

CORMAC Solutions Limited

Penzance STEPS

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

This inspection visit took place on 07 January 2019. It was announced 48 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. Our last inspection of the service was carried out in July 2016. At that inspection we rated the service as good. At this inspection we found the service remained good.

Penzance STEPS (Short Term Enablement and Planning Service) is registered to provide personal care to people in their own homes. The service provides care visits for periods of up to six weeks. The aim of the service is to re-enable people to maximise and re-gain their independence, within their own home, after a period of illness and/or hospital stay. The service provides support to adults of all ages. On the days of the inspection the service was providing personal care to 23 people. Referrals for packages of care were made to the service by health and social care professionals. These included; hospital discharge teams, physiotherapists and occupational therapists.

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

People using the service consistently told us they felt safe and staff were caring and treated them well. They told us staff were like their family and they trusted them implicitly. Safeguarding adults' procedures were in place and staff understood their responsibilities to safeguard people from abuse.

Potential risks to people's safety and wellbeing had been assessed and managed. People received their medicines safely.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to ensure people's rights were protected.

Recruitment and selection was carried out safely with appropriate checks made before new staff could start working for the service. Staff had the skills, knowledge and experience needed to care for people. They received training to carry out their role and were knowledgeable about how to support and care for people. They had the skills, knowledge and experience to provide safe and effective support.

Staff supported people with medicines safely. People able to manage their own medicines were encouraged to do so.

Care plans were person centred and included details of the agreed support required at each visit. Staff knew people and their needs well and could describe to us the support each person required.

Staff supported people to have a nutritious dietary and fluid intake, assisting them to prepare and eat food and drinks as they needed. Where people required specialist support with their dietary needs staff had received the training required to support them.

People were involved in the development and review of their care plans and could influence the delivery of their care. Staff had up to date information about people's needs and wishes and there were effective electronic systems in place to quickly respond when needs changed. People were supported to have maximum choice and control of their lives and their healthcare needs were monitored as appropriate.

A number of audits were undertaken to ensure the on-going quality of the service was monitored appropriately and lessons were learned from issues that occurred. Surveys were completed with people who used the service and their relatives. Where issues or concerns were identified, the manager used this as an opportunity for change to improve care for people.

The service communicated well with people, relatives and staff. We saw evidence of several ways this was done including memo's, newsletters and spot-checks.

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?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Penzance STEPS

Detailed findings

Background to this inspection

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

This inspection took place on 07 and 08 January 2019. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that someone would be present to support the inspection. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information, we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

During the inspection we looked at three people's care records and risk assessments, three staff files, medicines records and other documentation relating to the management of the service.

We spoke with the registered manager, four team leaders and six support workers. We visited a person in their own home and spoke with three people using the service on the telephone. We asked the views of two professionals following the inspection visit.

Is the service safe?

Our findings

The service continued to be safe. People and their relatives who spoke with us told they felt safe and comfortable with the staff who supported them. People told us, "They [staff] all certainly do a good job. It makes me feel safe when they are around" and "It gives me complete piece of mind and they always make sure I have everything I need close by before they leave."

The service had procedures to minimise the risk of unsafe care or abuse. Staff had received safeguarding training and understood the process to follow to report any concerns about people's safety. They told us they would report any unsafe care or abuse. There was a whistle-blowing policy in place so that staff could report concerns anonymously if they chose to.

The service had safe medicines procedures and practices in place. At the time of the inspection nobody was receiving medicines from staff. A medicines record was viewed for a recent enablement plan. It demonstrated it recorded when medicines were administered as prescribed and creams were applied as required. Staff spoken with told us the service made sure all staff had suitable training to support people with their medicines. They said, "It's really important we are competent in giving service users their medicines when they need them" and "We get the training we need to make sure we have the skills to give medicines safely."

Risk assessments were in place for each person who received support in their home environment. These provided guidance for staff, assisted them in providing the right care and reduced risks to the person and to staff. There were procedures in place for dealing with emergencies and unexpected events. Emergencies, accidents or incidents were managed appropriately.

There were suitable on call procedures to ensure events out of normal office hours could be responded to quickly and safely. Staff in the office and those working in people's homes had contact numbers to be used in emergencies. For example, emergency service numbers including social services and health departments.

All staff received first aid training and carried a first aid pack with them as part of the tools for the job. A staff member said, "It means we can respond to any small emergency and we don't have to spend time in a service users home looking for plasters or things like that."

Senior staff evaluated situations for any lessons learnt and shared these with the staff team. For example, the electronic call system now alerted staff about any missed visits so they could be investigated and responded to quickly.

Staffing levels were seen to be sufficient to meet the assessed needs of the people receiving care and support. People told us that they did not have any concerns about staffing levels. Where there were staff shortages due to sickness, team leaders supported the staff team to ensure continuity of service and to ensure there were no missed visits. Nobody using the service told us they had experienced missed visits. People told us they saw a consistent staff team and staff told us they had time to carry out their duties and

to travel between visits.

