

Supported Steps CIC

Supported Steps Head Office

Inspection report

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Supported Steps Head Office is a mental health and domiciliary care service which supports people in their own home to live as independently as possible. Alongside assistance with daily living skills, the service provides advice and support with people's emotional needs, using therapeutic tools and resources centred around goal setting and self-care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, the service supported eight people with personal care.

People's experience of using this service and what we found

The service provided safe care which met people's needs. People and relatives told us they felt comfortable in the presence of staff, who were competent, caring and compassionate. Staff had received training in safeguarding and knew how to report any concerns. Care visits were completed timely, with staff remaining for the allocated length of time. The service was proactive in letting people know if staff were running late due to traffic congestion. People received their medicines safely from staff who had been trained and assessed as competent.

People were fully involved in the assessment process prior to their care package commencing. This enabled them to discuss what support they wanted and ensure the service could meet their needs. Staff received enough training and support to carry out their roles safely and effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives confirmed they received good care from staff who respected their privacy and dignity. Staff were mindful of the importance of offering choice and promoting independence. People's views were sought through reviews and surveys, to ensure the service was meeting their needs.

Care files contained detailed information about each person and how they wished to be supported. People and relatives were actively involved in discussions around care planning and spoke positively about communication in general. The complaints process was provided to people at the commencement of their care package. Each person or relative we spoke with knew how to raise concerns but had not needed to.

People, relatives and staff spoke positively about the management of the service and support provided. Management were reported to be both accessible and approachable. A range of systems and processes were used to monitor the quality and effectiveness of the service, with an improvement plan used to ensure any identified issues were addressed.

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

Rating at last inspection

The service was registered with us on the 24 July 2020 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection to enable us to provide an overall rating for the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our responsive findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Supported Steps Head Office

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to ensure the registered manager was available to support the inspection and to ensure we had prior information to promote safety due to the COVID-19 pandemic. The notice period also allowed the provider time to start asking people using the service and their relatives, if they would be prepared to speak to us about their experiences. Inspection activity started on 3 November and ended on 18 November, by which time we had sought the views of people, relatives and staff and reviewed all additional information sent following the visit. We conducted the office visit on 4 November 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with seven staff members, which included the registered manager, deputy manager and five care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment, training and support. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audit and monitoring information, action plans, training data, policies & procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe using the service and in the presence of staff. Comments included, "I feel safe with the staff who support me" and "Yes, the staff provide safe care."
- Staff had received training in safeguarding which was refreshed annually and knew how to identify and report concerns. One staff told us, "If I suspected or witnessed any abuse, I would reassure the person and make sure they were safe, ensure I made a note of the facts and then feedback to the office for them to take forwards."
- A safeguarding log had been used to document any concerns, this explained what had occurred, action taken and outcomes. We noted any concerns had been reported in line with local authority guidance.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been assessed and recorded within care files.
- People's care records contained both general and individual risk assessments, which detailed any risks and how these would be reduced. These ensured staff knew how to support people safely and their working environment was safe.
- Accidents and incidents had been logged on the service's electronic system. Some analysis and recording of actions taken had been completed, however, we discussed with the registered manager how more information on how to minimise future occurrences and lessons learned would be beneficial. Action was taken immediately following the inspection to strengthen this process.

Staffing and recruitment

- Enough staff were employed to ensure care visits were completed consistently and at the scheduled time. The service used a call monitoring system, to allocate and monitor care visits. People were allocated a set team of care staff to ensure consistency.
- People and relatives told us staff arrived on time and stayed for as long as they were scheduled to. Comments included, "The staff arrive on time and stay as long as scheduled. Any issues, they will get in touch and let us know" and "The same staff visit, they turn up on time and stay until the job is done. I've not had any missed calls and they always let me know if running a bit late, due to traffic and such like."
- Staff were recruited safely. Pre-employment checks were completed to ensure applicants were of suitable character to work with vulnerable people. This included completing checks with the Disclosure and Barring Service and seeking references from previous employers.

