

Step One Services Limited

Step One Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Step One Services provides care and support to people with a wide range of needs who live in their own homes in the Newton Abbot area. The services provided include a day center and enabling service as well as assistance with personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was providing personal care to 2 people.

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

Right Support:

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. People were supported in their own homes and were actively supported to live their lives in the way they wanted to, including being spontaneous about how they spent their day.

Right Care:

Risks to people's health and wellbeing were assessed and monitored. Staff worked with people and other health professionals to manage risks and to ensure people were supported to remain as independent as possible. Records relating to people and staff's safety were kept and reviewed to ensure any patterns were identified, and lessons learnt. People received their medicines safely. Systems were in place to ensure people were safeguarded from the risk of abuse and staff understood how to raise concerns and had done so appropriately. Staff were recruited safely and there were enough staff to meet people's needs.

Right Culture:

Staff and health professionals told us the culture of the service was open, caring, and focused on empowering people. People's care plans reflected how important their independence was to them. Staff told us that the registered manager and office staff were very supportive. One said, "It's like a family, they really look after their staff." Managers reviewed the care people were receiving on a daily basis and analysed alerts about missed care or incidents over a longer period of time to identify any patterns or trends. Thematic audits were completed where appropriate. The registered manager was committed to continuously learning and improving the service. They had recently volunteered to work with the local authority to complete a provider assessment which analysed the quality and safety of the service. A health professional told us they were responsive to feedback given and proactive in implementing improvements. Systems were in place to record any complaints. There had been no complaints in the previous 12 months.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (11 July 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider reviewed their medicines administration auditing processes to ensure safe medicines administration at all times. We also recommended that the service records any lessons learnt and carried out a monthly analysis to look for patterns and trends to mitigate risks and learn from mistakes. At this inspection we found improvements had been made.

Why we inspected

We carried out a comprehensive inspection of this service on 22 and 23 May 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve assessment and mitigation of risk and ongoing monitoring to improve the quality and safety of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Step One Services on our website at www.cqc.org.uk.

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.

Is the service well-led?

Good ●

The service was well led.

Step One Services

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 Health and Social Care Act 2008.

Inspection team

The inspection was conducted by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that 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 and professionals who work with the service. 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 using the service and 1 person's relative. We spoke with 7 members of staff including the registered manager, deputy manager and quality and compliance manager. We sought feedback from 3 health professionals and received feedback from 2. We reviewed 2 people's care plans and 2 staff recruitment files. We reviewed quality assurance processes and records and sampled staff training records.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess the risks relating to the health safety of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health and wellbeing were assessed and monitored.
- Risk assessments were completed, and systems were in place to share any changes in people's needs to ensure assessments were kept up to date.
- Staff worked with people and other health professionals to manage risks and to ensure people were supported to remain as independent as possible. For example, one person had an agreed risk management strategy which helped staff support them safely.
- Systems were in place to ensure staff were safe at work, including at weekends and out of office hours.

Learning lessons when things go wrong

At our last inspection we recommended the provider record any lessons learnt and carried out a monthly analysis to look for patterns and trends to mitigate risks and learn from mistakes. The provider had made improvements.

- Records relating to people and staff's safety were kept and reviewed to ensure any patterns were identified, and lessons learnt.
- Analysis included consideration of how staff approach might contribute to an incident, and if any action needed to be taken as a result of that learning.
- Staff sought advice from other health professionals where appropriate.

Using medicines safely

At our last inspection we recommended the provider reviewed their medicines administration auditing processes to ensure safe medicines administration at all times. The provider had made improvements.

- At the time of this inspection staff were only administering medicines to one person. They were doing so

safely.

