Stepping Stones to Independence

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Inspection report

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Ratings

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

Overall summary

he inspection was announced. We gave the provider 48 hours' notice of the inspection. We did this to ensure staff would be available at the service. At the time of the inspection the service was providing personal care to 67 people.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

At the time of the inspection the service employed, a registered manager, operations manager, training manager, four leaders, three field supervisors and 57 care staff.

People received care and support from care staff they felt safe with. People were safe because staff understood their role and responsibilities to keep them safe from harm. Staff were aware how to raise any safeguarding concerns. Risks were assessed and individual plans put in place to protect people from harm.

There were enough skilled and experienced care staff to meet people's needs. The service carried out employment checks on staff before they worked with people to assess their suitability.

People spoke highly of the staff that provided their care and people's relatives were also complimentary of staff. Staff we spoke with demonstrated they were aware of people's individual needs and understood their preferences.

Staff had been suitably trained to meet people's needs. Staff received supervision and appraisal aimed at improving the care and support they provided. Staff understood their roles and responsibilities in supporting people to make their own choices and decisions.

People gave consent before any care was provided. Staff understood the principles of the Mental Capacity Act 2005 and gave examples of how they supported people with decisions about their care and daily lives. Where required, legal documentation was in place where people made decisions on behalf of those who lacked capacity to do so at the relevant time.

People received a service that was well-led because the registered manager and other senior staff provided good leadership and management. The vision and values of the service were communicated and understood by staff. The quality of service people received was continually monitored and any areas needing improvement were identified and addressed.

Summary of findings

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. People felt safe and there were sufficient staff to keep them safe.

Staff received training to identify suspected abuse and knew how to report concerns.

People's needs were assessed and any identified risks were managed.

People received support with their medicines as required.

Is the service effective?

Good

The service was effective. Staff received training to deliver effective care and staff received supervision and appraisal.

The provider had an induction process for new staff.

Staff understood their obligations under the Mental Capacity Act 2005.

The service communicated with GPs and other healthcare professionals where a need was identified.

Is the service caring?

Good

The service was caring. People experienced positive relationships with staff.

People were treated with dignity and respect by staff and spoke positively of the caring nature of staff.

Staff were knowledgeable about people's preferences and needs.

People said they were involved in the planning of their care.

Is the service responsive?

Good

The service was responsive to people's needs. People's records were personal to them and detailed their care needs.

People received care which met their needs and any change in their needs was responded to.

The provider had a complaints procedure and people felt able to complain.

Is the service well-led?

Good

The service was well-led. People knew the management structure of the service and who to contact.

Staff felt well supported by the management team and they were asked for their views.

The provider had systems to communicate with staff.

There were quality assurance systems to monitor the quality of the service provided.

Stepping Stones to Independence

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This was the first inspection of Stepping Stones to Independence and was completed on 11, 12 and 13 February 2015. The inspection team consisted of two adult social care inspectors.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We looked at the care records of nine people, the recruitment and personnel records of six staff, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity, recruitment, confidentiality and accidents and incidents.

The provider asked people if they were willing to speak to us prior to our visit. During the inspection we visited nine people in their own homes. We spoke to these people about the service they received and were also able to speak with six relatives. We talked with six care staff, one field supervisor, two team leaders, the operations manager and the registered manager.

Good

Is the service safe?

Our findings

People old us they felt safe using the service. People said, "I am happy and feel very safe with the care I receive" and "The staff make me feel at ease and I have no complaints". Another person told us "If I didn't feel safe I wouldn't be with this agency. I certainly would speak up if I was unhappy".

Staff had received training in safeguarding vulnerable adults and were able to describe what abuse was and the different types of abuse. Staff had a good understanding and were aware of their responsibility to report any concerns. The arrangements for safeguarding people from abuse were confirmed in a written procedure that was readily available to staff. Staff we spoke with said, "I would not tolerate abuse and would report all concerns to my manager" and "If I was concerned somebody was being abused or was at risk of abuse I would tell one of my managers".

The registered manager had already attended advanced safeguarding training for managers with South Gloucestershire Council and arrangements were being made for the four team leaders and the operations manager to attend the training as well.