Recruitment processes were thorough and all satisfactory references and checks were in place before new staff began working with people. We spoke with a recently appointed staff member who confirmed their recruitment had been robust. They told us they had to wait for all checks to be completed before they could work for the agency. They told us, "The recruitment was very thorough."

There were suitable infection control procedures in place. For example, staff told us that personal protective equipment (PPE), such as vinyl gloves, were always available to them.

Is the service effective?

Our findings

The service continued to be effective. People told us they felt staff were well trained and provided a good quality of care. We received positive feedback and people told us, "They [staff] are very good. They know what they are doing. I have a lot of confidence in them," "The physiotherapist sorted things out and left me with some exercises. The staff follow those instructions. It works very well indeed." A member of staff said, "Training is taken very seriously and we have updates when we need them."

New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing more experienced staff. Staff completed training which included: infection control, moving and handling, dementia, safeguarding, equality and diversity and Mental Capacity Act. A recently employed staff member told us the induction process had given them a lot of confidence. They said, "Although I've worked in the care sector for a long time the approach to enabling people is slightly different. I've been pleased with the way the training and induction is going because, it focuses on helping service users to help themselves with our support."

Staff told us they received regular supervision (supervision is a one to one meeting with a manager) and felt very supported. Staff comments included, "We have supervision every two months face to face as well as spot checks. They are unannounced but it helps make sure we are doing our jobs right." Team leaders told us they were responsible for ensuring staff were supported in their roles. Records showed staff supervision was ensuring staff development and that wellbeing was being discussed, as well as providing any essential operational updates.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. Staff reiterated this to us. One staff member told us, "We have equality and diversity training and it helps us understand how to respect people whatever their needs or situation is."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. We checked whether the service was working within the principles of the MCA. Staff were knowledgeable about how the legislation could affect the people in their care and had received training in this area.

Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse care. People confirmed staff asked for their agreement before they provided any care or support. One person said, "They [staff] never do anything before explaining what they are doing and asking me if that's OK." Care records showed that people signed to give their consent to the care and support provided. The services consent form was in line to meet current legislation contained within the

General Data Protection Regulation [GDPR].

PenzanceSTEPS is a service which provides a short timeframe service to support people following hospital discharges. Assessments were in place and included multidisciplinary assessments from other health professionals. The service worked closely with other professionals for advice and guidance. For example, Occupational Therapists and Physiotherapists.

Equipment was in place for the person on discharge to support them in the enablement process. A staff member told us, "We work really closely with the OT and District Nurses. It's important because we are the ones delivering the care and support. It works really well though."

People told us staff visits were arranged with so they could assist with preparation of meals where needed. Care plans confirmed people's dietary needs for health or culture had been assessed, and any support they required with their nutrition documented. Staff confirmed they had received training in food safety and were aware of safe food handling practices.

Is the service caring?

Our findings

People continued to benefit from caring relationships with staff. They told us, "I wish to say a big 'Thank You' to all the care workers who came to look after me. They were all very friendly and caring and I really couldn't have wished for better help and attention from the team" and "I couldn't have wished for nicer or a more helpful group of staff. They were respectful, took their time, showed great patience and understood if I felt too ill to do my daily exercises."

We saw recent compliments from people grateful for the care and support provided by PenzanceSTEPS. People's comments included, "I have found with every nurse that I have seen they were very efficient, very helpful and very kind," "I am very well satisfied with all the care workers that supported us. I found all the workers very helpful, especially [staff name] from the very beginning; I found them such a positive help" and "I am extremely pleased with the service. All the carers have been outstanding, helpful, efficient, friendly and kind."

Staff we spoke with described how the caring culture of the service was supported by the registered manager and senior staff. One staff member said, "It's a very caring culture. We work as a strong team and respect each other."

People were involved in their care. Care plans demonstrated that people were involved in developing their care plans. We saw evidence that care plans were reviewed regularly. One person said, "They [staff] go through everything with me so I know what's going on. But my family are here as well so they know too."

Staff were aware of people's individual needs around privacy and dignity. People told us staff were polite, protected their dignity and respected their privacy. They said staff were aware of their individual needs and preferences and they usually had the same carers. One person said "Having the same staff is important and nearly always happens. If not, I am usually told and who to expect."

People's diverse needs were respected. Discussion with the registered manager and staff demonstrated that the service respected people's individual needs. The registered manager told us "Respecting service users for who they are is important. Through training we make sure staff understand that". All staff were familiar with the principles of equality and diversity and the right for people to express their beliefs and wishes.

Where people did not have any support from next of kin the service had details of advocacy services and how to contact them. The registered manager said this was usually through social workers but they knew who to speak for advice and guidance. This ensured people's interests would be independently represented and they could access appropriate services outside of the service to act on their behalf if required.

As part of staff induction and ongoing training they had received information about confidentiality and data protection to guide them on keeping people's personal information safe and meet data protection legislation. Office records were stored electronically with access only by secure password. This ensured people's confidentiality was protected.

