

Step Ahead Care Services Ltd

# Step Ahead Care Services

## Inspection report

63 Leonard Road  
London  
E4 8NE

Date of inspection visit:  
16 November 2022  
18 November 2022  
25 November 2022

Date of publication:  
02 February 2023

### 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

Step Ahead Care Services is a supported living service providing personal care to people living with a learning disability or autism. At the time of this inspection there were two people using the service living in one house sharing a bathroom, kitchen, lounge and garden.

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

We have made a recommendation about meeting the sensory and physical needs of people using the service.

### Right Support:

The model of care and the setting maximised people's choice, control and independence. People had their own bedroom and shared the facilities. Care and support was provided in a safe, clean and well-maintained environment. Staff supported people to achieve their goals and aspirations. People were encouraged to make choices and decisions in accordance with their level of understanding.

People were supported by enough appropriately skilled staff to meet their needs and keep them safe. People's risks were assessed in a person-centred way. Care plans and risk assessments were regularly reviewed and involved relatives as appropriate. People who may become anxious or distressed had proactive plans in place to reduce the need for restrictive practices.

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.

### Right Care:

Care was person-centred and promoted people's dignity, privacy and human rights. People were protected from abuse and poor care. Staff demonstrated they provided kind and compassionate care to people. Relatives confirmed they were included in decision making about their relative's care. People were supported to maintain their privacy, dignity and independence by a staff team who knew them well.

People had their communication needs met. Staff confirmed they could meet people's cultural and spiritual needs. People were supported to maintain links with their family. Staff engaged people in activities in accordance with their individual care plans.

### Right Culture:

The registered manager had an open door policy and relatives and staff spoke positively about them. Relatives and staff confirmed they would be able to raise concerns to enable improvements to be made to the service.

The provider ensured staff had relevant training, supervision and appraisal. Governance systems ensured people were kept safe and received care support in line with their personal needs. Relatives were asked by the provider about their opinions of the service. Staff worked with healthcare professionals to improve outcomes for people.

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

#### Rating at last inspection

This service was registered with us on 21 July 2021 and this is the first inspection. The last rating for the service at the previous premises was good, published on 28 April 2021.

#### Why we inspected

This inspection was prompted due to concerns received about staffing and management. We carried out a review of the information we held about this service and noted there had been a change in the location address. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led 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.

# 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 (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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 inspector

#### Service and Service Type

This service provides care and support to people living in a 'supported living' setting, so that they can live 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.

#### Registered Manager

This provider is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of Inspection

We gave the service 1 hour notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service,

what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 1 person who used the service and 2 relatives. We spoke with 3 staff including the registered manager and 2 care staff. We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We looked at a range of management records including medicines, quality audits and staff recruitment. We reviewed 6 people's care records including risk assessments and 4 staff recruitment records. After the site visit, we continued to liaise with the service. The registered manager sent us documentation we asked for and clarified any queries we had.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of harm or abuse. Relatives told us they felt their relative were safe with staff.
- Staff knew what action to take if they suspected a person was being harmed or abused. A staff member told us, "I would share with my manager and if nobody is taking any action I would contact the local authority and CQC."
- The provider understood their responsibility to safeguard people using the service.

Assessing risk, safety monitoring and management

- People had risk assessments in place including a missing person profile, preventing pressure ulcers and smoking. For example, a person's care plan for eating stated, "Staff to ensure [person's] food is cut in small pieces to minimise the risk of choking."
- The registered manager explained how they managed the risks of harm people may face and said, "We ensure there is sufficient staff to ensure minimal risk of harm or abuse and risk assessments are in place."
- Staff told us they did not use restrictive interventions with people to manage behaviour. A staff member said, "We try to divert [their] attention with [their] favourite things."
- Behaviour support plans were in place for people who may become distressed or anxious. These gave clear guidance to staff about the signs to look for when the person was becoming distressed or anxious and how to respond.
- The provider had a policy for handling people's money and kept records of people's expenditure. We checked the records of expenditure and the amount of money people had remaining and these were correct.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. We observed each person had a dedicated staff member working with them. Relatives told us there were enough staff on duty to meet people's needs.
- Records, staff and relatives confirmed there was always enough staff on duty.
- The registered manager told us they had an agency they used if needed. Staff confirmed that agency staff were used when a staff member was on holiday or called in sick.
- The provider carried out relevant recruitment checks before employing new staff to ensure suitable staff were employed. These included proof of identification, references and the right to work in the UK.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions. DBS checks were carried out for new staff and regular updates obtained for all staff.

