

Step by Step Supporting Independence Limited

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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 ●

Summary of findings

Overall summary

Step by Step provides support to people with learning disabilities. The support is provided to people who live as tenants under a supported living scheme. A supported living scheme is one where people live in their own home and receive care and support in order to promote their independence. At the time of our inspection the service provided support to 31 people living in their own homes. However, only 15 people required support to meet their personal care needs. Therefore we only looked at the care and support received by those people. Step by Step provides other services which help people to live independently, such as assistance with shopping and enabling people undertake activities in the community. There is a log cabin facility in the grounds of its offices where staff support people with planned activities. People can also socialise with other people and staff in this area.

This inspection took place on 9 and 10 January 2017. The provider was given 48 hours' notice that the inspection would be taking place. This was because the location provides a supported living service to people who are often out during the day; we needed to be sure that someone would be in.

The service was last inspected on 23 January 2014, when it was compliant with the regulations relevant at that time.

Two registered managers were employed at the service. 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.

Kind and caring staff ensured people received support that was responsive to their needs and as set out on their support plans. People were supported to attend a variety of events outside of their homes. Staff ensured people's privacy and dignity was respected. Staff knew the people they supported well and ensured their preferences were met. Relatives were complimentary about the support provided by staff. One relative said "[person's name] is happy living there, and that's the main thing".

People's support plans described how staff were to support people. In particular they gave staff directions on how to manage any behaviours that may place the person or others at risk. Any risks to people were identified and plans put in place to minimise the risks. These risk assessments and management plans were used to support people to develop their independent living skills and become involved in leisure and educational activities to enable them to enjoy a more fulfilling life. For example, one person had wished to have driving lessons and had been supported to do so.

People's support plans contained goals for each individual. One person told us how the service had supported them to become more independent and that had meant they needed less support.

People were supported to maintain a healthy balanced diet. They were supported to plan, shop for and prepare their meals. Staff ensured people's health care needs were addressed. Everyone had an annual

health check from their GP. People were supported to attend healthcare appointments when necessary.

People were protected from the risks of abuse. Staff knew how to recognise and report abuse both within the service and to outside agencies. Thorough recruitment procedures ensured the risks of employing unsuitable staff were minimised. Staff had a good understanding of the principles of the Mental Capacity Act 2005. However, there was no written evidence that people's capacity to make decisions had been formally assessed, or that best interest meetings had been held where required.

Staff received training that helped them meet people's needs. This included first aid and managing people's specific health conditions. New staff received a thorough induction. Staff received regular supervision to support them in their role. Staff told us the registered managers were very supportive and approachable. One staff member told us "[Registered managers] are brilliant – can go to them about anything." Staff told us they enjoyed working for the service. One said "I love working with the service users, it's so rewarding." Another told us the service was supporting them to progress their career in care.

There were quality assurance systems in place to monitor care. Regular audits were undertaken to ensure the quality of care was maintained. Records were generally well maintained. All records we asked for were kept securely but easily accessible. However, some records were incomplete, for example support plan audits and mental capacity assessments.

The registered managers ensured their knowledge was kept up to date by attending meetings and using the internet.

We have made recommendations relating to recordings and decisions relating to the Mental Capacity Act 2005.

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 were protected as risks to their safety and well-being were identified. Management plans provided guidance for staff on how to reduce risks.

People were supported to manage their medicines safely.

Recruitment practices were thorough.

Is the service effective?

Good ●

The service was effective.

Staff displayed a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). However, written evidence was not always available to support decisions made on behalf of people.

People received support from staff that were trained and knowledgeable about people's needs.

People were supported to maintain good health and had access to healthcare and other specialist services, where required.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected and all personal care was provided in private.

People's needs were met by kind and caring staff.

People and their relatives were involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People's support needs were identified in their support plans that were reviewed regularly.

People received the support they needed. People's support needs were well known and understood by staff.

People and their relatives were confident that if they raised concerns these would be dealt with by the registered managers.

Is the service well-led?

Good ●

The service was well led.

The registered managers were open and approachable. People and staff felt well supported.

There were systems in place to monitor the quality of support being provided.

Records were generally well maintained and stored securely.

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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 was 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.

This inspection took place on 9 and 10 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a supported living service to people who are often out during the day; we needed to be sure that someone would be in.

One Adult Social Care inspector carried out the inspection.

Prior to the inspection the registered manager had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we also gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider.

On the first day of the inspection we visited the service's office to review documentation relating to people's care and support needs, staff recruitment and training and how the service ensured the safety and quality of the support provided to people. We also met with both registered managers. During the second day of our inspection we visited three properties and spoke with three people living in their own homes. We also spoke with seven members of support staff, and both registered managers. We also spoke with two people who were participating in activities in the log cabin.

We looked at a number of records including three people's care records, the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration,

complaints and staffing rotas.

Following the inspection we spoke with two relatives and one social care professional over the telephone.

Is the service safe?

