

Step One Services Limited

Step One Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

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 centre and enabling service as well as assistance with personal care, domestic work and 'live-in' care for those people who require a higher level of care. This inspection looked at the care and support of those people who received assistance with their personal care, as other services provided by Step One Services are not regulated by the Care Quality Commission. At the time of the inspection the service was providing personal care to 6 people.

People's experience of using this service: People told us they felt safe. However, the provider had not always assessed the risks to people's health and well-being or done all that was reasonably practicable to mitigate those risks.

People's care and risk management plans set out the care they required, but these plans did not always provide personalised information about people and their preferences for how they liked to be supported. We made a recommendation to the provider about this.

Accidents and incidents were being recorded but were not analysed to consider trends or themes.

Medicines were managed safely. The service used an electronic medicines record to record what medicines were due and had been administered. The registered manager had daily oversight of this. However, medicines management was not being audited to ensure safe practice.

There were systems in place to monitor the quality of the service and identify when improvements were required. These were not sufficiently robust to have identified the issues we found in relation to the management of risks to individuals' health and wellbeing and care planning.

People and their relatives told us staff were caring, treated people with respect and promoted people's dignity and privacy. There were enough staff deployed to support people and staff usually arrived on time at people's homes.

Staff received induction, training and supervision. There was a clear management structure and staff felt supported in their roles.

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.

The provider sought feedback from people, relatives and staff and used this to develop the service.

People and staff were confident that could raise any concerns they had with the registered manager.

We made recommendations in relation to learning from accidents and incidents, medicines management and person centred care planning.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment and good governance. Please see the 'action we have told the provider to take' section towards the end of the report.

Rating at last inspection: The previous inspection was carried out on 17 and 20 October 2016 (Published on 1 December 2016). The service was rated good.

Why we inspected: The inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor intelligence we receive about the service and we will return to re-inspect in line with our inspection timescales for services rated requires improvement. We may inspect sooner if we receive any concerning information regarding the safety and quality of the care being provided.

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?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Step One Services

Detailed findings

Background to this inspection

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

Inspection team: The inspection team consisted of one adult social care inspector.

Service and service type: Step One Services is a domiciliary care service. Staff deliver personal care support to people living in their own homes. At the time of inspection, the service provided personal care to 6 people living in their own homes. One of the company directors held the role of registered manager and managed the service on a day to day basis. 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 2008 and associated Regulations about how the service is run.

Notice of inspection: We gave the service 24 hours' notice of the inspection visit. We gave this notice because it is a small domiciliary care service and we needed to be sure that they would be available to speak with us. We also needed to ensure that people's consent was gained for us to contact them for feedback about the service. We visited the office location on 22 May 2019 to speak with the registered manager and to review care records and policies and procedures.

What we did: We reviewed the records held about the service. This included notifications received from the provider. Notifications are specific events that the Provider are required to tell us about by law. We reviewed the Provider Information Return (PIR) submitted by the registered manager. This told us what the service had achieved and what they intend to develop in the future. We require the provider to submit this information annually and it provides us with information to plan our inspection. We also contacted two health care professionals to ask them about their experience of the care provided to people.

During the inspection we spoke with the registered manager, the company secretary, the quality and compliance manager and three care staff.

Two people receiving care were happy to talk with us about their experience of the care provided. We visited one person in their home and spoke with another person on the telephone. We also spoke with one relative.

We looked at three people's care records to see how their care was planned and delivered. Other records we looked at included three staff recruitment files, staff supervision and staff training records, accident and incident records, safeguarding, complaints and compliments, staff scheduling, and the provider's audits and overview information about the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were at risk of receiving inconsistent or unsafe care; care plans and risk assessments did not have enough information about people's needs or to guide staff on how to safely support them. For example, one person required assistance to get in and out of the bath with their bath lift. The care plan and risk assessment did not contain sufficient information about potential risks or detailed information to guide staff on how to use the equipment safely.
- Not all risks had been assessed. For example, one person's records documented staff had reported skin on the person's bottom had become red. Staff told us this person was elderly and had fragile skin. Whilst care records instructed staff to apply cream and monitor, there was no skin care plan or risk assessment in place and care records lacked detailed guidance to ensure staff had enough information to minimise risks. Staff had also reported the person had a number of falls. Whilst records show that action was taken; the person was referred to their GP and trip hazards were considered, their risk of falling had not been assessed and their moving and handling care plan and risk assessment was not updated.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks were being managed in practice. Staff working with people knew them well and people and their relatives told us they felt safe and reported no concerns. One relative told us, "She is 100% safe."
- Environmental risks had been looked at before support commenced to make sure people and staff were safe during visits. These included for example, the outside of the person's home – lighting and stairs; and inside the property – where the essential utilities were sited.

