignity were respected and promoted. For instance, one person who used the service said, "Definitely, absolutely, they [the staff] respect me and my dignity." Another person said, "They [the staff] do and they close the window blinds." While a third person commented, "They [the staff] are respectful and treat me properly." People's relatives agreed. For instance, one relative said, "They [the staff] do make sure [my family member's] dignity and privacy are protected. They're good at things like that."

People were involved in developing their care and support plans and records were written in a way people could understand. The plans described how people wanted to receive their care and support and included

the people who were important to them and things they liked to do. People felt involved in decisions about their care and treatment. Everybody had a folder in the house that contained their care plan and other information and was updated by the support staff on every visit. One person said, "It's on the table, they write in it every time they visit." They told us they discussed their care plans with staff as well as chatting about things in general. People told us that staff listened to their opinions. For instance, one person who used the service said, "They listen if I want to tell them something."

When people who used the service wanted those who were important to them to be involved in decisions about their care this was respected. Some people's relatives confirmed that they were involved. For instance, one person's relative said, "I do discuss the care [my family member] gets."

We looked at how people were supported at the end of their life. Feedback we received was particularly positive in this area. For instance, one person's relative who completed a CQC questionnaire had taken the time to include the comment, "The care staff were without exception, professional and caring." Another person's relative wrote, "[My family member] only received support from the STEPs team for a short period of time before their death, but throughout that time I cannot fault the care [my family member] received. All the staff who attended [my family member], who I came into contact with, treated [my family member] with great care and empathy and related to them in a friendly, clearly caring and relaxed manner. [My family member] was a very private individual who did not like people coming into their house and yet, clearly looked forward to their visits and seemed very happy with what [the staff] did and for the way in which [the staff] communicated with them. Everything was done in an efficient but friendly manner, which clearly demonstrated their commitment to the job and their empathy with the patient. This was also extended to my aunt and I, who were often present when [the staff] visited. I was also impressed with the providers of the service who were easy to contact, very approachable and always responded quickly, efficiently and effectively to the questions and concerns I raised. I cannot fault the service or the staff for what they did for [my family member]."

People we spoke with told us that they felt involved in the support package they received. The case managers held a review of people's progress after two weeks and again after four weeks. This enabled staff to make adjustments to their support needed by people if needed.

# Is the service responsive?

## Our findings

o□ People told us they received particularly personalised care from the service. People said this was because their care and support was planned proactively in partnership with them. It was clear that when people's care was being planned at the start of the service the case manager spent a lot of time with them finding out about their preferences, the support needed and how they wanted their care to be delivered. People and the relatives we spoke with said they had been involved in the care and support plan from the beginning of the process and felt that they had been involved in reviewing it. For instance, people's comments included, "We talk about my care," "They [staff] have the time to chat about my care" and "They [staff] have the time to sit and talk to you."

Managers triaged, assessed and delivered support within 48 hours of receiving a referral. Senior staff told us response times had improved since the introduction of a pre triage process, which allowed the case manager to concentrate on the assessment process. So the service often responded within 24 hours. The management team had improved the profile pages, so that staff had clearer information about people as well as undertaking further work with staff to improve outcome focused planning.

People's assessments and care and support plans were very person centred and reviewed as people's support needs changed. The support staff continually reviewed people's progress at each visit and discussed their care needs with them, throughout the six weeks that they worked with people. We received a lot of comments about how helpful it was that staff took time to talk with people. People also told us they knew what was written about them in their care notes by staff and staff always discussed how they could support them better. As staff got to know the people they were supporting they became more aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service.

People's plans were reviewed more formally after two weeks and again after four weeks. Some people decided they did not need the support for the full-term of the programme and support workers were able to arrange for the package to stop. Some people required a little longer to reach their level of independence and support workers could also negotiate extending the period of support.

The service continued to provide additional time to people. This was referred to as 'quality time' and included examples such as time spent socialising with a person who was at risk of being socially isolated, supporting people and their family members to learn certain skills and helping people to visit relatives who were in hospital. As the aim of the service was to provide an enabling environment, where people were supported to be as independent as possible the increased staffing levels promoted this. One person wrote in their exit questionnaire, "Your service has been excellent. The help and kindness from your staff was very helpful to me and got my confidence back." Another person wrote a letter to say thank you to the 'lovely ladies' of the STEPS team and added, "I had not heard of the STEPS at all, but what a wonderful idea it is."

The service continued to have access to aids equipment which meant they could commence programmes of re-enablement without any delay. Staff told us they helped people to consider how aids and equipment

could assist with their independence, talking with the person about how different pieces of equipment would help them manage better. One person wrote in their exit questionnaire, "The carers from STEPS were very good with me. They worked very hard with me and within a couple of days got me walking with the Zimmer [walking aid]. They also got me being able to wash myself with a little help. I would like you to personally thank [four named staff members] of the day team as they were the ones who got me going."

