

Step Ahead Care Services Ltd

Step Ahead Care Services

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 took place on 26 September 2018. We gave the provider two days' notice that we would be visiting their head office as we wanted to make sure they were available on the day of our inspection.

This is the first time this service has been inspected since it was registered in 2013. This is because the service has not supported people with personal care until recently. The provision of personal care is regulated by the Care Quality Commission.

This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Step Ahead Care Services provides support to adults who have a learning disability. At the time of this inspection there were two people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. 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.

Relatives told us that people using the service were well treated by the staff and felt safe with them. Relatives trusted the staff and management.

Staff knew how to recognise and report abuse and they understood their responsibilities in keeping people safe. Staff understood that people were at risk of discrimination and knew that people must be treated with respect. Staff understood that there were laws to protect people from discrimination.

Risks to people's safety, in relation to their everyday care and treatment, had been identified and staff understood the actions they needed to take to reduce these risks. Risks had been discussed with relatives, communicated to people when possible and recorded so staff knew how to support people safely.

Staff helped people with the management of their medicines and followed appropriate policies and procedures in order to make sure this was done safely. The management of medicines were being reviewed and audited regularly to ensure any issues were identified quickly.

The service was following appropriate recruitment procedures to make sure that only suitable staff were employed.

People chose the meals they wanted to eat and were encouraged to eat healthily.

The staff and management made sure that people had regular access to healthcare professionals such as GPs, dentists and opticians. People's health was monitored and relatives were updated regularly.

Staff were provided with the support and training they needed to care for people appropriately and effectively.

Staff offered choices to people and involved them in making decisions about their care as far as possible. Staff understood how people communicated their views, feelings and care preferences.

The management and staff were quick to respond to any changes in people's needs and care plans reflected people's current needs and preferences.

Relatives told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The service had a number of quality monitoring systems and relatives confirmed that they were asked about the quality of the service and had made comments about this.

Staff were positive about the management and understood the vision and values that underpinned the service.

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 understood their responsibilities to protect people from abuse and knew how to raise any concerns with the appropriate safeguarding authorities.

Risks to people's safety had been identified and the management had thought about and recorded ways to mitigate these risks.

Staff understood their roles and responsibilities in relation to maintaining high standards of cleanliness and hygiene in the premises.

There were systems in place to ensure medicines were administered to people safely and appropriately.

There were enough staff on duty to support people safely.

Is the service effective?

Good ●

The service was effective. Staff had the knowledge and skills necessary to support people properly and safely.

Staff understood the principles of the MCA and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People had a choice of meals and staff knew about any special diets people required.

People had access to healthcare professionals such as doctors, dentists and opticians.

Is the service caring?

Good ●

The service was caring. We observed staff treating people with respect, kindness and dignity.

Staff knew about the various types of discrimination and its negative effect on people's well-being.

Staff understood people's likes, dislikes, needs and preferences

and people were involved in their care provision as far as possible.

Staff respected people's privacy.

Is the service responsive?

Good ●

The service was responsive. People's care was individualised and the management and staff reviewed people's needs and made changes to people's care provision when required.

Staff knew how to communicate with people, listened to them and acted on their suggestions and wishes.

Relatives were encouraged to raise any concerns they had with any of the staff and management of the home.

Is the service well-led?

Good ●

The service was well-led. Relatives, people who used the service and the staff who supported them had regular opportunities to comment on service provision and made suggestions regarding quality improvements.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

The management team worked in partnership with other organisations to support care provision and improve the service.

Quality assurance arrangements identified current and potential concerns and areas for improvement.

Step Ahead Care Services

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 checked 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 26 September 2018 and was carried out by one inspector. We gave the provider two days' notice that we would be visiting their head office as we wanted to make sure they were available on the day of our inspection.

Before the inspection, we reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We met with two people who use the service. It was not possible to ask direct questions about what they felt about their care, so we observed interactions between staff and people using the service and spoke to two of their relatives. We spoke with four staff including the registered manager, the director and two care staff.

We looked at both people's care plans and other documents relating to their care including risk assessments and healthcare documents. We looked at other records held by the service including four staff files, quality audits and surveys.

Is the service safe?

Our findings

We observed friendly interactions between people and the staff supporting them and we saw people were comfortable with the staff. Relatives told us they trusted the staff and felt people were well treated.

Staff knew how to recognise and report potential abuse. Staff had received training in safeguarding adults and understood the types of abuse people could face and potential signs to look out for that may indicate people were being harmed. Staff knew they could report their concerns to outside agencies such as the local authority, the police and the CQC.

Risk assessments had been carried out for people using the service. These described the risks they faced in relation with their everyday care and support needs and what action staff needed to take to keep people safe.

