Doncaster Metropolitan Borough Council

STEPS Team

Inspection report

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Date of inspection visit: 20, 21 and 23 July 2015
Date of publication: This is auto-populated when the report is published

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

Overall summary

This was an announced inspection carried out on 20, 21 and 23 July 2015. The service was first registered in December 2011 at a different location. We carried out an inspection of the service in November 2012 and was found to meet all of the regulations we inspected. This was the first time this service has been inspected at this location since its new registration in August 2013 by the Care Quality Commission.

There is a registered manager who managers the day to day operations 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 2008 and associated Regulations about how the service is run.

STEPS Team (Short Term Enablement Programme) is located in Doncaster and provides care and support to people living in their own homes for up to six weeks. 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 187 people who were using the service.

Summary of findings

We received some outstanding feedback from people we spoke with. They told us that, "The service is marvellous, outstanding and staff were kind and considerate." One person said, "They are like part of my family, they always turn up with a smile on their face and treat me with respect."

People told us they felt safe knowing that they [the staff] would do their best to enable them to become independent again. We saw there were robust systems in place to manage risks to people. For example, one person told us they had been assessed as needing a specific bath chair so they were safe when bathing. This had been provided on the first day of the service commencing. This demonstrated that they had acted on the information gained at the assessment to ensure the person was safe when they returned home.

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. The service was flexible which meant times of visits could change if people had to attend hospital or any other health related appointments.

The registered manager told us that 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 held a central store of small equipment such as 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.

A continual review of people's support meant that the service could change the length of the visits as required to enable people to reach their full level of independence. Support staff were also able to signpost people to other agencies if they felt a person needed ongoing support once the programme of re-enablement was complete.

People were supported to take their medication safely and the care records identified the level of support needed for each person. The service ensured that priority for visits were given to support medication calls to ensure that people's medication needs was given at the time prescribed. For example, Parkinson specific medications which may be needed to kick start people's mobility. Also people who were required to take their insulin at a specific time.

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it. People told us that they had contacted the office and found staff were helpful when dealing with any questions about the service.

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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 service to people they supported.

Staff working at the agency was recruited safely and were able to complete training to meet the support people needed. The agency also enabled staff to undertake nationally recognised training to help them progress in their work. The agency had given employees an opportunity to be part of a 'talent pool' which recognised staffs potential to act-up into more senior roles within the organisation.

The registered manager was very committed to continuous improvement and feedback from people, whether positive or negative, and was used as an opportunity for improvement. The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service.

Summary of findings

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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process. People were involved in the assessment process which enabled them to describe the support they needed to help them retain their independence.

Care workers had the knowledge, skills and time to care for people in a safe and consistent manner. There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character.

The support people needed with medication was well documented and times of visits were scheduled for those people that required their medication early, such as diabetics dependent on insulin.

Is the service effective?

Good

The service was effective.

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 outstanding feedback about their care and support in most areas.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

Staff were trained to an excellent standard which included nationally recognised qualifications. They also received service specific training which enabled them to rehabilitate people back to their own level of independence.

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

People were supported to access healthcare professionals, such as GPs, physiotherapists, opticians and dentists. This also included accessing other similar types of agencies if they required on-going support once the programme had finished.

Is the service caring?

Good

The service was caring.

The registered manager and staff were committed to a strong person centred culture. Kindness, respect, compassion and dignity were key principles on which the service was built and values that were reflected in the day-to-day practice of the service.

Summary of findings

People told us they were happy with the care and support they received to help them maintain their independence. The short term enablement programme worked for people who used the service

People were involved in making decisions about their care and staff took account of their individual needs and preferences. The staff worked closely with people to ensure they were treated with respect at all times.

Is the service responsive?

Outstanding 

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

We saw people's support plans had been updated regularly and were written in a format that was suitable for them to understand.

The service was responsive to peoples changing needs by adjusting visit times at a few minutes' notice. For example, for those people who were improving/ deteriorating health and required less/more time on 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. Feedback from people regarding this was very positive.

People had access to the services complaints procedure. People that had raised concerns told us that they were dealt with swiftly and fairly.

Is the service well-led?

