

Footsteps Medical Care Limited

# Footsteps Medical Care Limited

## Inspection report

The Byre, Allastone Court Farm  
Court Road  
Lydney  
Gloucestershire  
GL15 5SR

Tel: 01594844244

Date of inspection visit:  
19 February 2019  
20 February 2019

Date of publication:  
18 April 2019

## Ratings

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

# Summary of findings

## Overall summary

### About the service:

This service is a residential care home. It provides personal care to adults living with a learning disability, some of whom also have physical disability and/or sensory impairment. The service is known both as 'The Byre' or 'Footsteps'.

This service was registered to support up to five people with learning disabilities and/or autism, physical disability and/or sensory impairment. Five people with complex needs were using the service. The service is an extended bungalow in a residential area and was in keeping with other domestic homes of a similar size in the area. Staff wore regular clothes when supporting people, both at the service and while out in the community.

### People's experience of using this service:

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways:

- People's wishes and preferences were ascertained by staff who understood how to communicate with them effectively and people's wishes were respected.
- People's support focused on having as many opportunities as possible for them to gain new skills and become more independent.
- People were supported to get out and about, be part of their community, meet others and maintain existing relationships.

We received highly positive feedback about the service and the support people received. The service met the characteristics of 'Outstanding' in the key question 'Is the service Caring?' and 'Good' in all other key questions. A health professional said about people living at Footsteps, "They are out all the time. They do everything".

- The service was outstandingly caring and demonstrated a strong, visible person-centred culture.
- People were supported by exceptionally caring staff who often "went the extra mile" for them and told us doing this was "a pleasure".
- People were placed at the centre of the service and benefitted from staff who knew how to communicate with them to ascertain their wishes. People's relatives were informed, involved and consulted on every level. Relatives told us their views were "listened to".

- People received exceptionally personalised care and support specific to their needs and preferences. Staff were creative and proactive to ensure people's needs were met in the community, removing potential barriers to community based activities.
- Risks to people were regularly assessed and the related support plans were followed by staff to keep people safe.
- Safe recruitment practices were followed to protect people from unsuitable staff.
- Staff were knowledgeable about safeguarding and understood provider policies and procedures in this regard. Staff knew when and how to involve external agencies.
- People received appropriate support to take their medicines safely. People's medicines were reviewed regularly in line with best practice guidelines including STOMP.
- People's health related needs and risks, such as epilepsy, were managed in accordance with national guidance and with appropriate support from health care professionals.
- People were encouraged to live healthy lives. They were supported to maintain a healthy weight, eat a balanced diet and exercise regularly.
- People benefitted from a stable staff team who "loved" their role and were happy in their workplace. Staff felt exceptionally well supported and had completed further and specialist training to enable them to support people's specialist needs.
- People benefitted from a service where inclusion and transparency were the norm. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Effective quality monitoring systems were in place and regular audits and checks supported the registered manager to identify concerns promptly and take action to improve the service.

Rating at last inspection: We last inspected Footsteps Medical Care Limited on 29 February 2016. At the last inspection the service was rated 'Good' (this report was published on 15 July 2016).

Why we inspected: We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous 'Good' rating. Previous CQC ratings and the time since the last inspection were also taken into consideration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is at the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Footsteps Medical Care Limited

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Our inspection was completed by one inspector.

#### Service and service type:

Footsteps Medical Care Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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:

The inspection was unannounced.

#### What we did:

Before the site visit: We reviewed information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements plan to make. This information helps support our inspections.

During the site visit: Most people were unable to tell us about their experience of the service due to their complex needs. We observed staff interacting with people while preparing meals and during activities. We spoke with two people's relatives and reviewed feedback the service received in 2018. We spoke with the registered manager, two care staff and a visiting therapist. We read reports by Inclusion Gloucestershire and Gloucestershire Voices. (These two charities work on behalf of people with disabilities, to ensure they have a voice and any needs related to protected characteristics, set out in the Equality Act, are met by the service.) We reviewed three people's care records, the staff rota, recruitment, training and supervision records. We checked complaint and incident/accident logs, handover and medicines records and a selection of audits and policies.

