

Doncaster Metropolitan Borough Council

Positive Step

Inspection report

Social Care Assessment unit
The Avenue, Bentley
Doncaster
South Yorkshire
DN5 0PS

Tel: 01302734361

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Positive Step, is an adult social care assessment unit, which is registered to accommodate up to 35 people. The service takes referrals from an integrated discharge team at Doncaster Royal Infirmary. The service offers short term accommodation for people who require a comprehensive assessment and works towards building people's confidence and skills to enable them to return home, or to a more suitable placement. They contribute to the discharge pathway to reduce hospital stays and prevent delayed discharge from acute hospital beds. Their purpose is to reduce or delay admissions to long term care, and to prevent re-admissions to hospital by facilitating a safe discharge with the appropriate support within the individual's home and community.

The single storey purpose built home is split into three smaller areas, known as Hatfield, Cadeby and Hickleton units, each of which has separate adapted facilities. Access into and around the home is level providing equal access for people who mobilise using wheelchairs or other mobility aids.

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

People told us they were happy with the service provided at Positive Step. The resources available were focussed on assessment and re-enablement, to help people to achieve as much independence as possible. We received some very positive feedback from people, who told us they would recommend the service to others who found themselves in the same position.

There was a very strong focus on promoting people's independence, choice and control, People's care and support very clearly focused on them having as many opportunities as possible for them to regain skills and maintain independence.

There was a person centred, caring and responsive ethos. People told us how they were treated with kindness and respect. We saw there was a positive atmosphere and engaging interaction during our visit.

People were safeguarded from the risks of abuse. Risks associated with people's care were assessed and monitored and people and relatives told us people were safe while staying at the home. People's medicines were safely managed.

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.

There were enough staff to meet the needs of each person. Recruitment continued to be undertaken in a safe way. Staff were skilled, motivated and knowledgeable. They had received appropriate training and support and were encouraged to develop their individual skills. People received a balanced diet which met their individual needs and took into consideration their preferences.

Staff told us they felt supported and they could raise any concerns with the registered manager and felt they were listened to. People told us they were aware of how to complain if needed. Staff knew people's needs and were passionate about promoting people's independence. People were respected and valued as individuals; and empowered as partners in their care.

Systems of governance were in place to continually monitor the quality of the service. Feedback about the leadership and management was very positive and staff felt very well supported. Staff were professional and motivated to achieve the best outcomes for people. People were fully involved in their care and had opportunities to give feedback, which was used to further improve the service.

Rating at last inspection:

The service was rated good at the last inspection (published January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

For more details, please see the full report which is on the CQC website at 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?

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 caring 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.

Positive Step

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An inspection manager also attended the inspection visit. Their role was to observe how the inspector conducted the inspection, this is part of how CQC monitors inspector's performance.

Service and service type

Positive Step 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. The registered manager was not present at the time of the inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with ten people who used the service. We spoke with five relatives, one person's friend who were visiting at the time of the inspection. We spoke with the registered manager and an assistant manager. We spoke with two senior support workers and two support workers. An advanced nurse practitioner who was employed by the NHS Trust and based at the service spoke briefly with us about their role at the service. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We reviewed a range of records. This included three people's assessment and care records and records of medicines. We looked at two staff files in relation to recruitment and staff training and support, and a variety of records relating to the management of the service. This included records of complaints, meetings and quality assurance audits.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection 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:

- There were effective systems in place to safeguard people from abuse.
- People and their relatives told us they were safe at Positive Step and we saw people were comfortable in the presence of the staff. One person said, "I feel safe and well looked after."
- One relative said, "[Family member] is very safe here. It is fantastic here, one hundred percent. No worries."
- Staff received safeguarding training and were clear about their responsibility to report any concerns.
- Staff had a good understanding of whistleblowing procedures. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Assessing risk, safety monitoring and management:

- Risks to people's health, welfare and safety were well managed.
- Risk assessments were in place, which identified the potential risks to each person and described the measures in place to manage and minimise these risks.
- The management of risk was proportionate, so it did not negatively impact on people's freedom.
- One person's relative said, "[Staff] are very good at identifying risks. They have discussed with the physio about [family member] going home and gone through everything thoroughly, to make sure [family member's] home is safe for their return." Another person's relative told us sensors had been fitted to their family member's bed to help keep them safe. This was because they were at risk of falling and, the sensors would make staff aware if they get up during the night.