Good

The service was well led.

Systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement. People views are continuously gained both while they are receiving support and again when the exit the programme. This helps to shape the service for the future.

Staff were highly motivated and understood what was expected of them. They told us they felt support knowing they could put suggestions forward about improving the service and their suggestions would be listened to.

Staff events, team meetings and continuous observations of work practice ensure staff provided the best possible service for people on the programme.

There was strong emphasis on continual improvement and best practice which benefited people and staff. There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service and the service put them at the centre of everything they wanted to achieve.

The service work in partnership with other organisations to ensure people received the care and support they needed. The service is involved in new initiatives which will benefit people using the service in the future.

STEPS 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 20, 21 and 23 July 2015 and was announced. The provider was given 48 hours' 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 telephoned and spoke with 16 people who used service and five relatives to gain their views and experiences of the service.

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 provider which helped us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the office we spoke with the registered manager, a support team manager, two case managers, two administrators and four support staff. We also visited five people who used the service and spoke with five relatives. This enabled us to gain their views on how the service was delivered and planned.

We reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for five people, and other records relating to the management of the domiciliary care agency. This included 12 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. This took place in the office. We also looked at five people's written records, including their plans of their care and medication records. This took place in people's homes. We asked permission from people before we looked at these records.

Good

Is the service safe?

Our findings

People we spoke with about the service they had received from the STEPS Team were extremely complimentary. Most of the people we spoke with told us they were apprehensive at first because they had not used any services in their own homes. One person said, "I feel very safe when the staff support me with dressing and bathing. I am a very private person but I have developed a good relationship with the staff and they understand my needs." Another person described them more as friends than staff. They said, "I feel very safe knowing I don't have to struggle to get dressed now."

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. They said they would report anything straight away to their line manager or the registered manager. Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, one staff member told us how they quickly assessed that a person they were supporting was unsafe while bathing. They organised for a bathing seat for the person the same day. Another staff member told us they had arranged for a trolley that the person could use to carry meals and drinks from the kitchen to their sitting room. This meant staff had helped to reduce the risk of the person falling or spilling hot food.

Staff were trained to undertake risk assessments on the environment, taking into account the wishes of the person. Staff told us they consulted with the person to address risks such as moving safely around the person's home. For example, poorly fitted carpets and rugs which may pose a risk of trips and falls. Risk assessments were proportionate and centred around the needs of the person. The service regularly reviewed the assessments and made necessary adjustments where required.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. The registered manager told us that the service had not recruited any new staff recently; however they told us that they had just received a number of applications for a new post, and made an offer of employment. We were able to look at the recruitment file of one of the staff who had not yet commenced employment. The registered manager was fully aware of her accountability if a member of staff was not performing appropriately.

Application forms had been completed, references had been obtained and formal interviews arranged. The registered manager told us that all new staff completed a full induction programme that, when completed, was signed off by their line manager. Staff files were held centrally by Doncaster council and the registered manager was informed when all the required checks had been received. The registered manager told us that only then would the new member of staff be given a start date.

We found there was enough skilled and competent staff to ensure they could safely support people who used the service. Teams were divided into geographical areas each with a support team manager. They had responsibility to ensure staff were deployed to meet the needs of people who used the service. We saw how staff scanned a tag on the care plan with their work mobile telephone which confirmed they had attended a call. They scanned the tag again which confirmed the call had finished. A duty team manager constantly checked the system which confirmed all calls had been made. The system was extremely efficient which meant there were no missed calls. The system also enabled the managers to monitor the length of the calls and to ensure staff were safe while lone working. If a care worker forgot to scan the tag the manager would contact them by a telephone to ensure they were safe.

The service had a comprehensive medicines management policy which enabled staff to be aware of their responsibilities in relation to supporting people with medicines. All staff received medicines management training which was refreshed every three years. The daily records and care plans around the management of medicines were accurately completed. The care plan had sufficient detail to ensure people received the support they needed.

Good

Is the service safe?