### Using medicines safely

- People's medicines were managed safely. Medicines were stored safely and correctly.
- We checked medicines for two people using the service. Medicine administration records were completed correctly with no gaps.
- The stock count for 2 medicines matched the amount recorded by staff.
- People had a medicine support plan and risk assessment in place which indicated what support the person needed with their medicines.

### Preventing and controlling infection

- People were protected from the risks associated with the spread of infection. Relatives told us they were confident staff did what they needed to do to prevent the spread of infection.
- Staff understood how to prevent the spread of infection. A staff member told us, "We wear proper [personal protective equipment] and we wash our hands. We wear gloves, masks and use sanitisers."
- The provider had an infection control policy which gave guidance to staff about how to reduce the spread of infection. This had last been reviewed and updated in August 2022.
- We saw the provider had adequate supplies of personal protective equipment.

### Learning lessons when things go wrong

- The provider kept a record of incidents and used these to learn lessons so improvements to the service could be made. The registered manager told us there had been no accidents since the last inspection.
- Staff confirmed that lessons learned from accidents and incidents were shared with them so they could avoid reoccurrence.
- The registered manager gave an example of where a lesson was learned when a person became distressed when out with staff because they had forgotten to bring an important item with them. Staff were then advised to always check people had everything they needed before leaving the house.



# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed before they began to use the service so the provider could be sure they could meet the person's needs.
- The assessment was detailed and included the support needed for personal care, oral care, health needs and mobility.
- Assessments included the person's life history including contact with family, leisure activities and spiritual and cultural needs. People's likes and dislikes were documented.

Staff support: induction, training, skills and experience

- People were supported by suitably qualified and experienced staff. Relatives told us they thought people were supported by staff who knew them well.
- The registered manager told us new staff received induction training for 3 days including reading policies, record-keeping, mandatory training and health and safety. They told us new staff spent two days shadowing experienced staff.
- Staff confirmed they had received an induction when they first began working in the service and then received regular training opportunities.
- Records showed staff received training in key topics including moving and handling, emergency first aid, role of a care worker and managing distressed behaviour. Staff also received training in learning disability, dementia and mental health.
- The registered manager told us in the next round of refresher training, staff would be completing separate training in learning disability and autism in line with new legislation.
- Records confirmed staff were supported with regular supervision and appraisal. These meetings focused on supporting staff to develop their skills.

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

- People were supported to maintain a balanced diet. We checked people's food supplies in the kitchen and saw there was food available in the freezer, cupboard and fridge.
- Staff explained how they met people's nutritional needs. A staff member said, "We give [people] proper food. We make the menu, give breakfast, mid-morning snack, lunch, afternoon snack, dinner and supper. We hydrate them; give 8 to 10 glasses of water."
- Staff told us how they ensured people had enough to eat. A staff member said, "We have a food chart. If they need more, [person] will ask staff for more. [Another person] gestures so can show staff [they] need more."

- Care records contained people's food and drink preferences. For example, a person's care plan stated, "Staff need to know that I like to have fish and chips on Fridays and every day I have supper. I like tea and cake a lot."
- Care plans detailed the support people needed. A person's care plan stated, "I can eat on my own without any support but need supervision from staff. I will let you know when I am hungry and what I want to eat. Staff need to encourage me to drink a lot."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health. A relative said, "[Staff] have often mentioned when [person] has been to the GP and seen the psychologist."
- Staff confirmed they supported people to health appointments.
- The registered manager told us people had access to routine and emergency dental care. Records confirmed this was the case.
- People had a health action plan and hospital passport which could be taken with them should they be admitted to hospital. These documents contained information for staff to know the best way to support the person with their health.
- Care plans detailed the outcome of health appointments with recommendations so staff would know how to support people with their health.
- Records showed people had access to the GP, dentist, psychologist, physiotherapist and social workers.