Staffing and recruitment:

- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed.
- There were enough suitable, qualified and consistent staff available to meet people's needs,
- Staff were visible and attentive to people's needs and people received prompt care, support and regular interaction.

Using medicines safely:

- People were provided with safe and appropriate support with their medicines, which were stored and managed safely.
- Staff were trained to handle medicines in a safe way and had annual assessments of their competence. One staff member told us they were due refresher training soon, as they were expected to undertake training annually.

- As part of their assessment role, staff assessed people's ability to manage their own medicines. This was to gauge if they would need support with their medicines when they returned home. We saw staff undertaking a thorough assessments with one person and they did this in a very kind and supportive way.

Preventing and controlling infection:

- Effective measures were in place to prevent and control the spread of infection. The home was very clean and well maintained. One person's relative said, "It is a lovely environment fresh and clean."
- Staff had received training in food hygiene and infection control.
- To prevent the spread of infection hand washing facilities, gloves and aprons were readily available for staff.

Learning lessons when things go wrong:

- The service learned from past incidents and accidents to enable them to support people better.
- The management team were keen to develop and learn from events and use all opportunities to improve the service for people and for staff.
- There was a culture of learning lessons and staff were encouraged to reflect after incidents, on how things could have been done differently and where improvements could be made.
- Accidents and incidents were monitored from a senior management level to ensure lessons learnt could be shared and monitored at an organisational level. This enabled possible trends to be identified and, where needed, action to be taken to reduce future risk.

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 the last inspection this key question was rated as good. At this inspection 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 needs were assessed, and care and support was delivered in line with people's needs, choices and preferences
- Before admission people were visited in hospital by staff Positive Step This was to make sure the service had the equipment in place, and the expertise needed to care for the person in the best way.
- There was a strong focus on maintaining people's skills and reenabling people. One person said, "The staff are very good. They encourage me to do things and I can now make a cup of tea."
- When people were admitted to the service a care plan was completed with the person, and with the support of family members, if appropriate. People's plans were kept under constant review to make sure they were current and met their needs.

Staff support: induction, training, skills and experience:

- People were supported by staff who had the skills and knowledge to support them effectively.
- There was an effective, ongoing programme of training for all staff and new staff received an in-depth induction to the service, which included training in all core knowledge subjects needed to care for people effectively. Staff received training in other areas important to the specialist needs of the people.
- Staff attended a validated course in 'Rehabilitation and re-enablement'. The course helped staff to understand how to enable people to be as independent as they could and we saw lots of evidence of the benefits of this training in staff's day to day practice.
- Staff received regular supervision and appraisal to monitor their performance and support them in their roles.

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

- People received a balanced diet which took in to consideration their preferences and dietary requirements.
- Everyone we spoke with said the meals were of good quality. For instance, one person said, "The meals are good. I can't fault them."
- There was a nice, relaxed atmosphere at lunchtime and there was choice of meals for people, with alternatives available. The vegetables were serviced in dishes that went onto the table and this gave people the opportunity to help themselves. People enjoyed their meals, which looked and smelt appetising, and were asked if they wanted more.
- Where people's culture included specific dietary needs, people's wishes were facilitated and respected.
- Where people were at risk of not maintaining a balanced diet, information was included in their care plans

on how this should be addressed. When needed, staff monitored people's food and fluid intake, and input was sought from relevant community healthcare professionals.

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

- People's healthcare needs were assessed and planned for, to make sure they received the care they needed.
- People told us the service supported them particularly well with their health needs and relatives confirmed they felt confident their family member's health needs were met.
- Staff worked very well with external healthcare professionals. There was a team of health care staff based at the service who they worked in partnership with on a day to day basis in assessing and meeting people's needs.
- Additional support from external healthcare professionals such as mental health nursing team was readily available, in addition to the healthcare therapists based at the service. There was very good access to community nursing services.
- The registered manager told us while they stayed at the service, people were registered temporarily with a local GP. They told us the GP held a surgery at the Positive Step one day a week, along with carrying out other visits to people, if needed.