Records also showed where situations might make the person vulnerable to abuse. For example, staff told us that neither person could go out into the community on their own because they were not always aware of environmental risks or that people might take advantage of them.

Each person had a staff member allocated to them during the day so they could go out with them whenever they wanted to. Staff told us and records showed that people enjoyed going out into the community regularly and often.

Relatives told us they had no concerns about the hours that staff were allocated to people using the service. They told us people using the service could come and go as they pleased and staff would always be around. Staff told us and records showed that each person had a staff member allocated to them during the day and there was one staff member on duty at the supported living unit throughout the night.

Risk assessments were developed for staff in connection with their duties and a lone worker policy was available which gave staff information about keeping safe.

Staff had completed training in the management of medicines and understood what they should and should not do when supporting people or prompting people with their medicines. We checked medicines and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines for each person. Records showed that medicines were audited regularly so that any potential errors could be picked up and addressed quickly.

We checked staff files to see if the provider was following safe recruitment procedures. Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual. Staff we spoke with confirmed that they could not start working for the service until they had received a satisfactory criminal record check. We saw that the provider had checked that the potential staff member had the right to work in the UK.

Staff had completed infection control and food hygiene training as part of their induction and understood their roles and responsibilities in relation to these areas of care. They told us they were provided with sufficient amounts of personal protective equipment.

Staff understood their responsibilities and knew how to raise concerns and record safety incidents and near misses. This service had only recently started to provide personal care to people and there were no records of any safety or safeguarding incidents. There were systems in place to monitor and review any accidents, concerns or incidents that occurred. The registered manager was aware of their responsibilities in this area and understood the importance of reviewing situations when things went wrong in order to learn and improve.

Is the service effective?

Our findings

We saw that assessments and care planning was carried out holistically and in line with the values of the organisation. These values included working in a person centred way to improve and promote independence, rights for inclusion and maintaining and forming relationships. These values matched those of the National Institute for Health and Care Excellence (NICE) and other expert professional bodies.

These needs assessments included goals for each person and what support they required to achieve these. These goals, care and support needs were reviewed regularly and changes made when required.

People's needs were assessed and care was planned in a way that ensured people were not discriminated against. This was because the management and staff understood the ways people could be disadvantaged for example, because of their disability or religion. The provider had also incorporated equality and diversity in the job description for staff. The job description for each staff member stated, 'Give non-discriminatory care and support that values the diverse and unique qualities of each customer. See the whole person not merely a list of care needs'.

Staff told us that the induction process was useful and involved working at the provider's other services for a few days, shadowing more experienced staff. We saw that all new staff were undertaking the Care Certificate which they told us was improving their confidence in supporting people. The Care Certificate is a set of standards that social care and health workers must follow in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Staff told us that they were provided with the training they required in order to support people effectively. This included health and safety, medicine management, food hygiene and moving and handling. Refresher training was also provided when needed. We met with the training provider who carried out most of the training for the organisation.

They told us they regularly met with the management and were able to monitor people's training needs and provide bespoke training when required. One staff member told us, "It helps us a lot."

Staff told us about recent training courses they had attended and how this had positively impacted on their work. For example, one staff member, who had recently completed a course on epilepsy, told us, "It gave me more confidence to deal with this issue."

Staff confirmed they received regular supervision and we saw records of staff supervision in their files. Supervision included spot checks on staff, by the registered manager and provider in the supported living unit. Staff told us they discussed their training needs and any changes in the care needs of the people they supported. One staff member told us, "It's important to discuss things like training and what you want to take forward."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had received training in understanding the MCA (2005) and the associated Deprivation of Liberty Safeguards (DoLS) and understood what this meant for people who lacked capacity to make decisions. The registered manager told us and records confirmed that people who currently used the service were able to make day to day decisions about their care. One staff member told us, "We give them their own choices and we go with that. [Person's name] picks whatever he's interested in." Staff also understood that people's capacity could fluctuate.

People who used the service went shopping regularly with staff and were able to choose what they wanted to eat. Pictorial menus were also available for those people who did not communicate verbally. Staff knew people's food preferences and were able to prepare culturally appropriate food because relatives had shown them how to.

Each person had a 'healthy eating guide' in their health action plan and staff monitored and reviewed people's nutritional intake. Relatives told us they were satisfied with the way people were supported to eat and drink.

Health action plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific guidance for staff regarding what action they needed to take if people became unwell.

Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. Records showed that people had regular access to healthcare professionals such as dentists and opticians and people's health was being regularly reviewed by their GP.

