

Step Ahead Care Homes

Step Ahead Home Care Services

Inspection report

Suite 1, Dunbar Business Centre
Sheepscar Court
Leeds
West Yorkshire
LS7 2BB

Tel: 07725817157

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 18 April 2016 and was announced. This was the provider's first inspection.

Step Ahead Care Home Services provides care and support to people in Leeds and surrounding areas. The agency's office is situated in Leeds. They offer a range of services to individuals who live in their own homes and need support or care.

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

People we spoke with told us they were happy with the care they received from the service.

People who used the service told us they felt safe with the staff and the care they were provided with. We found there were systems in place to protect people from risk of harm and appropriate recruitment procedures were in place. There were policies and procedures in place in relation to the Mental Capacity Act 2005 and staff showed they understood how to ensure their practice was in line with the MCA.

We found people were cared for, or supported by, appropriately trained staff. Staff received support to help them understand how to deliver good care. People who used the service said their visit times suited their needs and staff always stayed the agreed length of time. Some people told us calls were sometimes late, but they were always notified of this by a call from the office or care worker.

We looked at four staff personnel files in detail and saw the recruitment process in place ensured that staff were suitable and safe to work in the agency. Staff we spoke with told us they received supervisions and were due annual appraisals in April and May 2016. We saw minutes from staff meetings which showed they had taken place on a regular basis and were well attended by staff.

The care and support plans we looked at were person centred and were reviewed regularly by the registered manager. However in five of the six care/support plans were not signed by the people or their relatives. We spoke to the registered manager about this.

People told us they got the support they needed with meals and healthcare. We saw arrangements for medication were safe.

Systems were not always in place to monitor the quality of the service provision. We found there were appropriate systems in place for the management of complaints. However some people we spoke with said they did not always know who to contact if they had a complaint.

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 told us they felt safe and well looked after. Staff knew what to do to make sure people were safeguarded from abuse and any risks were managed to ensure people's safety.

People told us there were enough staff to support their needs. However on a weekend regular staff were not always available to attend people's calls. There were a robust recruitment process was followed before staff were employed.

There were appropriate arrangements in place for the safe handling of medicines.

Is the service effective?

Good ●

The service was effective.

Staff training and supervision equipped staff with the knowledge and skills to support people safely.

The registered manager and staff completed training in Mental Capacity Act 2005 and understood their responsibilities under the Act.

People received the support they needed with meals and healthcare.

Is the service caring?

Good ●

The service was caring.

People were complimentary about care workers.

The service promoted privacy, dignity and independence well.

People told us they were involved in making decisions about the care and support they received.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

People's needs were assessed before they began to use the service and person centred care plans were developed from this information.

People had detailed, individualised care plans in place which described all aspects of their needs. However these were not always signed by the person or relatives.

People did not always know who to contact if they needed to raise any concerns or complaints.

Is the service well-led?

The service was not consistently well- led.

There were not always effective systems in place to monitor and improve the quality of the service provided.

The management team were familiar with people's individual care needs and knew people who used the service and staff well.

People who used the service, relatives and staff spoke highly about how well the service was run.

Requires Improvement 

Step Ahead Home Care Services

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 18 April 2016 and the visit was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be present in the office. This inspection was carried out by one adult social care inspector.

Before our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of this inspection there were 25 people receiving personal care from the service. We spoke on the telephone with four people and one relative of a person who used the service. We visited the provider's office where we spoke with the registered manager, an administrator and four care staff. We spent some time looking at documents and records related to people's care and support and the management of the service. We looked at six people's care and support plans.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person told us, "Yes, I feel safe with the care workers who support me." Another person said, "So far yes, I am happy no concerns." A relative of the people we spoke to said they felt their family member was well looked after and safe.

In the PIR the provider told us, 'we ensure that safeguarding procedures are understood and put into practice by all of our staff'.

Staff had completed training in safeguarding vulnerable adults and staff were able to demonstrate knowledge of different types of abuse. Staff told us about the different types of abuse and how they need to ensure they completed all relevant paperwork. The provider had a safeguarding policy in place which was on display in the office. Staff confirmed they were aware of the policy and what to do and who to go to if they suspected abuse.

People told us they, or their next-of-kin, were mostly responsible for their medications, but care workers would sometimes support them with this. Staff told us they would only support with medication that had been prescribed to the person by the GP. People who told us their care workers and relatives supported them their medication were happy with the assistance they received. The provider had a medication policy in place and staff confirmed they had read and understood the policy.

Staff were able to tell us about people's medication and any side effects which could occur. Staff said they would not support people with their medication unless this was recorded on the medication administration record (MAR) sheet. We looked at two people MAR sheets which confirmed people were receiving medicines as prescribed by their GP. They told us they would contact the office for further advice if someone persistently refused to take medication.

We saw risk assessments were in place around supporting people in their home, medication, moving and handling and communication. Staff told us these were effective in supporting people in their home.

We saw systems in place to record accidents and incidents. There had been six accidents and incidents in the last year.