Following the site visit: We spoke with a further five close relatives of people who were using the service and received feedback from five health and social care professionals.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People's relatives were positive about their relative's well-being at the service. One said, "I just think [person's] happy which is the important thing. Generally speaking [person] looks relaxed".
- People were protected against abuse or poor practice as staff understood how to recognise this and the procedures to follow if concerns arose.
- Staff were confident to 'whistleblow' and knew which outside agencies to involve if needed.
- The registered manager reported and shared appropriate information with the provider and relevant agencies to safeguard people.

Assessing risk, safety monitoring and management:

- Risk assessments were completed and reviewed regularly. Support plans were in place to manage risks to people, while taking their individual needs and preferences into account.
- Referrals to health care professionals were made very promptly, and their advice was acted upon. Support plans referred staff to detailed advice from health professionals.
- Changes in people's support needs were communicated effectively within the staff team and shared with people's close relatives to keep people safe.
- Where people required support with health-related needs, such as epilepsy, support plans were detailed and informative to assist staff to respond appropriately to emergencies. Staff kept detailed records of all seizures which were reviewed by the registered manager to ensure any patterns were identified. These records informed care reviews and enabled staff to avoid incidents proactively.
- Health and safety checks and cleaning schedules were completed regularly. The required environment and equipment safety checks were up to date and appropriate risk assessments were in place. Repairs or replacement had been carried out promptly when issues were identified.
- A record of incidents and accidents was kept. None had occurred in 2018.
- Staff were trained in fire safety and first aid. Emergency medical help was sought appropriately.
- People's needs in the event of an emergency/unplanned event had been assessed. Business contingency plans and personal evacuation plans were in place to assist staff as needed.

Staffing and recruitment:

- People were protected from those who may not be suitable to work with them. Required pre-employment checks were completed before staff started work at the service.
- A comprehensive induction was completed by all new staff, to ensure they understood the systems and processes to be followed to maintain people's safety.
- All new staff worked a probationary period and their performance was monitored to ensure the provider's expected standards were met.

- There were enough staff with the right skills and experience to support people. People benefitted from a stable staff team. There were no staff vacancies and agency staff were not needed.

#### Using medicines safely:

- People received appropriate support to take their medicines safely. Staff had information to guide them in giving 'as required' medicines in response to people's varying needs.
- Medicine administration records (MAR) showed people had received their medicines as prescribed and the guidelines in place for staff had been followed.
- Medicines were delivered in time for people's use as prescribed. They were stored safely and securely and returned to the pharmacy if unused.
- Staff who administered medicines had received training and their competency was checked.
- An external pharmacy inspection was completed in October 2018. No shortfalls were found.

#### Preventing and controlling infection

- Staff understood how to manage potential infection control risks and followed the policies in place when managing laundry and body fluids. This included following the national colour coding scheme for care home cleaning materials.
- Personal protective equipment was available for use throughout the home and an infection control audit was carried out monthly. Any improvements needed had been acted upon.
- Staff completed food hygiene and infection control training and there had been no infection outbreaks at the service in recent years.

#### Learning lessons when things go wrong:

- Lessons were shared and improvements made when incidents occurred. Following a medicines error in 2018, learning about the importance of following processes was shared at a staff meeting. No further medicines errors had occurred since.

# 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.

Good: People's outcomes were consistently good, and 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported in the least restrictive way as their support plans were sufficiently detailed and were followed by staff. For example, support plans clearly described what decisions people could make for themselves.
- People's consent was sought by staff, before providing care. Staff recorded how people had communicated their consent. For example, in response to offering an activity, "smiling, appeared happy" and "refused last bit of dinner, saying 'no'".
- Staff understood the principles of the MCA and the MCA Code of Practice was followed.
- When people had been assessed as lacking the mental capacity to decide, decisions were made in people's best interests in line with the MCA. Such as, managing personal finances and medicines.
- The registered manager had applied for DoLS authorisations on behalf of people and kept clear records of those awaiting authorisation and their renewal dates.
- Where DoLS had been authorised, there were no additional conditions for staff to meet.

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

- People's needs were fully assessed. This included ongoing involvement of their close relatives or advocate and reviews by a range of health and social care professionals. People's support, for example in relation to their epilepsy, was planned and delivered in line with professional standards and guidance.
- People's choices were respected. Their preferred activities and prompts they recognised were recorded in their support plans. Staff noted people's response to verbal and non-verbal cues, to gauge their readiness to join in with household tasks or activities, or to receive personal care. People's wishes were respected.
- When assessing people's needs and delivering care, current legislation was considered and followed. For

example, processes followed in adherence to the Mental Capacity Act 2005.