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

- The building was well designed, to suit the needs of the people who used the service.
- Corridors and doorways were wide enough to enable people to move freely within the home and communal areas were homely while providing enough space for people to participate in activities.
- People gave positive feedback about the environment. For instance, one person said, "My room is beautiful. Another person told us, "The environment is the best thing here."
- Although people were not staying for long, they were encouraged to bring personal items, to help make their bedrooms more personalised and homelier.
- There was pleasant and accessible outside garden space, where people could walk or sit and chat.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

- People were supported by staff who were appropriately trained and knew the principles of the MCA.
- People's mental capacity to make decisions was assumed unless there was evidence to suggest otherwise. There was an emphasis on involving people and enabling them to make choices wherever possible.
- The service employed a staff member to undertake mental capacity assessments for people when they were admitted to the unit. Each person was assessed as to their level of capacity relating to activities of daily living
- The registered manager requested DoLS authorisations from the local authority to ensure this to be lawful and people's rights were protected, where necessary.

- We saw that people's freedom was not unduly restricted. One person commented, "I can go out whenever I want."

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 the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's views were central to how their care was planned and delivered.
- People's care plans included information about how they wished to receive their care and support and any goals that needed to be achieved.
- Where people had no active family relationships they had appointed advocates, to act on their behalf and in their best interests. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes.
- People told us they were supported to make choices about their lives and their choices were respected by the staff.
- People told us staff were friendly, kind and caring and looked after them well. People's comments included, "The staff are very kind" and "You cannot fault the staff."
- The atmosphere was calm and positive, and the staff were very attentive to people's needs. We saw staff approaching and talking with people in a sensitive way. We saw a care worker supporting one person to eat their meal. They were kind and unhurried in their approach and engaged easily with the person, as they sat at the same level.

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

- People's privacy, dignity and independence were upheld and promoted.
- Because of the function of the service, the resources available were focussed on assessment to help people to achieve as much independence as possible in a short time. We saw high levels of interaction with staff encouraging and reassuring people and actively encouraging them to do things for themselves. This included people pouring their own drinks and serving themselves at mealtimes.
- Staff told us how they enjoyed seeing real improvements in people's independence and confidence to try things and believed this was due to staff motivating and encouraging them. This had had a positive impact on people's recovery and wellbeing.
- Staff spoke with people with warmth and respect. Everyone looked to be happy and there were lots of smiling faces.
- The people and relatives we spoke with gave positive feedback when talking about the staff. For instance, one person's relative said, "Everybody is friendly and helpful. " Another relative observed, "The staff go above and beyond."
- The visitors we spoke with told us they were made welcome and felt at home when visiting. One person's

visitor was particularly happy they could bring in a pet to visit their family member.

- There were some restrictions for visiting hours, which were between 10am and 12 midday, and 5.30 and 8pm. There were clear notices around the service to indicate this. The registered manager explained this was to prevent disruption of the various assessment sessions people had scheduled. There was some flexibility in this, for instance, if visitors had to travel a long distance.

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

- There was a person-centred culture, with staff ensuring people were treated equally and fairly. Staff were observed supporting people in a kind, compassionate and empowering way.
- The provider recognised people's diversity and had policies in place which highlighted the importance of treating everyone as individuals. People's care was planned to take into account all of people's diverse needs.
- Staff received training in equality and diversity, and people's diversity and individuality were respected, and their rights were considered when their care was being planned.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection 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 benefitted from the person-centred culture and ethos within the service.
- People's care plans were individualised and detailed, and included information about people's daily routines, including the tasks they could do independently and where they needed support.
- The registered manager told us people's care plans were very fluid because of the daily reassessment of people's needs and abilities. We saw people were involved in reviewing and updating their care plans.
- Staff showed a very good understanding of people's individual needs, and how best to meet them. This was praised in the feedback we received from family members. For instance, one relative said, "[Staff] definitely understand [family member's] needs and they ask lots of the right questions."
- We saw the service was flexible and effective in responding to people's individual needs. For instance, by extending assessment time frames and working hard with people to help them recover their independence.

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 maintain their relationships. For instance, one person said, "I have good contact with my family." One person's relative confirmed staff helped their family member to stay in touch with them by phone. People's relatives said the service kept them up to date about the welfare of their family members. For instance, one person's relative said, "The best thing here is [family member] is safe and in company, and the manager would ring me if there were any concerns."
- There was a well-equipped assessment and therapy room, which included specialist equipment. For instance, people's ability to use the stairs could be assessed.
- Although a small number of people would have liked more 'organised activities', most people told us there was enough to do. One person said, "There is usually something to do." One relative told us staff regularly encouraging people to take part in activities. They said, "Yesterday they played name games."
- The registered manager told us during term time, students from a local college came in one day a week and often spent time undertaking table top activities with people. A hairdresser and a beautician visited weekly. People could have a massage, or a manicure. Periodically, singers and other entertainers were booked, and a therapy dog visited most weeks.