The service had a system to manage potential risks within people's homes. An environmental risk assessment ensured that potential risks were identified and managed. For example, fire safety risks were completed together with a risk assessment if there were any hazards at the property or the person receiving care received regular visitors.

People's needs were assessed to enable the service to support people with an identified risk to their safety or wellbeing. People had an assessment within their care records where required for mobility, moving and handling requirements, their risk of skin breakdown and nutrition. Where a risk was recorded, advice on reducing the risks was set out within the peoples records. For example, where people had variable or limited mobility, there was a list of the different mobility equipment people used in their house.

People and their relatives said that allocated visit times for care and support were generally completed at the scheduled time. One person we spoke with had experienced a missed call a while ago and the office had sent them a letter of apology. Another person said, "The staff usually arrive on time and are very good, but someone will phone me if they are going to be really late." Another person commented, "The staff arrive within the allocated time. If they are going to be late because of traffic they will call me and often its only 5 minutes late".

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people assessed to use the service and their identified needs. The registered manager told us that staffing levels were adjusted according to people care packages. Vacant staff posts were covered by permanent staff as overtime with no shortfalls. Staff schedules for the past four weeks confirmed staffing levels were maintained. This meant there were enough staff to meet people's needs.

We looked at staff recruitment records and spoke with staff about their recruitment. We found recruitment practices were safe and the relevant checks were completed before staff worked in the service. A minimum of two references had been requested and checked. Disclosure and Barring Service (DBS) checks had been completed and evidence of people's identification and medical fitness had also been obtained. A DBS check allows employers to check whether the staff had any convictions which may prevent them working with vulnerable people. Staff confirmed their recruitment to the service was robust and they did not start work until all necessary checks had been completed.

There were clear policies and procedures in the safe handling and administration of medicines. People's medicines were being managed safely. There had been seven errors involving medicines in the last 12 months. The appropriate action had been taken on each occasion including, seeking medical advice on the implications to people, providing further training to staff to avoid further errors and referral to the safeguarding local authority.

We noticed recorded in one persons daily notes the GP had prescribed the person eye drops the day before we visited. Staff had recorded in the persons care records that eyes drops had been prescribed and were to be administered by staff. We found no evidence of a medicines administration record (MAR) to record if this had been administered, how many times daily this should be applied and to which eye. The information was not clearly recorded within the persons care records. Staff told us they had administered the eye drops based on information the person and their relatives had told them to but had not signed. This may not be safe practice because the staff had no way of knowing

Good

Is the service safe?

whether the eye drops had been administered along with the correct administration information. The operations manager took prompt action during the inspection and a field supervisor visited the person and completed a medicines administration record for the staff to follow the instructions and sign when this had been administered.

Good

Is the service effective?

Our findings

People said they felt staff at the service were suitably trained and experienced to support them. Comments included, “The staff are good and always seem to know what they are doing” and “If new staff are starting with the agency they will visit me with my regular carer. They get to know me”.

Staff received a comprehensive induction. Staff confirmed they were given time during their induction to read people’s care files and the policies and procedures of the service. New members of staff were appointed a mentor to support them during their induction. Staff said they had spent time shadowing experienced staff within the community before they worked unsupervised.

Staff received regular individual supervision and a yearly appraisal from their line manager. This provided staff with the opportunity to discuss their work performance, training and development needs. One member of staff told us: “I find supervision useful but I will not wait till my supervision session to discuss issues”. Senior staff also undertook regular supervision with staff based on spot checks where they observed staff providing care. Staff confirmed they had received supervisions including spot checks so senior staff could be assured that care and support was provided in a safe and effective way. Staff meetings were led by the registered manager and operations manager and held every three months. The registered manager said in order for all staff to attend a meeting two sessions were held on different days and times over a week period. This enabled as many staff to attend as possible.

Training was planned and was appropriate to staff roles and responsibilities. Staff said they were well supported by the registered manager to attend learning sessions. They said they had received training which equipped them to carry out their work effectively. We looked at staff training records; these showed staff had completed a range of training. These included moving and handling, first aid, dignity and respect, health and safety, nutrition, infection control, safeguarding vulnerable people and medicines training. The registered manager told us 19 staff had successfully undertaken a Level 2 or above NVQ or Diploma in Health and Social Care.