We saw that staff managed supporting people to take their medication consistently and safely. We saw care records reflected the degree of support each person needed, and it was clearly recorded if the person could manage their medicines themselves. One relative we spoke with told us how their relative had got to the point where they refused all medications given to them. They said, "The STEPS Team was put in place within hours to offer assistance with this task and my relative accepted the support of staff and began to take their medication properly." The relative went on to say, "The assistance gave me peace of mind and the support relieved the stress and pressure that I was experiencing."

Good

Is the service effective?

Our findings

People we spoke with, without exception, said that the service was effective and consistently delivered to enable them to be as independent as possible. Relatives that we spoke with said they were pleased with the progress of their family member. They consistently said that the six week re-enablement programme had improved things like, their relatives confidence and ability to mobilise safely again.

Most people we spoke with said they were very happy with the support they had received and did not want to move onto another care provider. However they understood that the programme was mostly limited to the six weeks period. One person we visited said they were happy to stop the service early as they had made such progress they were able to manage with the support of family members. The case manager who escorted the inspector to visit people in their homes told us they would return to the person later that day to complete an exit questionnaire. They told us this was completed at the end of each care package to obtain the views of people who used the service. It asked the questions, 'what had worked for them' and 'how the service could be improved.' This meant the service was continually looking at ways to seek people's views to improve the service.

People told us they had benefited from the service offered by STEP's and their lives would have been much more difficult without the assistance and reassurance offered by the care workers. One person said, "I don't think I would have managed without them." A relative said, "The care has been tremendous."

We spoke with the registered manager about gaining consent to care and treatment. They told us that staff had received training in the Mental Capacity Act. However, they said most people that they supported had capacity to say how they wanted their care delivered in their own homes. Where people had limited capacity spouses and relatives were available to inform any decisions that may have been needed. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The staff we spoke with had a good working knowledge of the Mental Capacity Act, in protecting people and the importance of involving people in making decisions. They told us they had received training in the principles of the Act. The training records we saw confirmed this.

We looked at five support plans in the office which were held electronically and a further five support plans of the people we visited. These were paper records. We found the assessments and care plans were detailed to ensure staff were able to deliver the support to people within a few hours. Staff had mobile devices which held comprehensive data about the individuals that they supported. This included medical conditions, support plans, next of kin and the person's GP details. This meant staff had instant access to enable them to support people appropriately. The 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 we spoke with told us that they had been part of the assessment undertaken and had agreed to share the information with the appropriate people, such as health care professionals. People told us that when staff were supporting them with personal care they would always ask for their consent before commencing the support. One person told us that they had been visited by a care worker of the opposite sex to them and the staff member took time to ask if they were comfortable with them assisting with personal care. They said, "I was not sure to begin with but I need not have worried they were so professional, maintaining my dignity throughout."

People we spoke with all said that they, or their relative, had received an assessment as soon as they arrived home from hospital, or very soon after, and shortly after that care workers began to support them. Several people said that they had received their assessment on the day they had returned home.

One relative told us that their family member had been assessed the day after they had arrived home from hospital, that they had been involved in the assessment, consulted and asked what equipment they would find useful. The relative said that they had received a back rest for the bed so that their family member didn't have to lie flat, a commode and a frame for the toilet, and that some of these items had been ordered from the hospital and had already arrived when they arrived home.

Good

Is the service effective?

Another relative told us "They [the care worker] were good at assessing my relative. They sense their moods and give encouragement. They notice when my relative is feeling less mobile or vague." The relative went on to say that the staff were "Super" and staff were able to inform them of things they weren't aware of. The relative gave us two examples of this. The care worker had explained to the relative that their family members dementia was like a bookcase full of books, where the top books fall out but the bottom ones are rock solid (like parts of their memory). This care worker had also suggested that to help their family member to eat more easily they should turn the plate around when they had half eaten their meal which encouraged their family member to eat the other half of their meal, because they could properly see it. The relative told us this had worked, and their family member was much better.

Case managers that 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 may include 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 ensure where needed the support was provided prior to people leaving home for the appointment. The service responded to emergencies such as if a person had an accident [falls or illness] the service would identify and send a care worker to assist at a moment's notice.