Using medicines safely

- Medicines were managed safely by staff who had received training and had their competency assessed.

- Guidance was in place for staff to explain what medicines people took and why, this included any 'as required' medicines such as paracetamol, for which additional protocols had been created. Staff spoke positively about the electronic system in place to manage medicines. One told us, "The app we have contains everything we need to give out medicines. It's so easy to use."
- Medicine administration records (MAR) viewed during the inspection had been completed correctly. MAR audits were completed monthly to identify any issues, such as missing signatures. Any concerns had been addressed timely.

Preventing and controlling infection

- Robust infection control policies and procedures were in place.
- Current COVID-19 guidance around risk assessments, PPE usage and staff testing were being adhered to.
- Staff had received training in infection control and the safe use of PPE, with competency checks completed to ensure staff were donning and doffing PPE correctly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff confirmed they had received training in the MCA and had a basic knowledge of how this impacted on their roles. One told us, "This is to do with people having capacity and being able to make decisions. Where people lack capacity, usually they have family member or an advocate who is able to make decisions on their behalf."
- People's consent had been sought during the care planning process, as well as during each support visit. One person told us, "When staff arrive, they ask how I am and for my consent."
- Where people's ability to make certain decisions had deteriorated, for example due to living with dementia, care files indicated whether someone else could legally make decision on their behalf, known as a lasting power of attorney for health and welfare. We found any decisions made for people lacking capacity had been done in their best interest.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments had been completed with people, to ensure the service was suitable and could meet their needs.
- Support plans had been created with the involvement of each person and/or their relative. One person told us, "Before the service started, we spoke a lot. [Deputy Manager] came out to see me and we went through everything step by step." A relative stated, "We were involved in deciding the support we wanted."

Staff support: induction, training, skills and experience

- Staff received enough support, training and supervision to carry out their roles.
- Staff spoke positively about the training and support provided. One told us, "When I started, I did lots of training. I completed the care certificate along with training sessions in areas such as manual handling,

safeguarding, dementia and mental health." Another said, "We have regular supervision, every few months or so. Enough support is provided, definitely."

- A spreadsheet was used to monitor training completion and ensure staff were up to date. At the time of inspection, a similar system for monitoring supervision completion was not in place, however, the registered manager confirmed this was being developed.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received support in line with their assessed needs. This varied from staff making people drinks, through to supporting them with meal preparation. Care plans clearly explained the support people wanted, along with personalised information around their likes, dislikes and preferences.
- Where necessary the service supported people to stay well and contact or access healthcare services, such as local social prescribers, GP's and mental health nurses.
- The service was responsive to people's health needs and ensured staff knew how peoples' conditions could affect them. For example, specific information provided by one person about their medical condition had been shared with staff, to ensure they could support this person effectively.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives spoke positively about the care and support received and the staff who provided this. Comments included, "The quality of the staff is very good, they are kind, compassionate and inventive" and "Staff are very polite and very conscientious. They clearly train their staff very well."
- The service had clear policies around promoting equality and diversity and respecting any protected characteristics. We noted examples of collaborative discussions taking place between people, their relatives and the service, to ensure people's needs and wishes were met whilst celebrating religious festivals.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff who knew them well.
- A relative told us, "All the staff have a lovely way about them. They chat away with [relative] and treat [relative] with dignity."
- Staff described the ways in which they ensured people's dignity was respected. One stated, "I make sure the person is safe and comfortable and consider where we are. I always think to myself, would I like to get dressed or washed here, if not, why would the person be any different." Another told us, "I always ask before providing any personal care. I close doors and curtains and check if they want me to remain in the room, such as if using the toilet and it would be safe for me to wait outside."