Learning lessons when things go wrong

- Accidents and incidents and any actions taken, were recorded at the time of the incident and reviewed by the registered manager.
- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity. However, accidents and incidents were not audited or analysed to consider possible trends or themes.

We 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.

Using medicines safely

- People's medicines were managed safely. People received their calls at the right time to ensure medicines were given at the correct intervals.
- Medicine administration was recorded on the digital care management system. This ensured staff and management were notified of medicines changes in real time.
- The registered manager had daily oversight of medicines and any missed or late medicines were immediately identified and resolved. However, there was no formal audit of medicines management.

We recommend the provider reviews their medicines administration auditing processes to ensure safe medicines administration at all times.

- Administration of medication records indicated people received their medicines as prescribed by their GP. This was confirmed by the people we spoke with.
- Staff received medicine training and had their knowledge and practice assessed to ensure people received them safely.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One person said, "Yes I feel safe, they are very nice."
- There were effective systems in place to protect people from the risk of abuse. Safeguarding and whistleblowing policies were available to staff within the staff handbook.
- Staff knew how to recognize signs of abuse and told us they would report any concerns to the registered manager.
- Staff told us they felt very confident the registered manager would respond and take appropriate action if they raised any concerns.
- Staff had received training in how to safeguard people from abuse.

Staffing and recruitment

- Records demonstrated staff had been recruited safely. Pre-employment checks carried out included an employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.
- There were sufficient numbers of skilled staff to meet people's needs. Each person's staffing needs were assessed on an individual basis prior to the commencement of the service.
- The registered manager ensured people had a consistent staff team. People told us they knew the staff that visited them, and staff were usually on time for their calls or rang to let them know if they were running late.

Preventing and controlling infection

- People were protected from cross infection because infection control procedures were in place.
- Staff used personal protective equipment to prevent cross infection when assisting people with personal care. For example, gloves and aprons.

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

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 before the service began to provide support.
- Assessments of people's needs included the support required in relation to their diverse culture, likes, dislikes and personal preferences.
- People and relatives told us they were involved in the care planning and confirmed they received the support that was agreed.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction programme which included training in subjects the provider considered as essential to the role. Staff were then introduced to people and completed shadow shifts with an experienced member of the team before working on their own. One staff member told us, "One thing I do like is they don't send you to a client until they've introduced you. You always know who you are visiting, and they know you."
- All new staff were required to have or work towards a minimum qualification of a Diploma in Health and Social Care Level 2. The diploma has been designed to give staff the opportunity to develop a range of skills and techniques, personal skills and attributes essential for working in care settings.
- People were supported by staff who had access to a range of training to develop the skills and knowledge required to meet people's needs. Records showed most training was up to date. For training that was overdue plans were in place for staff to access training.
- Staff told us they felt supported in their role, and they had regular supervision meetings with their manager. Supervisions provide an opportunity to meet with staff, provide feedback on their performance and identify any learning opportunities to help them develop.
- We saw evidence the provider undertook unannounced observations of care workers in people's homes to assess the care workers' competency and made telephone monitoring calls to people to get feedback about their care workers.

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

- People were supported to maintain good nutrition and care plans recorded people's likes and dislikes and what assistance, if any, they required with preparing their meals.
- Staff told us they encouraged people to make healthy food choices.

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

- Records showed the service communicated with other health and social care professionals such as social workers, GP's and dieticians, to make sure people's health and care needs were met. For example, when one person refused to take a prescribed medicine because they did not like the taste, staff contacted their GP and arranged for an alternative medicine the person was happy to take.
- Staff told us they always contacted the office with any health concerns and supported people with their health appointments.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through an MCA application called the Deprivation of Liberty Safeguards (DoLS). When people are living in their own homes, they can still be deprived of their liberty but an application needs to be made to the Court of Protection (CoP).

We checked whether the service was working within the principles of the MCA and whether any restrictions on people's liberty had been authorised and if any conditions of the authorisation were being met.

- The registered manager told us there was no one currently using the service who lacked capacity to make any decisions and no one being supported by the service was in receipt of any authorisations from the CoP. They said they would refer concerns to other professionals such as their GP or social workers in order for assessments of the person's capacity to be made.
- Care plans were developed with people and their relatives. People had agreed with the content and had signed to receive care and treatment, where possible.
- Staff understood the importance of gaining consent from people and people we spoke with confirmed this.
- Staff had received training in The Mental Capacity Act and understood the requirements of the act.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by a dedicated and caring staff team who knew them well and treated them with respect. Staff commented, "We get to know people quite well" and "I'm proud of the connections I have with the people I visit. Knowing they trust me. I'm making their life as fulfilled as possible, that's good."
- One person told us, "They [staff] are very nice, I get on well with them." Another person said about care staff "Yes they are very nice."
- One person's relative told us, "I think they [staff] are very, very good and very caring. They go the extra mile. [Name] likes all the girls that visit. I am very happy with the care."
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. Interaction we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude.
- Through talking to people, staff and relatives and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People were involved in their care plans where they could, saying what they liked and how they liked things done. Where people were not able to actively take part, staff gathered information from people who knew the person, such as relatives or health and social care professionals. This helped to make sure they had as much information as possible to be able to provide care and support in the way people preferred.
- Staff told us they always supported people to make decisions and choices about their care. People confirmed this.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people in a way that respected their privacy and dignity. When we asked if this happened, one person commented, "Yes, very much so." Another person's relative said, "She definitely gets treated with dignity and respect."
- Staff explained how they promoted privacy and dignity when providing personal care. This included always speaking with the person, helping the person to suitably cover areas of themselves while washing, and making sure the environment was private by closing doors and curtains.