People we spoke with told us there were suitable arrangements to ensure they had sufficient food and drink to meet their nutritional needs. This ranged from support from staff to reheat meals in the microwave, or to reheat meals provided by family and friends. Some people told us they were able to manage meal preparation themselves. One person told us that they had not been eating very well, and that the care worker had encouraged them to eat, and made suggestions about what food they might like to eat, which they said, "Worked well on occasions."

Staff were able to sign-post people to obtain ongoing care packages and also to support any medical intervention they may require such as district nursing services or ongoing hospital appointments. Staff also worked very closely with other support agencies like occupational therapists and social workers.

Records we looked at confirmed staff were trained to a high standard. Managers and support staff had obtained nationally recognised certificates to levels three, four and five. The registered manager told us that their employers [the local authority] had made a commitment to ensure all care staff would complete the 'Rehabilitation and Re-enablement' validated course. We spoke with a care worker who had nearly completed the course. They told us that the course had given them the skills and knowledge to understand how best to approach their work when supporting people on the short term enablement programme. They gave an example of the type of topic the course covered and said they were working on an assignment which gave an in-depth look at how muscles and the skeleton worked. They told us that it helped immensely when supporting people, who had suffered a stroke, had repeated falls or had an arthritic type illness.

The registered manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as dementia care, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were then expected to work alongside more experienced staff until they were deemed to be competent.

Staff we spoke with told us that they had worked for Doncaster council for a number of years. They said they enjoyed supporting people in their own homes. They told us they liked being part of people's re-enablement and got a great deal of satisfaction from being part of people's return to independence. Staff received guidance and support from the managers and other support staff. Staff told us they worked in small teams and found managers were available whenever they needed to contact them. One staff member said, "We all work to the same set of values which means there is a strong feeling of belonging to a team. Our managers are really supportive."

We looked at formal supervisions and appraisals which were undertaken at the office. They were completed to a good standard. An observation of work practice also takes

Good

Is the service effective?

place in people's own homes. We looked at records of 12 observations undertaken on staff and found they were very detailed and confirmed staff were working to a good standard.

Good

Is the service caring?

Our findings

Staff working with people in their own homes ensured that they empowered them to live how they wanted to. We spoke with people who used the service and they told us the care and support provided was consistently very good. Without exception comments received were very complimentary. We received this comment from one person, "What a wonderful group of young people your carers are, everyone has shown understanding and empathy in allowing me to gain as much independence as possible, also from the social side to the little chats have helped me keep in touch with the outside world. It has been a pleasure to have them in my home and the council should treasure each and every one with my grateful thanks to all."

A relative we spoke with said that carers talked to their family member, and reminisced with them. The relative told us that carers helped their relative to retain their independence, whilst giving them confidence, by "Encouraging [family member] to do stuff themselves like washing and dressing." Another relative said, "They had a laugh and a joke with [family member]." One person we spoke with said that although the carer worker did not do a lot for them, it was important and reassuring that they came regularly and checked that they was managing.

Another person who used the service said, "They encourage me to be independent. She [the care worker] will put everything ready for me but she encourages me to manage myself." They added "They are good at night, they lock up and this makes me feel safe."

A third person who used the service said, "They [the care staff] have encouraged me to get back on my feet. I am very glad I had them. They have told me that if I ever need them I've only got to phone them." The person went on to say, "They don't rush me. They say take your time and don't rush."

People told us they were involved in developing their support plans and three people we visited showed us their records which were written in a way people could understand. The support plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example, one person said their goal was to be able to go dancing with their partner, another person wanted to gain back their confidence to attend a luncheon club on their own.

Staff were able to describe in detail how they supported people using the services. Staff gave examples of how they approached people to ensure they respected the person's wishes. They said they always asked for people's permission before undertaking any personal care, and maintained the person's dignity. One person we visited told us how they felt when a male carer attended to their personal care. The person said, "I was a little embarrassed, but the carer was so kind and ensured the top half of my body was covered so maintaining my dignity." The person went on to say, "I need not have worried it was great and now we have a great laugh about life."