- People's rights were supported by staff who received training in equality and diversity and followed person centred approaches.

Staff support: induction, training, skills and experience:

- People were supported by staff with the appropriate skills and experience to meet their needs.
- New staff worked alongside established staff until competent to work alone.
- Staff training and support needs were identified and monitored through probationary meetings, ongoing supervision and annual appraisal.
- Staff received regular training updates as required by the provider, for example, in safeguarding. Specialist training was in place to meet people's individual needs, such as epilepsy and positive behaviour support. A health professional said, "They have regularly sought enteral tube and enteral feeding training from us to safely manage the enterally fed patients [people] we have had living there".
- Staff were supported to achieve relevant qualifications including the Care Certificate and Diplomas in Health and Social Care. The Care Certificate is a set of nationally recognised standards to ensure staff new to care develop the skills, knowledge and behaviours to provide compassionate, safe and high-quality care.
- Staff were positive about the support and learning opportunities they received. Comments included, "We're always doing training. We're just doing 'end of life' at the moment" and about the registered manager and provider, "They're 100 percent supportive of all the staff".

Supporting people to eat and drink enough to maintain a balanced diet:

- People's nutritional needs had been assessed and their weight was monitored. Records of what people had eaten and drunk were reviewed to ensure their dietary needs were met.
- Staff demonstrated a flexible approach, offering alternatives, in response to illness or refusal, or to fit in with planned activities or appointments.
- A four-week rolling menu, based on people's preferences and dietary needs, was followed to ensure a varied and balanced diet was provided. Cultural and religious food preferences could be met when required. Meals were freshly prepared and included healthy options such as fresh fruit, salad and vegetables.
- Speech and Language Therapists (SLT) had been involved to assess people who may be at risk of choking. SLT recommendations were included in full in people's support plans. Our observations and discussions with staff demonstrated staff followed these recommendations.

Staff working with other agencies to provide consistent, effective, timely care:

- Staff worked closely with other health and social care professionals to deliver effective care and treatment. Their feedback included, "I certainly don't have any concerns".
- Staff had established good working relationships with a variety of health and social care professionals. This included the Community Learning Disability Team (CLDT) and people's GP's. One said, "I am more than happy with the quality of care".

Adapting service, design, decoration to meet people's needs:

- People could access the whole living space at the service via wheelchair, as it was on one level and ramps were in place to access the outdoors.
- People's bedrooms reflected their needs, personalities and interests. People with sensory impairment had equipment in their rooms, such as a CD player or sensory lights, so they could enjoy these in privacy while relaxing.
- Communal rooms were well maintained, comfortable and large enough to meet to the needs of the people living at the service. They were brightly decorated and hoists and adapted fixtures were in place to enable people to bath or shower with assistance.
- Sensory equipment was available for use at bath time and a sensory room was planned.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to maintain a healthy weight through diet and exercise including swimming. Some people also used 'gait trainers'. A relative told us, "He uses his walker every day to help with muscles and strengthen his legs".
- Each person had a health action plan, where details of appointments attended, advice given by health care professionals and people's individual health needs and diagnoses were recorded.
- Staff kept records of health-related incidents, such as seizures. This was used by health professionals to evaluate the effectiveness of people's treatment and support plans.
- People's care and treatment was reviewed with health care professionals at agreed intervals, to ensure it remained appropriate and effective.
- People's close relatives were invited to attend health reviews and their views were considered. They were kept informed of any incidents and health related changes by staff. Their comments included, "They keep us informed" and "Anything to do with his care, health or social side, I'm invited".