There were sufficient staff to keep people safe. However people and their relatives told us on a weekend the agency could be low on staff and this meant people did not always receive the same regular staff. The registered manager told us staffing levels were determined by the needs of the people. If people's needs changed the registered manager said they would hold a review to look at how best to ensure the person's needs were met safely. People who used the service said their visit times suited their needs and staff always stayed the agreed length of time. Some people told us calls were sometimes late, but they were always notified of this by a call from the office or care worker. At the time of our inspection the registered manager was looking to recruit more staff.□

The registered manager told us there had being no missed calls since the last inspection. Records we looked at showed evidence of this. This meant the service was providing the care and support needed.

Recruitment procedures were in place and the required checks were undertaken before staff could work for the agency. The four files we looked at staff had been checked with the Disclosure and Barring Service (DBS). DBS checks are used to identify whether staff have any convictions or cautions which may prevent them from working with vulnerable people.

There were procedures for staff to follow should an emergency arise in relation to the deterioration in the health or wellbeing of someone who used the service. The service had a 24 hour on call procedure which staff could contact if they had any concerns. One member of staff said, "I feel confident to contact my manager if I have an issue or concern with people I support. I would also contact my manager if I could not get to a call in time. I have done this before and the manager has gone to do the call herself."

Is the service effective?

Our findings

People we spoke with said staff knew how to care for them and had the right skills and abilities to do their jobs. One person said, "Yes, I think so, they know what I need anyway." Another person told us, "Yes, definitely [Name of person] is lovely." A relative of a person using the service told us, "Yes, they do what it says in [Name of person's] care plan. All the staff are nice really."

In the PIR the provider told us, 'We ensure that we organise wide ranging training for our staff, covering areas such as Safeguarding, Moving and Handling, Mental Capacity Act and Deprivation of Liberty Safeguards'.

The registered manager had identified the training staff needed, in order to provide care and support effectively. Staff we spoke with told us they had completed training in 2015 and 2016, which included training in, health and safety, moving and handling, infection control, medication and safeguarding adults at risk. This was evidenced at the time of inspection. All staff had completed an induction programme before working alone in a person's home. All staff had received an induction certificate which was located in their file as evidence of completion. One staff member told us, "The training is good. We do face to face training then refresher training on line." These included health and safety, medication, safeguarding and mental capacity act and DoLs.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff we spoke with said they had regular supervisions and were due an appraisal in the coming months. We looked at staff records which confirmed staff received supervision and appraisals were booked to take place.

The Mental Capacity Act (2005) (MCA) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. Staff were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. Staff told us if they were concerned in any way about the people they support around their capacity they would speak to the registered manager. Staff we spoke with confirmed they had received MCA training.

People we spoke with told us they could see health professionals as and when required. They were seen on a regular basis by either the GP or the nurse. Most people told us they received support from their relatives to see their GP. People said they could address any of their health issues with any of the care staff in the service.

Members of staff told us people who used the service had regular health appointments and their healthcare needs were carefully monitored. We saw care and support plans contained information regarding moving and handling assessments and healthcare reviews. One care worker told us, "If I had any issues at all around someone's care I would speak to my manager and their family straight away."

People we spoke with who had meals prepared by care worker told us they always had choice about what they ate. People told us it was their family who mostly went shopping for their meals. Some people had their food delivered online which they completed themselves. We saw information in people's care and support plans about their nutritional needs. One person's care and support plan stated they should be encouraged to eat fruit regularly.

Is the service caring?

Our findings

All of the people we spoke with were complimentary about the caring attitude of the staff. One person told us, "Yes the staff are really nice." Another person told us, "I am happy with the carers that come to support me. Sometimes on a weekend though I may not have the same care workers." A relative of the person who used the service told us, "I have no issues really with the care. They support [name of person] well and we are more like family now."

In the PIR the provider told us, 'We treat each person as an individual, promote dignity, respect people's uniqueness in respect of gender, sexual orientation, age, ability, race religion. We consider and value the contribution made by families and friends as to support an individual'.

People we spoke with told us their privacy and dignity was respected by staff knocking on the door before entering. The relative we spoke with agreed with this. All the people we spoke with felt the care staff worked at a pace to suit their individual needs. One person told us, "They do not rush me. They sit and talk to me after they have completed their work. It's nice."

Staff we spoke with told us about people's likes and dislikes and said they had good relationships with people. They spoke in a caring manner about the people they supported and were able to give examples of how they ensured people's privacy and dignity were respected. Staff told us they knocked on people's doors and always asked before they provided any personal care to the people they supported. They confirmed they had time to get to know people before providing care. One staff member said, "We were introduced to people we are going to support. If a new member of staff starts they come with us on the first few days to get to know the person."

We looked at care plans which showed people had been involved in planning their care and support. These were personalised and included information about the specific support people required during their visits. One person we spoke with told us they had not received a review yet. The registered manager told us this was due in the next couple of months. One person who had received a review said, "I do have a say. My family are involved as well. If something wasn't right with my care plan I would say."