Our findings

People told us they liked their homes and where they lived and felt safe there. We saw people approaching staff with confidence and accepting appropriate prompts from the staff indicating they felt safe in their presence.

Risks associated with people's needs, such as epilepsy or behaviours that may be challenging to others, were identified and management plans developed to ensure their support staff knew how to support them safely and minimise any risks.

Guidance was clear about how to deal with situations which may place people at risk. The circumstances and triggers which may lead people being placed at risk were described. This enabled staff, where possible, to prevent these triggers from occurring. For example, one person's support plan identified they needed support around accessing the TV and DVDs or they could become distressed. Staff were guided on how to come to support the person when they wished to watch TV or DVDs.

One person's plan outlined how staff were to support them in the community as they had a dislike of certain animals. Staff were guided to avoid specific places where the person may come into contact with the animals.

These risk assessments and management plans were used to support people to develop their independent living skills and become involved in leisure and educational activities to enable them to enjoy a more fulfilling life. For example, one person had wished to have driving lessons and had been supported to do so.

Everyone supported by the service had a tenancy agreement between themselves and the landlord of the properties (Harbuck Housing Ltd). This set out the terms and conditions under which people were able to live in the properties. Accommodation and support were not provided by the same organisations. People were able to choose where they received their support from. This meant people could choose to receive support from a service other than Step by Step, without it affecting their right to continue to live in their properties.

People's homes were well maintained and people had the adaptations and equipment they needed to promote their independence. People's risk assessments looked at minimising any risks associated with the environment. For example, there were risk assessments relating to people using the kitchen in their home.

There were robust recruitment systems in place. This protected people from the risks associated with employing staff who may be unsuitable to work in care. Staff were checked to ensure they were suitable to work at the service. These checks included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. However, the registered managers did not always make notes when interviewing prospective staff. This meant there was no evidence of the interview process. The registered managers agreed to ensure notes were taken at all future interviews.

Staff had received training in safeguarding people and told us what they would do if they suspected anyone was at risk of abuse. Staff understood the signs of abuse, and how to report concerns within the service and to other agencies. Safeguarding policies and procedures were in place and staff told us they felt confident the registered managers would respond and take appropriate action if they raised concerns.

People were protected from the risks associated with financial abuse as there were strict protocols and recording procedures in place. One member of staff was responsible for checking all shopping receipts. They also randomly checked that all items on receipts had been purchased for the use of the person whose money had been spent.

Some of the people supported by the service required help from staff 24 hours a day. The registered managers told us they ensured people had a 'core' staff team and ensured that at least one member of the team worked with the person during their support time. The registered managers told us they often worked to support people should they be needed. The service did not use agency staff who would not know people.

Should someone have an accident or display potentially harmful behaviours, these were recorded. Records showed these events were reviewed to identify how the accident or behavioural incident came about and whether it could have been avoided. Risk assessments were reviewed at the time of the accident/incident and changes made, if necessary, to reduce the risk of a repeat.

People were protected against the risks associated with medicines. This was because appropriate arrangements were in place to manage medicine ordering, storage and administration. All medicines were ordered by and delivered to the main office, where it was checked for discrepancies. This was because there had been problems when the medicines had been delivered to individual properties. One person collected their medicines themselves from the office, but others were delivered by staff. Support plans described each person's medicine and the reason it was prescribed. Instructions to staff identified important information about the medicine's administration, such as whether the medicine had to be given at a certain time. Where able, and risk assessed as safe, people were involved in administering their own medicines. For example, one person's risk assessment prompted staff to ensure medication had been taken as prescribed.

Is the service effective?

Our findings

People being supported by Step by Step had a variety of needs. Including those relating to learning disabilities, Autism and Down's Syndrome. People received support from staff that knew them well. Some staff had supported the same people for several years.

There was a comprehensive staff training programme in place and a system to indicate when updates were needed. Staff had received training in a range of subjects including first aid, health and safety and fire safety. Staff had also received more specific training to help them meet people's needs such as managing people's health conditions. Training was provided either in group sessions or by viewing DVDs. Two staff were responsible for providing the majority of training. This was felt to be beneficial as it allowed them to tailor any training to staff and people's individual needs.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff records showed they received regular supervision and yearly appraisals. Staff received individual supervision sessions when they were able to discuss all aspects of their role and professional development. During supervision, staff had the opportunity to sit down in a one to one session with senior staff to talk about their job role and discuss any issues. Staff told us they valued supervision sessions and also having the opportunity to discuss any issues at any time. The registered managers told us they often worked alongside support staff in order to ensure staff remained competent to do their job.

Staff had a comprehensive induction when they started to work at the service to ensure they could meet people's needs. This included, getting to know the people they were to support. Staff were issued with an 'induction booklet' that contained details on raising safeguarding alerts, and the company's principles. New staff were also enrolled on the Care Certificate. The Care Certificate sets the standard for the fundamental skills, knowledge, and behaviours expected from staff working in a care environment.