Rotas and practical arrangements were organised in a way that gave staff time to listen to people, answer their questions and involve them or their relatives in decisions. For example, senior care staff were given the time to carry out reviews with them or their relative. This meant staff could focus on the person.

Is the service responsive?

Our findings

The service continued to be responsive. People's care records contained details of people's personal histories, likes, dislikes and preferences. The information was written in a person-centred way which meant the person was at the centre of their care and support. People told us they felt listened to and valued when assessments and reviews were taking place. One person told us, "I feel they [staff] listen to what I have to say and what I think."

Care records showed the service evaluated a person's progress through the enablement plan by measuring the level of care and support at the start of the package and at the end. This gave an overview of how a person's independence had improved during the period of support. A staff member told us it was a useful tool because it was a good indicator to show how much the person had achieved.

Due to the nature of the short-term support and the need to monitor improvement there was a weekly review plan in place. Team leaders told us they were in regular contact with people and staff about how the person was progressing through the enablement plan. Regular reviews meant any concerns or changes could be noted and reported to other health professionals involved. Staff told us they could respond more effectively and in a timely way by regularly reviewing people.

Daily notes were consistently completed and enabled staff to get a quick overview of any changes in people's needs and their general well-being. Staff told us they recognised the importance of keeping records accurate and up to date. One staff member told us, "It's really important because you are relying on the information the last person wrote." Office based staff told us staff were generally good at reporting any concerns or changes.

Staff could respond to people's identified needs because a record of the tasks to be covered was in people's care plans. This was of importance for people who may not have been able to explain their needs. For example, where people had memory difficulties or impairments of sight and/or hearing. This information was clearly set out in the care plan with guidance for staff about the most appropriate way to communicate with the person. Staff told us they felt the information was very clear and gave some advice around how to approach people. They said, "We read the care plan every time we visit a service user because that has the most up to date information and lets us know if there have been any changes we need to know about."

PenzanceSTEPS is not a specialised end of life care provider but the service was able to help people stay at home at the end of life if this was their wish. The service worked with other health professionals and palliative care nurses to support people to remain at home for as long as possible or through to the end of their life.

We looked at what arrangements the service had made to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans identified information about whether the person had communication needs and how they should be met. For example, making sure the staff made sure items were not a hazard in a person's home if they had sight loss and that glasses

were clean and hearing aids were working. One person who had used the service used 'Flashcards' [A card containing small amounts of information or pictorial prompts to aid communication].

The service had a complaints procedure which was made available to people they supported and relatives involved with the person's care. People told us knew how to make a complaint if they were unhappy about anything. Everyone we spoke with said they were satisfied with the care they received and had no complaints.

Is the service well-led?

Our findings

The service continued to be well-led. People were complimentary about the care and support they received. They told us staff and managers were approachable and easy to contact. People told us, "I have every confidence in the manager and senior staff they do a very good job," "It all seems to be very well managed. I have no complaints" and "Whenever I've needed to contact the office there is always someone at the end of the phone to help me. A very good service overall."

The management team understood their responsibilities and legal obligations, including conditions of registration from CQC. There were systems in place to assess and monitor the quality of the service and the staff. People were consistently encouraged to give their opinions during and at the end of the enablement period. This helped the service to quickly identify practice which may require development and good and outstanding practice.

The registered manager told us they felt well supported by senior managers and that the organisation was keen to develop further. This was being led by an external pilot group. The registered manager told us, "We are all on board with it. It's quite exciting because there is much more use of technology."

Care records were monitored by senior staff during home visits and reviews. The outcome of checks were reviewed by the registered manager, documented and any issues found on audits were shared with senior managers and action taken were necessary.

There were systems in place to seek the views of people who received support. These included telephone contact, monitoring visits and satisfaction surveys to see whether people were satisfied with the staff and the care and support provided. They checked staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. Comments in this report reflected the overall satisfaction of service users.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services and healthcare professionals including general practitioners.

Staff told us they attended regular meetings where operational issues were shared. They told us they had the opportunity to contribute towards the development of the service through team meetings, and supervisions. They told us they found the management team approachable and enthusiastic. Staff comments included, "It's a great place to work and a very strong team," "I've worked here a long time and although there have been a lot of changes it is a good place to work. Managers are very supportive" and "I like the fact that we [staff] are made to feel valued." Staff were also support to inspire change through the distribution of 'Make a Difference Leaflets'. They encouraged staff to make suggestions about the way they could make a difference to people they supported.

The organisations managing director had held a consultation session for staff. This was to inform them of

any changes and give staff the opportunity to discuss the direction of the service and/or raise any concerns they had. It demonstrated the organisation was committed to being open and transparent. Staff confirmed they felt the changes which had occurred in the organisation had been managed well and that communication was good.

Senior managers and team leaders attended outstanding workshops to look at key lines of enquiry and the individual characteristics and how they could be developed within the service. Outcomes were shared with support workers to support good practice.

The service had a range of policies and procedures which it kept updated so they reflected current good practice and legislative requirements and information.