- Systems were in place to record medicines administration and any errors or missed doses were alerted to managers in real time. This meant they could be addressed immediately.
- Medication alerts were reviewed. The analysis for 2022 reported there had been no adverse medication alerts during the twelve-month period.
- The registered manager had recently sought advice from a community pharmacist to ensure their process for supporting people using the enabling service was safe and robust.
- There was a medication policy in place, this was being reviewed at the time of our inspection to ensure it met current legislation.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure people were safeguarded from the risk of abuse.
- Staff understood how to raise concerns and had done so appropriately.
- Staff understood specific risks to vulnerable people living in their own homes, such as scamming, and were alert to looking out for any indications people might be at risk.
- One person's relative told us they felt confident the support from Step One Services helped their loved one to stay safe.
- A health professional told us they were very confident staff would identify any safeguarding concerns.

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.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA.
- At the time of this inspection, nobody in receipt of personal care was assessed as lacking the capacity to consent to care.
- Staff demonstrated an understanding of capacity. For example, one person would often say they didn't want to have a shower, which could pose a risk to their wellbeing. Staff described how they would appropriately encourage the person to have a shower, but ultimately respected their right to decide not to, even if it meant their personal hygiene was not attended to, because they had the capacity to make that decision.
- A health professional told us they were confident staff would recognise any change in one person's capacity, because they knew them well.
- Where people had their finances managed by the Court of Protection, the registered manager ensured finances were managed in line with agreed plans, and that people had funds available to them.

Staffing and recruitment

- Systems were in place to ensure staff were recruited safely, including seeking references from previous employers and obtaining DBS checks. 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.
- Staff completed an induction and always met people with a manager before starting to support them. This

meant staff knew what people's needs were and people had the opportunity to ensure they were happy with the staff allocated to support them.

- People had regular staff teams who got to know them well. Staff had enough time to support people in the way they wanted, including going out in the community.
- The registered manager told us continuity of staffing was important, and they only take on new clients if they know they have the capacity to ensure stable staffing.

Preventing and controlling infection

- Staff had access to personal protective equipment and adjustments had been made to ensure safe care was provided throughout the Covid-19 pandemic.
- People were supported to minimise the risk of spread of infection in their own homes.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to adequately monitor the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The electronic care system automatically alerted managers to missed tasks, accidents and incidents. These were reviewed in real time and action taken where required.
- An annual summary of alerts was compiled which analysed the amount, type, and reasons for alerts over time so managers could assess the quality of the service being provided.
- Thematic audits were completed in response to specific issues. For example, when risks associated with one person's behaviour were being reviewed, an audit of all incidents was completed and analysed to identify any triggers or patterns.
- Systems were in place to increase the range and frequency of audits if the client group changed and this became necessary. For example, the provider assured us that if they were to support more people with medicines administration, they would introduce a formal monthly audit.
- The registered manager was committed to continuously learning and improving the service. They had recently volunteered to work with the local authority to complete a provider assessment which analysed the quality and safety of the service. A health professional told us they were responsive to feedback given and pro-active in implementing improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us the culture of the service was open, caring, and focussed on empowering people.
- People's care plans reflected how important their independence was to them and how they wanted to live their lives. For example, staff knew one person wanted to be an active part of the local community and so supported them to maintain these links.
- The registered manager told us that one person took time to build trust with the staff supporting them. They had considered how to approach supporting this person with a view to achieving the best outcomes

possible. For example by understanding the person's history so they could support them in the right way for them.

- Staff told us that the registered manager and office staff were very supportive. One said, "It's like a family, they really look after their staff."
- An on-call system was in place, so staff always had a manager available to support them. A staff member said, "It's never any issue getting hold of them." This led to better outcomes for people, for example one member of staff described how they had used the on-call system to call support when a person was finding it difficult to mobilise.

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

- People were involved in their care planning and were asked for feedback. This was recorded within their care plans.
- Systems were in place for staff to feedback to managers where they felt people's needs had changed, or if they thought improvements could be made to the way people were being supported.

Working in partnership with others

- Staff worked well with other health professionals.
- One health professional said, "I've always been impressed with [registered manager]. I feel confident in the support they provide."

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 went wrong

- The manager understood the requirement to be open and honest with people when something goes wrong.
- Systems were in place to record any complaints. There had been no complaints in the previous 12 months.