All staff had training in the Mental Capacity Act 2005 (MCA) and were provided with a basic understanding of the act. They were aware that the MCA existed to protect the rights of people who lacked mental capacity to make certain decisions about their own wellbeing.

When a new service was being set up for a person it was identified by staff whether the person had the capacity to make day to day decisions. Where there were concerns about a person’s capacity, key health and social care professionals were involved to support people to make decisions.

Staff said they gained people’s consent to support them when they arrived for each visit. Staff we spoke with confirmed they read people’s care plans before any care tasks were carried out. This was to make sure they understood the care each person required and to seek their permission

People were allocated a care worker or a small team of care workers, in order to keep the number of staff who visited them, to a minimum. The registered manager told us this was to ensure consistency of care was promoted. The service was mindful of the different number of staff that visited people and it was a priority to keep numbers to a minimum.

The service used an electronic monitoring system to monitor peoples call visits. The system notified the service when staff were late for call visits or if calls had been missed. When staff arrived at people's homes they were required to dial in to the system by telephone so that their arrival time was recorded. We looked at a random selection of reports generated from the electronic software package over a four week period. The reports showed that calls were not missed and arrangements in place when call times were changed.

If a person needed assistance with meal or drink preparation the level of support they needed would be identified during the assessment process. The specific tasks required would be recorded in their care plan. Staff confirmed they would read peoples care plans which recorded their likes and dislikes. This ensured people were comfortable and had access to food and drink.

People received support when required to access healthcare professionals such as their GP or district nursing team. Staff we spoke with told us if they felt people needed to seek medical assistance they would advise people or

Good

Is the service effective?

their relatives. An example being if staff noticed a person had a cough or looked unwell. Staff told us if people asked them to arrange an appointment on their behalf then they will do this for them.

Where required, the service had involved healthcare professionals to ensure people needs were met. For example, if there had been a concern about a person, the relevant professional such as a social worker, physiotherapist or district nurse had been contacted.

Good

Is the service caring?

Our findings

Most people spoke positively about their individual care. People said the care staff who supported and looked after them were kind and caring. One person described their care as 'Excellent'. Other people told us the staff were 'caring' and 'very good'. Comments we received included, "The staff are lovely. So very caring" and "I am looked after very well by the staff". People told us they were introduced to staff before they provided support to them, and they were happy with the care they received.

Relatives we spoke with were mostly complimentary regarding the attitude of staff. Their comments included, "I have nothing but praise for the staff" and "The staff are very caring towards my relative. I am confident they are very well looked after". One relative told us they were happy with the overall care provided however they would like more continuity with regard to receiving support from the same carers. Staff told us they tried to accommodate people with regular staff but there were some occasions when this was not possible. This could be when staff were on annual leave or sick leave, but whenever possible staff would be allocated to support people they already knew.

Staff told us they respected people's privacy and dignity when they visited people in their own homes. They told us they always knocked the door and rang the doorbell before entering even if the person had given permission for a key safe to be used when entering the premises. A key safe is a secure method of externally storing the keys to a person's property.

Staff were proud of the care they provided to people. It was important to them to do a good job and get to know the people they provided care and support to. Staff spoke positively about their job. Staff understood what people's care needs were. We spoke with staff about the people they supported. They showed an understanding of their support needs. Staff told us the information recorded in the care records helped them understand what support people required.

Staff we spoke with told us of how they were caring to people. One example given to us by staff was when people had been very unwell. Staff described how they sat with people waiting for the GP or ambulance to arrive offering reassurance. Other examples included supporting people through bereavements and accommodating people's requests to change visit times due to planned social events.

People and their relatives were involved in planning and agreeing their support. Most people had a relative involved in care review meetings. Some people who did not have relative involvement, had the support of an advocate. Advocates are people who are independent of the service and who support people to raise and communicate their wishes. The registered manager was aware local advocacy services were available to support people if they required assistance.

Good

Is the service responsive?

Our findings

People were given information about the service and their aims and objectives, this was in the care file kept in people's homes. Information contained in the service user guide included contact telephone numbers for Stepping Stones to Independence and other relevant agencies, a copy of the care plan and details about the care plan review process and the complaints procedure.

People said the care staff understood their preferences for care because they had been asked for the information before their care package started. People told us they had been visited by a member of staff from the service to discuss how they would like to be supported. One person said, "The team leader X visited me and my family to discuss the help and support I needed. I was given a copy of my care plan after this".