- Care plans contained information about what people were able to do for themselves and the areas they may need time and encouragement. People told us staff helped them to do things themselves and provided assistance when they needed it.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and risk management plans were not always person centred.
- Some sections of the care plans contained brief information about people's preferences or the way they wanted to be cared for and did not always reflect a person-centred approach to supporting people. For example, one person's care plan stated they needed support with washing and dressing. There was no information about how they liked to be supported to wash, what they liked to wear or what they could do for themselves.
- Other care plans were more person centred and described preferences in detail, for example. what a person liked for breakfast, '[Name] likes 12 small shredded wheat and six prunes.'

We recommend the provider seek advice and guidance from a reputable source in developing care and support plans that are consistently detailed and person centred.

- People told us staff respected their choices and care was delivered in line with their preferences.
- Staff knew people well and referred any changes or concerns about people's care to the managers, so they could take action.
- People's communication needs were identified, recorded and highlighted in their care plans. We saw that the identified needs were met for individuals. For example, one person's care plan indicated their hearing was not very good. Their care plan reminded staff they may have to raise their voices when speaking to them.
- The registered manager told us they were able provide people with information, such as their rotas, in a way that made it accessible and easy for people to read.

Improving care quality in response to complaints or concerns

- People and a relative told us they felt confident in raising any concerns or complaints and felt these would be dealt with appropriately.
- There had been no formal complaints made to the service since the last inspection. The registered manager told us they operated an open-door policy and people and their relatives always knew that their door was always open to discuss any concerns or complaints.
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.

End of life care and support

- The service was not supporting anyone at the end of their life.
- The registered manager told us they would continue to support people at the end of their lives as far as possible and would work in partnership with local palliative care and nursing teams to provide end of life care if and when this was necessary.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- People were at risk of harm because the quality and safety of the service was not being adequately monitored.
- The registered manager was able to describe some quality assurance processes but there did not seem to be a clearly structured programme that ensured key aspects of service delivery were regularly reviewed or effectively operated as they had not identified the issues we found during the inspection.
- There was no evidence presented that showed a structured approach to monitoring the quality of care plans and risk assessments.
- The assurance systems had not identified that risks to individuals' health and wellbeing were not always assessed and documented to ensure that all reasonably practicable actions were considered and taken to mitigate risk.
- The provider had not identified that people's care and risk management plans did not always provide personalised information about people and their preferences for how they liked to be supported.
- There was no system in place to analyse accidents and incidents in order to continuously learn and improve.
- Medicines management was not audited to ensure safe practice.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had recently employed a quality compliance manager. The quality compliance manager told us their role was to monitor, review and update all procedures, policies and quality assurance systems. They welcomed our feedback and told us they were looking at their auditing systems and how they could be improved.
- The service had a clear management structure in place. This consisted of the registered manager, the company secretary and the quality compliance manager. Senior staff and the registered manager were visible and available to care staff and regularly attended care visits themselves.
- Care staff were clear about their roles and told us they felt very well supported. One said, "I think it is very well run. They are always here, and they care. We are always kept updated and they let you know if there are any changes."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- People told us they were happy with their care and support. One person said, "They are all wonderful." A relative told us, "I think they are very well led. They know what they are doing and when we had a problem it was dealt with straight away."
- There was a positive and open culture within the service. Staff we spoke with said they liked working for the service and both the staff and managers were enthusiastic about and proud of the service.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

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

- Staff and people said they were supported. They were positive about the registered manager and management team and said they were approachable.
- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions.
- People were involved in decisions about their care. They were consulted on an individual basis.

Working in partnership with others

- Records showed staff communicated effectively with a range of health professionals to ensure that People's needs were considered and understood so that they could access the support they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care and treatment was provided in a safe way for service users because they did not always:</p> <ul style="list-style-type: none">-Assess the risks to the health and safety of service users receiving care.-Do all that was reasonably practicable to mitigate such risks.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity.</p>