One of the people using the service had moved on from another service owned by the provider. Detailed information about their care and support needs had been passed on to staff to ensure continuity of care provision.

Is the service caring?

Our findings

Relatives told us staff were kind and caring and had developed good relationships with people using the service. A relative told us, "They are very good with [my relative], very calm. He's very close to [staff member]."

Staff told us they enjoyed supporting people and demonstrated a good understanding of people's likes, dislikes and life history. This matched the information we saw in people's care plans. Staff gave us examples of how they communicated with people who did not always use verbal communication, for example through use of pictures or by understanding people's body language and facial expressions.

Staff told us how they were able to include people in making decisions about their care through understanding how and what people were communicating. Staff worked hard to ensure people were not disadvantaged because they had different ways of communicating.

The registered manager and staff understood how issues relating to equality and diversity impacted on people's lives. They told us that they made sure no one was disadvantaged because of, for example, their age, sexual orientation, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against. Staff gave us examples of how they valued and celebrated people's differences.

A staff member told us, "It's about respecting difference." Staff told us that it was important to respect people's culture and customs and gave us examples of how they did this in relation to religious observance, language and culture. The registered manager told us that people's diversity including their background and culture was looked at as part of the pre-assessment of their needs.

Relatives confirmed that people were treated with respect and their privacy was maintained. Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Is the service responsive?

Our findings

Relatives told us that the registered manager and staff responded quickly to any changes in people's needs. We saw from people's care records and by talking with staff that any changes to people's health conditions were noted by staff and reported to the management so they could take the required actions. A relative commented, "They do ring me if anything changes."

Each person had a care plan that was designed to meet their identified needs and to provide achievable goals for people to improve their skills and general well-being. A relative told us, "There has been a massive improvement since [my relative] started using this service, he's a lot calmer."

Care plans reflected how people were supported to receive care in accordance with their needs and preferences. This included support with accessing the community on a regular basis. Records showed that staff undertook regular activities with each person which mainly involved going out shopping, visiting local cafes and attending day centres. Staff told us people particularly enjoyed the art and craft sessions run by a local day centre. A relative told us, "The staff are good, very accommodating. They took him away for a few days [on holiday] and they gave him a birthday party."

We saw from care records that people and their relatives had been involved in their care planning and relatives had signed the plan to confirm they agreed with the support being provided

People's needs were being regularly reviewed by the service, the person receiving the service, their relatives and the placing authority if applicable. One relative told us, "They have meetings here, we talk about every little thing."

Relatives told us they had no complaints about the service but said they felt able to raise any concerns without worry. One relative told us, "I'd say something if I wasn't happy." Relatives told us that people using the service would be able to tell them if they were unhappy or concerned about something.

There had been no formal complaints at the service and the provider told us that any minor concern was dealt with and used as an opportunity to learn. For example, they told us that handover sessions had now been implemented as a result of a previous concern about communicating and monitoring people's healthcare needs.

The registered manager told us that currently no one using the service required palliative care. However, there were sections in the care plans relating to supporting people who were near the end of their life and the relevant policies and procedures were in place so that staff understood this important aspect of care should it be needed.

Is the service well-led?

Our findings

Relatives were positive about the way the service was run. They told us they felt included and their views were sought and valued. Relatives told us the registered manager and provider were very much involved in people's care and in the day to day running of the service. One relative commented, "They know [my relative] quite well. They have a calm way about them." Another relative said, "They talk to you nicely, you can relate to them."

Staff told us their views and suggestions were taken into account and they gave us examples of where these had been taken up by the management. This included suggestions in relation to activities and improvements to the environment of the supported living service. One staff member commented, "He's a good manager, he listens."

Staff understood the vision and values of the organisation and told us how these were promoted and upheld. One staff member told us, "We must interact with the person and not look at their disability. We must look past that." The provider told us the most important aspect of staff was a kind heart. They told us they could provide the training for staff but their caring attitude to the people they were supporting was paramount.

There were systems in place to monitor the safety and quality of the service provided. These included surveys, staff meetings, service user meetings, spot checks on staff and regular quality audits. The outcomes of these monitoring systems were shared with staff and used to look ways to improve the service.

Relatives confirmed they had been asked for their views about the service and that they could contact the registered manager to discuss any issues and they were listened to. We saw completed surveys that indicated people were satisfied with the service. One relative told us, "Yes, I did fill a form in."

The registered manager told us how they worked with other agencies to improve the service. For example, they told us, "There are regular forums arranged by the local authorities which address the issues or concerns the local providers are facing. In addition, they provide valuable advice and information on how to adapt to key changes advised in line with CQC requirements. The forums are informative and provide the opportunity to providers to voice concerns or feedback to improve services within the borough."