# 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.

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The service was outstandingly caring. There was a strong, visible person-centred culture. Staff demonstrated exceptional understanding of the importance of non-verbal communication in building empathetic relationships with highly vulnerable people. This approach was embodied in the provider's values and beliefs which included, "People may hear your words but they feel your attitude" and "Only those who care about you can hear when you're quiet".
- We observed genuine warmth, affection and caring in interactions between people and staff. Staff were attentive, enthusiastic and cheerful. All staff were highly motivated to offer care to each person, that was exceptionally compassionate and kind.
- People's needs were prioritised and staff enabled them to lead as normal a life as possible. When staff heard one person's "school prom" was happening that weekend, they responded quickly to ensure the person could go. Staff took them shopping for a prom dress and swapped shifts, so a staff member skilled at styling could do their hair. The registered manager had been ready to take them to the prom if their relative couldn't. Prom photographs had been framed and were displayed in their room. Their relative told us, "Clearly their staff really care about her. The staff go over and above with that kind of thing [special events]".
- Staff anticipated people's needs and recognised distress and discomfort at the earliest stage. They understood the importance of supporting people to developing coping strategies when anxious. People were supported in line with best practice guidance, such as STOMP. (STOMP is a health campaign to stop the over-use of psychotropic (mood altering) medication to manage people's behaviour). One person had been on medication for frequent 'challenging behaviour' when they moved to Footsteps. They no longer needed medication and were settled and happy; They smiled and clapped as they interacted with staff, pulling staff toward them for closer contact. Another person no longer required sedation for foot care and chiropody appointments, due to the trust staff had built with them.
- Staff responded to people's needs quickly and treated people with kindness and compassion. When a new person moved to Footsteps, staff immediately referred them to health professionals, to replace their outgrown wheelchair and easy chair. Professionals said, "I think they [people] are very well looked after. Staff are very caring" and "The individuals are always put first and every need is considered and met in a high, caring, standard".
- People were supported in line with Registering the Right Support and the service demonstrated the characteristics of a 'capable environment'. 'Capable environments' are characterised by; positive social interactions, support for meaningful activity, opportunities for choice, and support to establish and maintain relationships. For example, staff quickly realised one person, who they had been told liked to spend time alone, "thrived" around others and was sleeping much better as a result.
- People benefitted from a highly inclusive, person centred approach. One professional said, "Every

individual I have seen brought to the session, has been happy, well presented, and have received person centred attention from all Footsteps staff in attendance". Inclusion Gloucestershire reported, "It was evident that any involvement people had in activity, no matter how small, was treated as important, thus ensuring their abilities and strengths were recognised and valued".

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

- The service was exceptional at supporting people to be part of their local community and creative in developing local connections, so people could live an ordinary a life as they chose. For example, people's food preparation needs, such as pureed or fork mashed diet had been communicated to local cafés and other places people visited regularly. When going somewhere new, or with limited catering, staff took pre-prepared meals. One relative said, "He does like to be out and about, stimulated. They take him swimming, he just loves water. It's brilliant. He laughs and giggles".
- People's needs were addressed proactively to reduce barriers to them. One person had just moved into the service but wished to join others on holiday, the following week. "With a lot of arranging", staff made this happen; They asked the holiday company to measure doorways, to check the equipment the person needed would fit. They updated the kitchens to include this person's food preparation needs, so everyone could be served without delay at mealtimes. This was possible as staff had already got to know the person well, visiting them in hospital, in their own time to ease their transition. Everyone enjoyed their holiday, was treated inclusively and had a positive experience. This person had since been supported to lose weight, allowing them to access to community based activities their size had previously excluded them from.
- When people needed help to access healthcare, staff acted on their behalf. One person attended an annual clinic, involving a 54-mile round trip. Each year they refused the health check offered, which was respected. At the last appointment, the nurse said they would stop inviting them. The registered manager told them the person should be given, "every opportunity to be checked", as next year they may accept. As a result, the invites continued and staff carried out visual checks for any changes they should report to the GP.
- Information about advocacy services was available. An advocate had been appointed for one person, as part of their DoLS authorisation. People's relatives were highly involved in decision-making, as people had limited capacity to make decisions for themselves. One said, "They [staff] listen to what I say, as I know him through and through".
- Each person had a 'communication passport' which detailed any communication aids people used and techniques staff should use to gain consent and offer choice. Expectations of staff were clearly set out, including use of observation and how to avoid negative interactions. For example, respecting people's personal space and preferences and allowing time for people to respond. The PIR stated, "Staff need to learn to listen with all their senses and not just their ears." Staff adapted their approach for people with very limited sight, in ways that promoted their independence. For example, saying, "I've got a ball. Can you feel the ball?", using touch and sound to help orientate the person. They followed this up with enthusiasm, praise and encouragement.
- Staff felt valued and one described the registered manager as "100 percent supportive". The PIR stated, "We have a very dedicated staff team; most staff have been here for five plus years". A therapist said, "The consistency of staff makes a big difference and really stands out. They [people] are always so involved and they seem happy and content".