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

- During the inspection we visited the location where people received the service. There was a calm, relaxed atmosphere with relaxing sounds playing through the TV.
- However, we noted the garden and kitchen were not accessible for wheelchair users due to limited turning space and a step down to the kitchen. This meant people using a wheelchair could not get involved in garden activities or cooking their food.
- We raised the access to the kitchen issue with the registered manager who explained that if a person in a wheelchair wanted to get involved, they were able to do so at the dining table in the communal area.
- The nominated individual and registered manager told us they would discuss with the landlord the access issues within the home and make the necessary changes.
- We noted the environment was not homely because there were no pictures or sensory items on the walls in the communal areas or people's rooms.

We recommend the provider seek advice from a reputable source about how the design and decoration of the environment can best meet the needs of people using the service.

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 MCA 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.

We checked whether the service was working within the principles of the MCA.

- People were being supported in the least restrictive way possible and at the time of inspection there was nobody using the service having their liberty deprived.

- Care records showed people had mental capacity assessments for managing their finances, staff supporting them with personal care and staff administering their medicines.
- Where appropriate, people had signed their own tenancy agreement.
- Staff understood the need to obtain consent before delivering care and gave examples of how they offered choices to people who could not verbalise their needs. A staff member told us, "With [person], if it is clothes, we show them and [they] will move [their] head or hands to tell us."

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 were supported compassionately by staff who knew them well. Relatives told us staff were kind and caring. A relative said, "Very caring actually."
- A staff member described how they got to know people when they started working at the service. They said, "I checked [people's] file and paperwork. I spent time with [people] so at least then they know me and I know them as well."
- Staff understood how to respect equality and diversity and confirmed they could meet people's diverse needs. A staff member explained for one person, their relative brought them food appropriate for their culture.
- The registered manager told us the service supported people without discrimination and said, "Whoever comes to stay with us has the freedom to practise whatever they want to practise without any judgements."

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

- People and their relatives were involved in the care provided. Relatives confirmed they were asked for their views about decisions around the care their relative received and were kept updated on their relative's wellbeing.
- Staff described how people and relatives were involved in making decisions about the care that was delivered. Comments included, "[People] know their routine and what they like." and "When [a relative] calls to ask how [person] is, we talk to them and tell them how they are."
- The registered manager explained how she involved people and their relatives in care decisions, "I always share a copy [of care plan] with [relative] and ask them for feedback if there is anything they want me to change."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. We observed staff asked consent before entering people's rooms.
- Staff knew how to promote people's privacy and dignity. A staff member told us, "If we give personal care we make sure the door is closed. We respect their privacy by waiting outside the door and then we ask can we come in when they are finished."
- People were supported to maintain their independence. A staff member described how they encouraged a person to take their dishes to the kitchen after eating and to clean their room with support. This staff member said, "[Person] loves to help."
- Care plans contained support people needed to work towards independent life skills. For example, one

person had a goal to learn how to wash dishes and another person had a goal to learn how to hold a cup and drink.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 personalised care which met their needs and preferences. Relatives confirmed this was the case. A relative said, "When [person] asks to go out, they go out for walks or for lunch."
- A staff member explained people either told them their preferences or used gestures and body language to indicate their choice.
- Staff understood how to deliver a personalised care service. They described the differences in how each person received their care in accordance with the person's wishes.
- Care plans were detailed, pictorial, personalised and included support needed with culture and spirituality. A person's care plan stated, "Staff need to lay a few sets of clothes on the bed and ask me to choose from them."
- People's preferences were documented. A person's care plan stated, "I like spending time with staff and chatting with them. I don't like anyone to wake me up before time. I don't like noise."
- Care plans were reviewed regularly on a monthly basis. Records showed the views of relatives were included in care plan reviews.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. The registered manager explained the people using the service could not use verbal language but staff knew what people wanted by their body language and facial expression.
- A person's care record contained Makaton signs which staff could use to communicate with them and stated, "Staff can use pictures and objects to help communicate with me. I will usually point to the area which is hurting if I am in pain."
- Care records detailed people's visual, hearing and sensory needs. A person's care plan stated, "My vision is clear. I do not need any kind of support in this area. I am not touch sensitive. I do not have any hearing issues and I can hear clearly."