Meeting people's communication needs:

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

impairment or sensory loss and in some circumstances to their carers.

- Staff at Positive Step consistently ensured information was available to people in an accessible way. This enabled effective communication with people.
- Staff had a good understanding of people's individual communication needs. One person told us, "I am happy with everything here and the staff understand me."
- Notice boards provided information in an easy read format, such as the complaints procedure and summary of meeting minutes. This helped to promote meaningful engagement in their home.
- There was a large 'welcome' message in several different languages, in the entrance area. This helped to make sure people were welcomed in their first language.
- Each person's care plans included information about their communication needs and staff were familiar with methods of communication, and effectively interpreted what people liked and wanted.

End of life care and support:

- Because of the short term nature of people's stay, Positive Step did not deliver end of life care.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would talk with the registered manager or staff if they had a complaint.
- The registered manager investigated complaints. They met with or telephoned the person making the complaint and resolved them.
- The registered manager kept a complaints log, which showed the actions they had taken to resolve complaints.
- One person said, "I have never had reason to complain." Relatives expressed confidence that any concerns or complaints would be taken seriously and dealt with appropriately. For instance, one a relative said, "I am sure they would act on things. They look at the problems and address them."

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 the last inspection this key question was rated as good. At this inspection this key question 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:

- There was a clear, shared purpose in the service. The registered manager promoted holistic, person-centred assessment, care and support to help with people's re-enablement.
- The staffing levels and staff training in rehabilitation and re-enablement ensured the service provided an enabling environment.
- Staff were keen to ensure people received the best care and support possible and ensured people were well equipped when returning home or to other services.
- Staff told us they were proud to work in the service and were appreciative of the support they received from the management team.
- Relatives and staff told us there was a positive culture. One person said, "Oh yes, it is well run. It is very nice here. I can't ask for anything more."

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

- There was a positive culture in the service, with good leadership and a staff team who were very motivated to achieve the best outcomes for people.
- We observed staff worked well together. The members of the staff team were clear about their role and responsibilities and were professional and open about the people they supported.
- Feedback from people and their relatives about the management of the service was very positive. For instance, one relative said, "It is one hundred and ten percent well run. The manager is nice and friendly and approachable, and they have the right staff for here."

Continuous learning and improving care

- The management and staff team recognised the importance of learning when things went wrong and sharing that learning with the whole team
- The members of the staff team told us there was a focus on continuous improvement. They came across as very committed and person-centred in their approach. They said daily and monthly team meetings took place and gave the team the opportunity to reflect on what they had been doing and how they could further improve the service.
- An effective programme of quality assurance and audits was in place. These checks helped to sustain quality and drive improvement.

- Where improvements were identified, action plans gave clear actions for staff to take. There was evidence that discussions took place and further training and support provided, when necessary.

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

- There was a strong emphasis on respecting people's rights and ensuring care delivery was non-discriminatory.
- People and their relatives were actively encouraged to give feedback about the quality of the service on a day to day basis, as well as being asked to fill in surveys about the quality of the service.
- Survey outcomes were collated so the registered manager was aware of people's feedback and any themes that might emerge. Any areas for improvement were discussed with staff and people to agree any actions.
- Staff confirmed the registered manager encouraged feedback and acted on it to continuously improve the service.
- Regular reviews with people about their care and support needs had a positive impact on people's recovery. People were actively encouraged to maintain their lifestyles with the support and encouragement of staff. .

Working in partnership with others:

- Staff worked holistically and in partnership with other health and social care professionals to promote and enhance people's well-being.
- The service was very much part of a multidisciplinary approach, with weekly multidisciplinary team (MDT) meetings at the service to discuss people's progress and discharge pathways. An MDT is a group of health care workers who are members of different disciplines and professions, each providing specific services to the person.
- Because the Positive Step and the MDT teams worked well together, this helped to co-ordinate the services people received, supported people to achieve their goals, and provided safe discharge to the appropriate setting for people.
- Members of people's families attended their review, discharge and best interest meetings, where appropriate. This partnership approach helped to ensure people had the right support and equipment in place to meet their needs upon discharge from Positive Step.