Support staff and managers liaise with health and social care professionals to ensure that people received the best health and care they deserved. The service understands that when a request for support was received it was important that they responded to this request swiftly to ensure that the person's safety and wellbeing was not compromised. Managers triaged, assessed and delivered support within 48 hours from receipt of a referral. They told us that they tried to match the care worker with the person they would be supporting which helped to build up relationships begin their journey of re-enablement or rehabilitation.

People we spoke with told us that they felt involved in the support package they received. They told us that case managers held a review of their progress after two weeks and again after four weeks. This enabled staff to make adjustments to their support needed by people if needed. A relative we spoke with told us, "The whole programme has been so good; I can see how my family member has progressed. They are back to their old self."

Support team managers, carried out observations of staff working with people in their own homes. Some were unannounced and focused on the person's experience. They judged how staff maintained people's dignity and respected people's wishes. Staff received feedback from managers which identified any areas for development. We looked at a number of completed observation forms and saw staff were performing in a way that the provider expected.

Outstanding ☆

Is the service responsive?

Our findings

People's care and support was planned proactively in partnership with them. Everyone that we spoke with, without exception said that when their 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. We found people who used the service received personalised care and support.

We looked at five support plans at the office and a further five support plans for the people that we visited. It was clear that the plans were person centred and reviewed as the support needs changed. There was evidence that they were reviewed 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 care workers were able to arrange for the package to stop. Some people required a little longer to reach their level of independence and care workers could also negotiate extending the period of support.

People we spoke with told us they knew what was written about them by staff and staff always discussed how they could support them better. When we visited one person they told the case manager that they thought they no longer needed support from staff. The case manager told the person they would return later that day to complete an exit questionnaire which was used to evaluate the programme. The relative of this person told us that the staff had made a huge difference to their father who had returned to, "His usual self."

The service had access to low level equipment which meant they could commence programmes of re-enablement without any delay. Staff considers how low level equipment could assist someone's independence. They would talk with the person about how different pieces of equipment would help them manage better. For example, someone who was having difficulty transferring drinks and meals would be able to manage food preparation safely and independently with the use of a trolley. Staff we spoke with told us people wouldn't know about equipment like this if STEP's staff hadn't told them about the service. We found such equipment was delivered without any delay. One person we spoke with told us they had a piece of equipment delivered within two hours of the request being made. They said this was "Outstanding."

Another person told us that when they returned home from hospital the care manager came to see them and suggested they had a care call system fitted. This would enable the person to call for help if they were in difficulty. They told us, "This was arranged straight away." They said, "Before the care manager left my house I received a call from the care call company to say they would be visiting later that day to fit the system. This was excellent, it made me feel safe."

Staff told us that they sometimes had 'quality time' built into their work programme. This meant where people were socially isolated staff would spend additional time with them. They told us about how they had supported an elderly couple, where one person was living with dementia. Prior to the onset of their dementia they were the cook in the household. The partner took the cooking over when their spouse was no longer able to do it, but the partner found their spouse refused to eat as they did not like what had been prepared. As part of the programme staff taught the partner how to cook and their spouse's appetite picked up.

Staff also gave another example of 'quality time' where they had spent time socialising with a person during the week while their partner was away working. They said this helped to minimise the person's isolation. A further example was described to us by the registered manager. They told us how staff had supported an elderly person who wanted to visit their daughter who was ill in hospital. This was arranged and staff offered both physical assistance but more importantly for the person staff gave emotional support. The manager described the support they give to relatives following a bereavement and described an example of this

The service worked proactively in partnership with other services to ensure the programme was seamless and worked for the benefit of people who used the service. Staff were in regular contact with the local 'Well Being Officers' whose role was to help people engage with community resources. For example, the staff helped a person who used to go to a local community centre, but was no-longer able to get there. Staff were able to refer the person to the 'Well Being Officer' who arranged for transport to the centre. The person was able to fully engage with the centre and this made the person happy.

The registered manager gave us an example where the STEP's Team had worked in partnership with other health

Is the service responsive?

agencies to prevent an early admission to residential care. They described an example where they had worked with the multi-disciplinary team in an emergency situation. The STEP's team were able to identify the source of a person's anxieties and ensure they were able to deliver the specific care and support they required. This resulted in the person being able to remain in their own home with additional support from the STEPS team.