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

- People and relatives were complimentary about how the service communicated and involved them in discussions about care and support. Comments included, "I am fully involved in my care. They ask for my views" and "They communicate very well. Each person who visits always knows what is going on."
- The service completed regular reviews, to ensure the support they provided still met people's needs. Where changes were needed, the service had responded timely. A relative told us, "Any changes, we just need to ask and they are sorted quickly."
- People and relatives views were also sought through annual surveys and discharge surveys, when people no longer required support from the service. We looked at some of the comments from recent surveys, which included, "They have done more in four months, than the last provider did in four years" and "Supported Steps are very good and meet my needs. Staff are reliable, trustworthy and always on time."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was personalised and met their needs and wishes.
- People and relatives told us they were involved from the initial assessment stage which ensured their care plan was how they wanted it. A person told us, "I'm really happy with my care plan. I am fully involved in this." A relative stated, "The care plan is a work in progress, we were involved from the start in deciding the support we wanted."
- Care files contained a range of person-centred information, including a personal profile which detailed key background information, what was important to the person and how best to support them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the requirements of AIS. Information was available in a range of different formats, including easy read, dyslexia-support font, braille and audio.
- Care files included details of any communication difficulties people had and how best to communicate with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided a range of opportunities for people to maintain links with others and engage in social activities.
- For people needing to shield or isolate during the pandemic who did not have internet access, the service offered to loan people an internet accessible device and provided guidance on how to set up and use. This allowed them to take part in zoom meetings and access digital support sessions.
- The service facilitated weekly wellbeing walks at various locations within the Bolton borough and ran a number of fun group activities at the office, which anyone could access.

Improving care quality in response to complaints or concerns

- Information on how to complain was provided to people when they started to use the service.
- People and relatives confirmed they knew how to complain, however, were happy with the care and support provided and had not needed to. A relative told us, "Any issues, I would ring [registered manager], however, we speak quite often as it is as communication is very good."

- The service used a log to document concerns raised and the action taken to address these. Both of the complaints received, neither of which were related to care or support provided, had been dealt with in line with the providers policy.

End of life care and support

- The service was not providing palliative or end of life care at the time of inspection. Training was available to ensure staff had the required skills and knowledge should this be required in the future.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke positively about the service. Comments included, "I would definitely recommend them, they are a 'human' service", "I think the service is very well run. They regularly ask for my views" and "[Relative] is a changed person since they have been involved, much more interested in things. [Relative] really look forward to the staff visiting and having a natter with them."
- Staff were also complimentary about the service and all said they enjoyed working there. One staff member told us, "Management are very supportive. It feels very different here compared to other agencies I have worked for." Another stated, "They are a good company to work for, the way they treat people is really good, lots of support provided."
- The provider sought staff's views through annual surveys and feedback forms, which were circulated following the induction process.
- The provider used a 'You said, We did' system for demonstrating action taken to address people's requests. For example, a request had been made for interviews to be more service user led. In response, people had been invited to create interview questions and sit on the interview panel.

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

- The provider used a number of audits and monitoring systems to assess the quality and performance of the service and support provided. The main system used was a monthly manager's report, on which data relating to accidents, incidents, safeguarding, infection control, concerns and complaints was recorded.
- Individual action plans had been created to address any areas for improvement. The service did not currently use an overarching continuous improvement plan, which all audits would feed into, but planned to introduce this moving forwards.
- The provider and registered manager understood their regulatory requirements. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant

persons' (people acting lawfully on their behalf) in relation to care and treatment.

- People and relatives were complimentary about the quality of communication with and from the office and management. One relative told us, "Any issues and they will get in touch to let us know." Another stated, Communication is very good, they are very accessible."

Working in partnership with others

- We noted examples of the home working in partnership with other professionals or organisations to benefit people using the service. As a community interest company, they regularly partner with charities in order to offer services to people who do not meet the threshold for funded community care.

- The service has also worked with the local fire service, to arrange 'safe and well home assessments' for people. They also have links with local medical professionals and specialist services, such as counselling, which enables them to signpost people who may require specialist input.