People's needs were assessed and care was planned and delivered in line with their individual care plan. Care records we looked at contained assessments of people's individual needs and preferences. There were up-to-date and detailed care plans in place arising from these, showing all the tasks that were involved and outlining how long each task would take. Additional forms such as medicine administration charts and body maps were also available. People confirmed that they had copies of their care plans in their homes.

People's care plans contained information about their likes, dislikes and preferences. All care packages were reviewed six weeks after the start of a service, then routinely at six months and yearly thereafter. People and their relatives told us, the manager regularly checked with them that the care provided was what they wanted, and was changed if required. Staff told us they knew people well because there was good information within the care plans, which they were encouraged to read. Staff told us this helped them understand the support people needed.

When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. The registered manager told us of an example when a person appeared very confused and disorientated when the staff arrived. The service put in an additional staff member to stay with the person pending approval from the local authority. They continued to liaise with the person and their family to review their care plan and ensure it met changes in her needs. On another occasion when the staff arrived at a person's house they found them to have been unwell due to a sickness bug. Staff stayed with the person until their relative arrived. They also contacted the GP on behalf of the person to request a home visit. The registered manager told us "Peoples wellbeing always comes first".

Discussions with the registered manager and staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response. Their feedback and records demonstrated the involvement of community health professionals where needed. An example being Occupational Therapists, District nurses, Social Workers and the Community Mental Health Team.

A detailed complaints policy was in place, this clearly explained the complaints process to follow. This included how to make a complaint, who to complain to, expected time scales for responses and investigations. It also provided people with contact details of the local authority and the Care Quality Commission. People we spoke with told us they would knew how to make a complaint, should the need arise. One person told us about an occasion they had to make a complaint. They told us they received a letter of apology from the registered manager.

Good

Is the service well-led?

Our findings

The registered manager had clear visions and values of the service. The main aim of the service was to support people to live as independently as possible in their own home by providing high quality, personalised care. The registered manager told us their focus for the next 12 months was to launch new care plan documentation called 'Life Star'. The registered manager told us about the new system and how it would provider better outcomes for people around the care and support they received.

People had mixed views of their contact with senior staff and the office. Three people we visited told us in the past the weekly schedule with details of which carer will visit had not always arrived on time. This had meant people were not aware of who was coming and at what time We were told this had got better in the last few months and hasn't happened since. Another person told us they were very satisfied with the service and said: "I could recommend them". Other comments included "I am happy with the service and often get called by the office to see how things are going" and "I speak with the office weekly and find them approachable and helpful".

There were clear lines of accountability and responsibility within the various staff teams and staff knew who to report to. The registered manager worked in conjunction with the deputy manager and other office based staff such as team leaders and field supervisors. Staff told us that the registered manager and senior staff were approachable and willing to listen. Staff in the office told us about their day to day tasks such as arranging care visits and carrying out assessments and reviews. They were clear about their roles and responsibilities and how their work contributed to the quality of service people received.

Regular staff meetings were held to keep staff up to date with changes and developments. We looked at the minutes of previous meetings and noted a range of areas were discussed. For example, an office staff meeting held in October 2014 involved a discussion on staff recruitment processes and the challenges of using IT equipment. Staff told us they found these meetings useful.

Systems were in place to check on the standards within the service. These included monthly audits about staff starters and leavers, care plan reviews, safeguarding alerts made, complaints received and any accidents or incidents.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

People's views about the service they received were being sought and acted on. The last quality assurance survey was completed in September 2014 which identified improvements that were needed. These included making sure that the staff had adequate travelling time and improving communication around notification of changes to peoples visit times. Areas where the service was performing well were also highlighted, such as people's overall satisfaction with the care they received. An action plan in response to the findings was produced by the registered manager and shared with the staff and people who used the service. Quarterly telephone surveys were also completed by office staff to check if people who used the service with happy with the care and support they received.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service. Accidents, incidents and safeguarding alerts were reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

In the Provider Information Return (PIR) we were given information about office systems used and how the service supported staff. This included regular staff supervision, appraisal and team meetings. We were told the registered manager attended Local Authority provider forum meetings and other workshops to keep up to date with best practice.