The registered manager told us about working with specific specialist services to further develop staff's understanding of how to support people who required specialist care and support. For example, specific training from health professionals such as speech and language specialist and occupational therapists to help staff understand people who have suffered a stroke. 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 also used innovative ways to enable people to retain their independence. For example, staff supported two people who found shopping difficult to manage during a period of ill health. The case manager noticed a computer at the people's home and identified at the assessment that they both used SKYPE to talk to relatives in Australia. A support package was established short term to teach them how to internet shop. In the first week they compiled a list and the worker showed them how to order on line. The second week the worker and the two people did the shop online together and by week three they no longer needed support as they were independent internet shoppers.

The registered manager told us about how staff went the 'extra mile' to ensure they did everything possible to meet the wishes of people. For example, a person who was nearing the end of life told a case manager at their assessment that no one was listening to their wishes when they wanted to talk about their funeral arrangements as they did not want a coffin. The case manager contacted South Yorkshire Centre for inclusive living who worked with the person to plan their funeral the way they wished.

Another similar example confirmed to us that the service always respected people's wishes. A person who had been referred to STEP's because they had become very ill wanted to remain at home until they passed away. The service involved all of the relevant people and put measures in place to prevent them from being transferred to other longer term services. This meant they could carry out the persons wishes so they could die with dignity and respect with people they knew around them.

People were provided with information about the service. This is called a 'Short Term Enablement Programme' booklet which gave detailed information about what the person could expect from the service and how to access ongoing agencies if required. This may have included advocacy services for those people who did not have any close relatives.

We found the service responds 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 from 6.45am -11pm seven days per 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. This may have meant asking another care worker to pick up the call.

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. One case manager told us how she was asked to assess a person who she had known when she was a child. She said, "I knew all about their interests and how they were part of the community, so it helped me to help them re-connect with their past, and work out a programme to help the person to regain their independence."

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and we saw the complaints leaflets in the support plans that we looked at in people's home. The registered manager told us they had received one formal complaint in the last 12 months, and we saw evidence to confirm the actions taken to resolve the complaint. The registered manager told us that 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.

Outstanding ☆

Is the service responsive?

The registered manager gave us an example of learning from the comments raised by people who used the service. They told us that staff had given feedback from talking to people who used the service. Staff said that during winter months people had told them that they would prefer not to have early morning calls. The managers listened to staff and people's views and changed the times of visits to later.

People we spoke with did not raise any complaints or concerns about the care and support they received. Relatives we spoke with told us they thought the service was exceptional and they were very satisfied with the overall service provided.

Staff told us if they received any concerns about the services they would share the information with their line managers. They told us they had regular contact with their manager both formally at staff meeting and informally when their manager carried out observations of practice in people's homes.

Good

Is the service well-led?

Our findings

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. Conversations with people who used the service gave an excellent impression of the manner and professionalism of the care staff and managers. People told us how staff had supported them back to being independent. For example, staff had enabled a person to be able to wash and dress themselves again after having a fall in their home which meant they had lost their confidence. Another person told us how having the right bathing equipment meant they could bathe independently again.

We found a positive culture which centred on the needs of people who used the service. People we spoke with, without exception, told us how valuable the service was. People said that the highly motivated staff were clear about the support they needed and were working to achieve the goals set at their assessments. The staff we spoke with told us how they got a sense of worth by seeing people achieve their goals and aspirations. One member of staff told us about how they had worked previously in a traditional care agency. They said, "I get so much more job satisfaction knowing the team has helped people get back their independence."

The registered manager told us about encouraging staff to expand their knowledge and skills at all levels. She gave an example where an administrator had shadowed a care worker to understand other aspects of the work. Care managers had shadowed the sensory and integrated discharge team based at the hospital to gain knowledge of their roles when discharging people back to the community.

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 several 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 of these behaviours in practise. One staff member told us about how they always respected people's dignity when delivering personal care. Another described how they always gained consent before undertaking any task and they told us they always respected people's wishes.