We saw that the daily care records were completed at the time of care delivery and signed by the staff member or members where the call required two staff on the visit. One staff member said, "We have to write everything in the care plan so all staff are aware of what is happening and what needs to be completed."

Is the service responsive?

Our findings

Records showed people had their needs assessed before they began using the service. This ensured the service was able to meet the needs of people they were planning to provide a service to. The information was then used to complete a more detailed care and support plan which provided staff with the information to deliver appropriate care.

In the PIR the provider told us, 'We work in collaboration with service users, families, and advocates to develop a detailed individual support plan'.

Care plans contained details of people's routines and information about people's health and support needs. The registered manager told us all copies of care plans were kept in the person's own home and an up to date copy was kept in the office. Information was person centred and individualised. We saw comprehensive information detailing each person's aims and objectives which included for one person the importance of a regular support to gain more independence. However, five of the six care and support plans we looked at were not signed by the people or their relatives. We spoke with people who told us, "I am unsure if I have a care plan." Another person told us, 'I have not signed anything about my care. My family would do this.' We spoke to the registered manager about the importance of people or their relatives signing in agreement to the care and support plans.

Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs of each person. This included individual ways of communicating with people. One person who used British Sign Language (BSL) was supported by staff who were able to sign appropriately to communicate with this person. Staff told us care and support plans were kept up to date and contained all the information they needed to provide the right care and support for people.

People we spoke with were complimentary about how staff and the registered manager responded to their needs. One person who used the service said, "I am happy with the service I receive, never been happier." Another person told us, "I'm very happy." A relative said, "Yes, satisfied with the service. No issues."

We received written correspondence from an external professional in relation to how responsive the service is. They told us, 'The manager and staff have attended various meetings when requested to by ourselves. The registered manager has kept Adult social care up to date with any developments or issues. She uses both E-mail and the phone to communicate and I have never had any issues getting hold of the agency when I have needed to. One person who uses the service called the registered manager well outside of office hours and she has always responded to crisis appropriately, even calling the person an ambulance in the early hours of the morning when [name of person] health deteriorated'.

Records we looked at showed people who used the service made requests for changes to their visit times and these were responded to appropriately. The registered manager said they liked to be able to provide a flexible service to try and meet people's individual needs.

Most people we spoke with told us if they had any concerns they would speak to their care workers and felt they would be taken seriously and referred to the appropriate person. Some people we spoke to were unaware of how to complain and who to complain to.

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the registered manager. The registered manager told us people who used the service were given details about how to complain in the introductory information given when people began to use the service. We looked at the complaints policy and records of complaints. We saw there was a system in place to make sure any concerns or complaints were recorded together with the action taken to resolve them and the outcome.

The registered manager told us any learning from complaints or concerns received was communicated to staff. They said they did this through direct contact with staff. Staff confirmed they received information on concerns in order to prevent re-occurrence of issues.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who worked alongside staff providing support and guidance where needed. We saw the registered manager had knowledge of all of the people who used the service and was able to describe in detail their specific needs and preferences.

All the people we spoke with thought the service was well run. One relative said, "Yes, I have no concerns about the service." People told us the staff and manager were approachable and spoke to them regularly.

Staff spoke highly of the registered manager and told us how much they enjoyed their job. One staff member said, "I really enjoy my job, I see more of people I support than my own family." Another staff member told us, "I have had a few issues outside work and my manager supported me with this."

Staff said they felt well supported in their role. They said the registered manager supported them on calls if they needed help or were running late to ensure this would not affect the service people were scheduled to receive. Staff said the registered manager was approachable and always had time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any. Staff told us they had team meetings where they were encouraged to put forward their opinions and felt they were valued team members.

In the PIR the provider told us, 'We maintain an active and engaged relationship with all service users, encouraging them to feel comfortable offering regular feedback'.

People who used the service told us they could express their views. People were asked to complete satisfaction surveys. We looked at the results from the last survey from 2015 and these showed a high degree of satisfaction with the service. However, there were only seven returned. The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted. People's comments included; 'No complaints. Can't do anything better'. 'I am extremely happy with the service I receive. I feel safe with [Name of person] staff are really pleasant'. The registered manager said she was looking to complete annual questionnaires for people and their relatives.

The registered manager told us they visited people who used the service with staff. These visits were carried out to monitor service delivery and to talk to the people who used the service and identify any concerns or issues. People we spoke with confirmed this happened.

The registered manager did not have any specific systems of continuous audit in place for care plans, training or supervisions. However, the registered manager carried out audits of complaints, incidents and accidents and reviewed medication sheets monthly. The registered manager had reviewed all care plans with people and their relatives. However if a more robust audit had taken place the registered manager would have identified some people had not signed their care plan reviews. The registered manager told us she was aware of what needed to be completed. The registered manager and the administrator were

implementing a new system on the computer at the time of our inspection to ensure all the audits needed were in place and effective for the service to develop and grow at the time of our inspection.