Respecting and promoting people's privacy, dignity and independence:

- People were treated with dignity and respect and their independence was encouraged. People were involved with everyday activities, such as preparing meals and doing laundry. One person had moved bedrooms while their room was being decorated. They began going into the new room of their own accord, collecting their coat when they wanted to go out, or slippers when they wanted to relax. These were significant steps towards greater independence for this person, who had no speech and had never previously done this. They had moved into the new room permanently and continued to be more

independent and enjoy quiet time there when they wished.

- People's privacy and was respected and their dignity maintained; Personal care was provided behind closed doors and 'do not disturb' signs were used to ask others not to enter while this was in progress. People's support plans included prompts to ensure they were well presented, for example, checking clothing after meals to ensure it was not soiled.
- Feedback to CQC included, "each individual is treated with dignity and respect" and staff, "can be heard speaking to the service user throughout the changing process, it's always in a positive friendly manner, advising the individual of the process and using appropriate language and prompts".
- Visitors were always welcomed. People could spend time in private with their visitors if wanted, including going out with their close relatives and/or support to visit them at their home.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- The provider's equality, diversity and human rights policy set out the approach to how people's care would be planned and delivered in line with their diverse needs and preferences. Policies referenced legal requirements, national guidance and best practice.
- People's records included their personal history, people who were important to them and their needs and preferences, including religious/cultural beliefs, social and emotional needs. Support plans detailed how staff should support each person, to enable them to take control and participate as fully as possible. For example, how support people to make choices in their day to day activities, what made them sad and how staff could help them remain happy.
- Records, staff handover and feedback we received, demonstrated people's involvement in day-to-day decision-making and the involvement of their close relatives, or advocates when appropriate. One relative said, "He was in another home before. I thought they were good, but this is far better. They [Footsteps] cater for him".
- People's information and communication needs had been assessed in line with requirements of the Accessible Information Standard and were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. For example, during hospital admissions and clinic appointments.
- Milestones in people's lives were celebrated and those who were important to the person were included by staff. One relative said, "For his birthday they made a fuss, with cards and presents and a special tea. They invited us all over, to make it a family event" and "He's so well cared for, he's so happy. The care is there, they are so compassionate it's wonderful. So thoughtful and touching". Other relatives said, "I can't praise them enough" and "We can't fault them at all".
- People were supported to live as normal a life as possible. The service was in a residential area. A fully accessible minibus was available to assist people in wheelchairs to access the wider community and for longer distances, including regular visits to family. A family member who was unable to visit regularly told us, "I do get emailed photographs which is great and I absolutely love. [Person] always seems very happy".
- Staff recognised when people were distressed and may have pain. Pain relief was given when staff anticipated people may have discomfort or their behaviours indicated distress.
- Arrangements in place had been reviewed and updated to ensure people's information was managed confidentially and care records were stored securely in line with the Data Protection Act.
- People needed a high level of support from staff to access community based activities or trips due to their physical disability. To ensure everyone was included, the number of staff on duty was increased or decreased depending on the activities planned each day.
- People and staff participated as a team in the local 2018 'Relay for Life' challenge, raising funds for cancer research. This community event involved doing laps around a track, with music and entertainment, over a 24-hour period. People and staff took turns, with staff assisting people around in wheelchairs or on foot. It was much enjoyed and they planned to do it again in 2019.

- Relatives said, "It's a home for them. They are very good to them" and "I feel blessed with having him there. It's so local, it's lovely".

Improving care quality in response to complaints or concerns:

- People, relatives and other visitors to the service could raise a complaint or make suggestions about how to improve the service.
- The registered manager was well known to all as they regularly worked alongside staff in supporting people. Feedback about the staff team was highly positive. One relative said, "They're approachable. If I had any worries I would talk to [registered manager] or staff". A health professional said, "I have absolutely no complaints at all".
- A complaints log was kept. No complaints had been received since our last inspection and many 'thank-you' messages were received in the same period.
- Feedback from the service's 2018 satisfaction survey was all positive. In their response to this feedback, the registered manager said, "It means a lot to me that staff and professionals and families are so positive and appreciative of the care that we provide here. We will continue to improve upon our practices and ensure that 2019 is another great year".