The registered manager told us that a staff event planned for October 2015 would focus staff on the values of the organisation. She said the events were always inclusive giving staff opportunities to feel part of developing the service further. The registered manager told us staff at all levels were involved in 'developing tasks and finishing groups' and gave an example where a group of staff were involved in developing ideas to make the support plans better. This meant staff were continually helping to shape the service to make improvements.

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 case managers and support team managers. We spoke with two of the successful candidates who told us the work was challenging but they felt valued and this motivated them to develop further.

Staff told us that they felt part of a team which encouraged involvement in developing an excellent service. Communication events had been held quarterly 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, for example an event about managing medication safely. The registered manager told us in addition to the staff events, team meetings took place weekly to enable staff to discuss ongoing support packages. We saw minutes of several of these meetings. This meant people receiving the service could be supported to meet their goals and aspirations by using ideas and suggestions from the staff.

The registered manager told us that the provider had made a commitment that all staff working at STEPS would attend a 'Rehabilitation and Re-enablement' training programme which took between 15 and 18 months to complete. This demonstrates a commitment to invest in staff which should benefit the people they supported.

There were effective and robust systems in place to monitor and improve the quality of the service provided. The registered manager told us that computerised records

Good

Is the service well-led?

were kept which showed staff attendance at visits. These records meant managers were able to confirm people received their calls in a timely manner to meet their assessed needs.

Support team managers conducted at least two observations each year to check if staff were delivering the care and support to people who used the service. We looked at a number of records completed following those checks. The records showed staff were assessed on how they delivered their support, health and safety, maintaining privacy and being respectful. Staff received feedback following the observations which included things they did well and areas for improvement.

People were formally asked their views by completing quality assurance surveys. We looked at the most recent results which showed high satisfaction levels. The survey included questions about how they came to find out about STEP's. Most people had found out about the service from health professionals such as district nurses and GP's. This demonstrates that the service works closely with other health and social care agencies. Other areas which people were highly satisfied with the service included, people never felt rushed by care workers when following the re-enablement programme, and they rated the overall service as outstanding.

We found there was a robust system in place at the office that ensured prompt action was taken to address changes in people's needs. The recording system was electronic and detailed what change was required, action taken, completion date and by whom. For example, the case manager told us about a person who had been ill and the GP prescribed medication. This was arranged immediately and the case manager collected the medication from the chemist [in a monitored dosage system] and the person received the medication without any delay. The administrator added the actions to the electronic system and sent an update to the care worker's mobile phone with the details of the changes to the person's needs.

We asked how the service worked in partnership with other health and social care organisations and the registered manager gave examples of working with other providers of care to ensure the persons whole care package helped them to remain living in their own homes. For example, the registered manager told us about how they supported a person living with dementia whose spouse had mental health problems and was in hospital. Managers had worked with the Mental Health Access team to ensure that support staff were available to visit the person immediately to ensure that the 'Health & Social Care Community team' could reassure them that their spouse would be well looked after as it was expected that they would be upset. The team offered reassurance and support.

During the inspection we spoke with the 'Unplanned care therapy Lead' who told us that they worked closely with the 'STEPS Team' to ensure a smooth transition for people being discharged from a hospital setting back to their homes. They also work to prevent hospital admission for people who attend accident and emergency departments. This was because the teams worked closely to undertake the assessment of a person. This established if they would benefit from the re-enablement programme rather than an admission to hospital.

The organisation is currently working with a local university to implement a research based and tested Quality of Life Monitoring Tool (QOL). This piece of work is being led by Doncaster Council Adult Service Commissioners. The QOL questionnaire contains a consent form and a series of questions about how the person perceives their quality of life at that point. The questionnaire is completed again at regular intervals, and continues after the programme of rehabilitation is concluded. The results of the individual's questionnaire are analysed by a computer programme. It is hoped that the outcome of the QOL will enable the organisation to plan services and support people more effectively using scientifically tested tool in the future. This should benefit people using the service in the future.

The registered manager also told us that they were part in a project led by 'Stroke pathway clinical manager' which aimed to facilitate the early supported discharge for stroke patients from the local hospitals. The registered manager told us that although the project was not completely successful the STEP's team had developed skills and competencies to manage people recovering from a stroke that were referred to them.