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

- People were supported to take part in activities that were socially relevant to them. We observed staff

spending time and chatting with a person as they engaged them in activities in their room.

- Care plans detailed how people liked to spend their day. A person's care plan stated, "I like watching TV, listening to music and dancing. I like writing my notebook during my free time. I like to write letters. I also like to participate in group games."
- During the inspection, we observed a person on a shopping trip. Staff engaged with the person and it was clear the person appreciated the dedicated 1 to 1 time from the expression on their face.

Improving care quality in response to complaints or concerns

- The provider managed complaints appropriately. They had a policy which gave guidance to staff about how to handle complaints.
- Relatives told us they would feel comfortable raising concerns. A relative said, "I have had no reason to [complain]. I think they would look into it [and] I would hope they would resolve it."
- The provider kept a record of complaints. We saw 3 complaints had been recorded since April 2022. The outcome of the complaint investigation was documented and noted if the person making the complaint was satisfied.

End of life care and support

- At the time of this inspection there was nobody using the service who required end of life care. However, people's care plans indicated who they would like to be contacted should they reach the end of their life and who would arrange the funeral.
- We discussed end of life care with the registered manager. They told us they planned to use an accessible pictorial format to make it easier for people to express their end of life care wishes and have these documented.
- The provider had an end of life care policy which gave guidance to staff about how to meet people's end of life care wishes should anybody require this type of care 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- The provider promoted a positive culture which was open, inclusive and empowering. This meant the service aimed to achieve good outcomes for people.
- Relatives told us they thought the service was well managed and the registered manager was approachable. A relative said, "[Registered manager] texts us and we can text [them] as well."
- Staff told us the registered manager was approachable and they could speak to them at any time. A staff member said, "When I do something properly, I feel better and the manager appreciates me and says, 'You do this very good'."
- The registered manager described how they encouraged a positive culture. They said, "I talk to [staff] on a personal level. If they have any issues we discuss it openly. They can talk to me anytime. I talk to [people using the service] and ask if they have any concerns."

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

- The registered manager and staff were clear about their roles and understood what was required of them. Staff told us they were kept updated on any changes. Comments included, "We have a communication book" and "We have a handover."
- The provider had systems in place to check the quality of the service. We reviewed the records of quality checks carried out for medicines, infection control and people's finances. Actions identified were signed when completed.
- Actions identified for quality checks were signed off when completed. For example, the medicine audit in January 2022 noted a staff had made a mistake. The action was staff were given medicines management refresher training.
- The registered manager carried out monthly spot checks which included checking food safety, care records and daily activities. We noted for the spot check carried out in November 2022, staff were asked to explore more indoor activities for people.

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 provider understood their responsibility to notify the appropriate authorities about incidents and safeguarding concerns.
- The registered manager understood the duty of candour. They told us, "I need to be transparent, truthful



and open. In case of any incident, I have to report it and not hold back any information. You have to apologise and make sure you don't repeat it again."

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

- The provider had systems in place to engage with relatives and staff through feedback surveys and meetings.
- We reviewed the feedback survey carried out with relatives in December 2021. Comments included, "[Service] feels good and the care towards my [relative] makes me happy" and "It is a very friendly and caring environment. The quality of care is very good in my opinion."
- Staff told us they found staff meetings useful. We reviewed the minutes of the staff meeting held in February 2022. Topics discussed included the feedback survey, people using the service, infection control, incident reporting and training.
- Staff confirmed they were treated equally. The registered manager confirmed the service could meet people's cultural and spiritual needs as required.

Working in partnership with others

- Care records showed the provider worked in partnership with health professionals to improve outcomes for people including physiotherapist, GP and dentist.
- The registered manager told us they worked in partnership with other professionals so people who used the service could access classes in arts and crafts, yoga and exercise.