End of life care and support:

- One person had passed away in hospital since our last inspection. The registered manager told us how staff supported them and their family during this time, including staff being at the hospital with them. Feedback from this person's family during this time was very positive.
- Appropriate policies and best practice guidance was in place for staff to follow. All staff were completing training in end of life care.
- People's wishes and any specific religious and cultural preferences were explored and documented, with the involvement of people's close relatives.
- Access to necessary medicines and additional health care support was available through well-established relationships with the GP and community nurses.

# 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager understood and influenced the culture in the service as they took an active role in providing support to people. The owner (provider) visited regularly and was also well known by staff, people and relatives. For example, they often watched football with one person. Staff comments included, "[Name of service owner] is approachable. He's quite jolly. If you had any problems you could just go to him" and "I think it's a lovely place to work. The clients are lovely. It doesn't feel like work, just one big family".
- Staff felt supported, respected and valued. One said of the registered manager, "All the years I've worked in care, she's the best. If she can help you she will. We're all so close". Staff had written what they felt was important about their work on a white-board. The main philosophy of the service had been identified as one of openness and transparency. Staff comments from this exercise also demonstrated a highly person-centred and inclusive approach. For example, "I am different not less" and "We can't direct the wind but we can adjust the sails".
- People's close relatives were routinely informed of any incidents involving their relative, in line with Duty of Candour requirements. Learning from any incidents was shared with all staff.
- An external professional said, "I can honestly say that from observations of other homes and service providers who use our facilities, that [registered manager] and her team in comparison, always come across as well organised, well led, staff are content in their work and attentive to those around them".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Staff understood their roles and responsibilities and had clear job descriptions they could refer to. Expectations of staff were clearly communicated in regular and ad hoc staff meetings. For example, staff were reminded to follow policies and procedures when review of an incident indicated this had not occurred.
- The registered manager had been in post at Footsteps for nine years. They understood regulatory requirements and consistently notified us when required to do so. Staff and relatives had confidence in them. Their comments included, "Since [registered manager's] been there it's really organised. I'm ever so pleased" and "I think she's really approachable. We were new to the situation. She helped us settle in. She's got her finger on the pulse".
- The rating of the previous inspection was displayed as required.
- Monthly audits were carried out. These covered health and safety, infection control, accidents and incidents, care records and medicines. We saw that where actions had been identified these were followed up.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People's close relatives were in regular contact with the registered manager, through telephone calls and during visits. This included invites to Footsteps for events and parties.
- Staff, people and their relatives were kept informed of changes planned to the service and were consulted when this was indicated. They spoke openly with each other and could discuss their concerns. One staff member said, "Everyone can have their say or suggest improvements. We've often come up with other ideas of how to work and put them in place".
- Feedback from people's families was sought in an annual survey. No areas for improvement were identified in the 2018 survey. One professional told us, "I am more than happy with the quality of care. I'd recommend them".
- One person's relative told us how the service provided to their relative at Footsteps had a positive impact on them. They said, without it, "I wouldn't know what to do. It would be so stressful. I'm just so glad, so happy". They related back to when a family member had cared for their relative before passing away and how demanding this had been saying, "If she was alive now she could have had a life".

Continuous learning and improving care:

- Staff understood Whistleblowing arrangements and had regular access to the provider through their visits to the service.
- The registered manager was committed to improving the service for people and acted quickly to address shortfalls. For example, one minor improvement was recommended during an external pharmacist audit, this change was implemented before this audit was completed. The PIR stated, "We continually audit our training matrix to ensure that staff are fully trained and up to date with all current legislations".
- The registered manager had established relationships with other registered managers for mutual support, information sharing and resources. They attended Gloucestershire Care Provider's Association (GCPA) meetings which kept them up to date with national and local changes and initiatives. They also referred to monthly care magazines and the CQC website.

Working in partnership with others:

- The service worked openly and transparently with external organisations. This included key staff attending care review meetings to share information with local authority assessors.
- Feedback from professionals included, "I have always found Footsteps to be very considerate of others who may be using our facilities, respectful of our equipment and policies/procedures, always contact us in accordance to our cancellation policy should the need rise with plenty of notification time. Have always been efficient with paperwork required of them, have read and abide by our operations manual... and have maintained this high standard throughout their time using our facilities" and "Communication is very good. They let me know of any changes days in advance".