Staff had received additional training in assessing people's capacity and best interest decision making. This had included shadowing more experienced staff.

The team continued to work in partnership with other health agencies and there was lots of evidence that this had prevented many people's early admission to residential care. They worked with the multi-disciplinary team in emergency situations, delivering the specific care and support people needed, resulting in people being able to remain in their own homes. Staff also remained in regular contact with the local 'Well Being Officers' whose role was to help people engage with community resources. Whilst people were using the STEPS and Night visiting service they had access to a social worker, occupational therapy, a GP and community nurse, as well as mental health services, including the 'Admiral Nurse', who provided specialist one-to-one dementia support for families. The service also continued to work closely with the 'Dementia group', a local charity for people living with Dementia and their carers.

The team continued to work with specific specialist services developing staff's understanding of supporting people who required specialist care and support. This included specific training from a speech and language specialist and occupational therapists to help staff understand people who had suffered strokes. The specialist training staff received enabled them to support people back to their homes more quickly, which prevented longer stays in hospital, which would normally be the case. Especially if they were waiting for treatment and equipment to be placed in their homes. Staff continued to use innovative ways to enable people to retain their independence. For example, supporting people to learn how to use internet shopping when they found it difficult to get to the shops.

The service continued to respond very quickly when emergencies took place to ensure staff had the time to stay at the person's home until relatives or emergency services arrived. The service operated a scheduling and monitoring system. This enabled them to monitor minute by minute the visits that were planned and that had taken place. The duty manager monitored these visits seven days a week to ensure visits had been undertaken as planned. Where timescales for visits had slipped the manager would make an immediate check to rectify the situation.

The service rarely delivered end of life care. However, when they had done so, they aimed to ensure that the wishes preferences and aspirations of people using the service were fulfilled and it was evident that they were successful in this. We were told of instances where service involved all relevant professionals and services, so people could die with dignity in their own home, with people they knew around them.

We asked people and their relatives if they were happy with the service and people told us they were. For instance, one person who used the service said, "I am happy with the care. It's very good." Another person said, "I would recommend them [the staff] to anybody. They are lovely." Another person commented, "I'm very happy. I don't know what I would do without them." People's relatives also gave very positive feedback about the service. For instance, one relative said, "It is an excellent service."

The service continued to promote equality and human rights in how people from different backgrounds were supported. For example, people who identified as lesbian, gay, bisexual or transgender (LGBT) and people from minority ethnic backgrounds. The inclusive and supportive approach of the registered provider



(Doncaster Council) and the STEPS service was evident throughout people's support planning. Therefore, key information about people's lives, their individual identity, culture and what was important to them was captured to good effect. Equality and diversity training had been delivered to staff and the staff we spoke with were very aware of the importance of promoting equality and diversity and respecting people's human rights. They came across as very committed to treating people with respect and valuing each person.

We saw that the service received many more compliments than complaints. The numbers of cards and letters of thanks that the service received were almost overwhelming and too numerous to do justice to in this report. The common themes were the caring nature of the support staff and the difference that they had made in people's lives, enabling people to regain their confidence and independence in difficult circumstances. One person had gone to the trouble of writing a poem praising the staff on how well they had supported them to regain their independence after a fracture resulting from a fall. The poem concluded, 'Nothings been any trouble, you gave it your all. If ever you come by my way, do please call.'

Everybody felt that the support staff were friendly and approachable and that they could talk to them about things that concerned them. We looked at how the service handled and learned from people's concerns and complaints. Most people said they had not needed to complain, but would know how to, if needed. There was guidance about how to raise a concern or make a complaint in the pack that was given to people when they first began using the service. People said the staff talked them through the process when giving them the pack.

No one had any complaints about the care and support provided to them by the service. One person's relative said, "No complaints. Never wanted to make one." Another relative also told us, "I have no complaints whatsoever."

When people had raised concerns these had been responded to quickly and effectively. One person we spoke with told us that they had made a formal complaint, and felt that it had been handled properly. They said, "I did complain once about one of the support staff. It was sorted out and they didn't make me feel bad about it." One person's relative also said, "I did complain, but not officially, and it did improve the time fluctuations."

There was complaints' policy and procedure; this was explained to everyone who received a service. It was written in plain English. The service had received three formal complaints in the last 12 months, and we saw evidence to confirm the actions taken to resolve the complaints. Minor issues were dealt with by the appropriate staff straight away. Staff within the teams met regularly to learn from any concerns raised to ensure they delivered a good quality service.

The registered manager gave us an example of learning from the comments from people who used the service. There was a 'booklet which gave detailed information about what the person could expect from the service and how to access ongoing agencies if required. The booklet had been improved since the last inspection in response to people's feedback. Providing clearer information to people about the short term nature of the service.

## Is the service well-led?

### Our findings

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

Everybody we spoke with felt that the service was well-managed and had a good opinion of the registered manager, including those who had limited contact due to their time with the service. For instance, one person who used the service said, "I think it's a well-run service." Most people reported that they had received calls or visits to check up on the care that they received. For instance, one person who used the service said, "I have had two visits from the manager. She is alright. Very nice." One relative told us, "The carer came, but we did not hear her, so she left. The manager phoned up to see if we were alright." Another relative said, "The manager is always at the end of the phone if she is needed."

We asked people and their relatives to tell us one good thing about the service. One person who used the service said, "Everything. They [staff] are so nice and friendly." Another person said, "They gave me my confidence back. They are so, so good. Very jolly." One person also commented, "They [staff] are friendly. They talk and discuss with you and they ask if things are alright. They stop with you if you feel ill." One relative said, "Just them being there really." Another relative said, "They all do good jobs. [My family member] enjoys the service." One relative also commented, "It is great to have some help."

We asked people and their relatives to tell us what could be improved. One person who used the service said, "Nothing. Another person said, "Nothing. Not with my two [staff members]. While a third person said, "So good. The best [service] I've ever had." People's relatives couldn't think of anything they would change.

As at the previous inspection, people consistently told us they could get in touch with the office and that staff were easy to get on with. People could recall their reviews and told us these were face to face meetings. Everyone who had received visits from members of the management team felt that it was a positive experience. For instance, one relative said, "I have seen [[the manager] she is nice and easy to talk to and she listens to you." Everybody was happy with the service and felt that there was a good culture. One relative said, "It's a nice organisation."

There continued to be a positive culture, which centred on the needs of people who used the service. People we spoke with told us how valuable the service was. One person's relative wrote a letter of thanks to Doncaster Council, 'Thank you for providing the STEPS carer service. This is a real lifeline of care and support. Your caring staff have all been excellent providing [family member] with the help and care she needs. Also for myself, knowing I am not alone, there is care and assistance to help with [family member's] care to help me to cope with everyday life. [Family member] is a wonderful eighty five year old, who in their life has always cared for others. Thank you for helping to care for them now. "

Doncaster Metropolitan Borough Council had a clear set of principles and values. These included choice,

involvement, dignity, respect, equality and independence for people. We spoke with support staff during our inspection and they answered our queries in an open and helpful manner. They said the values of the council and of the service were clear and they demonstrated an excellent understanding of these values. They were able to give examples in their practise.

The staff we spoke with told us they felt valued and motivated and they got a sense of worth by seeing the people they supported achieve their goals. The service continued to encourage staff to expand their knowledge and skills at all levels. The registered manager told us about an initiative to develop their staff. This involved recruiting a 'talent pool' which involved training existing staff to act up into the role of case managers and support team managers. Staff also had opportunities to shadow other staff to understand other aspects of work in the organisation.

Staff told us that they felt part of a team which encouraged involvement in developing an excellent service. Communication events were held with all staff to look at what developments had occurred since the last event. Time had been assigned to staff to work together to identify what could be improved. In addition to the staff events, team meetings took place weekly to enable staff to discuss ongoing support packages. The staff also attended a 'Rehabilitation and Re-enablement' training programme which took between 15 and 18 months to complete. This demonstrated a commitment to invest in staff, which benefitted the people they supported.

There were effective and robust systems in place to monitor and improve the quality of the service provided. Computerised records were kept which showed staff attendance at visits, so managers were able to confirm people received their calls in a timely manner. Support team managers also undertook observations of staff. Staff were assessed on how they delivered support to people, health and safety, maintaining privacy and being respectful. They received feedback following the observations which included things they did well and areas for improvement.

People were asked their views by completing quality assurance surveys. We looked at the most recent results which showed very high levels of satisfaction. The feedback gave a very positive impression of the manner and professionalism of the support staff and managers. People indicated how staff had supported them back to being independent. For example, having the right bathing equipment meant people could bathe independently again. Staff had enabled many people to do things for themselves again, after they had lost their confidence due to illness or falls,

There was a good system in place at the office to ensure prompt action was taken to address changes in people's needs. The recording system was electronic and the administrator added any actions to the electronic system and sent an update to the relevant support workers' mobile phones with the details of the changes to the person's needs.

The service continued to work in partnership with other health and social care organisations and the registered manager gave examples of working with other providers of care to ensure people's whole care package helped them to remain in their own homes.

The service continued to work closely with the staff of local hospitals to ensure a smooth transition for people being discharged from a hospital setting back to their homes and to prevent hospital admission for people who attended accident and emergency departments. Undertaking assessment of people establishing if they could benefit from the re-enablement programme, rather than an admission to hospital.