Staff morale was high and there was a strong ethos of team work which helped staff work effectively to meet people's care needs. All staff we spoke with told us how much they enjoyed their job.

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.

Staff had received training in, and had an awareness, of the MCA. Staff told us they always assumed people were able to make decisions for themselves and knew an assessment would be needed if they thought the person did not have capacity to do so. They were also aware that if a person had been assessed as not having the capacity to make specific decisions then meetings should be held to discuss what would be in the person's best interests.

Everyone receiving support from the service had needs that affected their ability to make decisions for themselves. We were told that people were able to make day to day decisions for themselves and people's support plans guided staff to support them in every day decision making. However, we saw that people's access to their bank cards was restricted. There was no written evidence that people's capacity to make decisions about their finances had been formally assessed, or that best interest meetings had been held.

We recommend that the service seeks guidance to refresh their understanding of the MCA and carry out assessments and decision making in line with the MCA Code of Practice.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. As the service provides support to people in their own homes, any applications to deprive people of their liberty must be made to the Court of Protection. The registered managers told us no applications had needed to be made.

People were supported to maintain good health and had access to healthcare services. Everyone being supported by the service had an annual health check from their GP. Staff told us if people weren't well they would let staff know, or staff would recognise a change in the person. Staff were available to support people to attend appointments where required. We saw one person had been supported to attend hospital at the times outside of their scheduled support. Records showed people had regularly visited GPs, hospital and other healthcare professionals such as dentists.

People were supported to maintain a healthy balanced diet. Staff told us they always encouraged people to eat healthily and supported them to plan and shop for healthy meals. Some people lived on their own and some people lived with others. Where people lived together we saw that meetings were held to decide whether meals were to be eaten together. Staff supported people to prepare their chosen meals if needed. We spent some time with one person and their support staff. One staff member was preparing a meal that the person had chosen, while they watched on. The person later helped staff wash up and put items away.

People's homes were well maintained and people had the equipment they needed to meet their needs. People were clearly proud of their homes and two people were very keen to show us around.

Is the service caring?

Our findings

Due to people's communication abilities it was not possible for everyone to tell us about their relationships with staff. However, we saw that people were relaxed and happy in staffs' presence. We observed positive relationships between staff and the people we met at the service. Staff were seen supporting people in an easy, unrushed and pleasant manner.

Staff at Step by Step treated people with respect and kindness. Staff were seen supporting people in an easy, unrushed and pleasant manner. We heard staff communicating well with people, listening giving them their full attention and talking in a pleasant manner. When addressing people staff used people's preferred names and appropriate language. We saw that people responded well to staff, speaking, smiling and laughing with them. Staff showed physical affection and spoke with respect. There was much fun, laughter and appropriate banter and hugs between staff and the people they supported. Staff spoke positively about the people they supported. One staff member told us they thought it was their role to "make people's lives easier and more fun". Another staff member told us working with people at Step by Step was "The best job I've ever had".

People's privacy and dignity was respected. Everyone had their own bedroom and staff knocked on bedroom doors and waited before entering. Staff took care to ensure people's appearance was clean and tidy and that their hair was combed. Staff spoke discreetly with people when asking them if they needed help with personal care. All personal care was provided in private and staff said they always ensured doors were closed when helping with personal care. One person's support plan directed staff to ensure the toilet door was closed when the person was using it. This was because the person often left the door open.

Staff genuinely cared for people's happiness and wellbeing. People were treated as individuals. Staff listened to people and supported them to express their needs and wants. People's abilities varied and staff told us how they encouraged people to be as independent as their abilities allowed. For example, some people needed a little support to help with finances and shopping, while others needed the support of at least one staff member 24 hours a day.

People and their relatives told us about the relationships that had been formed. One relative told us that whenever their relation had stayed with them they were always happy to go back to Step by Step. This was because they were happy living there. Another relative told us "[person's name] is happy living there, and that's the main thing".

Staff demonstrated they knew the people they supported. They were able to tell us about people's preferences and personal histories. For example, staff knew what people liked to eat, how they spent their day and when they liked to get up and go to bed. People supported by Step by Step staff had different methods of communication. Staff knew each person's particular method and could understand people's needs and requests. For example, staff helped us understand what one person was telling us about recent holidays. Symbols and pictures were used to help people understand which staff would be supporting them.

Not everyone was able to be involved in planning their care. We saw that where people or their relatives wished to take part in planning care they could be. People were supported to access an advocate if they needed someone to speak to outside of their support team or family. An advocate is a person who represents and works with a person who may need support and encouragement to exercise their rights and to ensure that their rights are upheld. Information on how to contact an advocate was displayed in the log cabin.

Staff displayed a caring attitude often going 'over and above' what was required of them in their role. The service also supported staff to enable them to do this. For example, staff regularly visited and supported one person in their own time, while the person was in hospital. People were also supported to attend football matches of their choice and go on holiday.

Is the service responsive?

Our findings

People received individualised support from staff who knew them well. People told us they received the support and guidance they needed to live successfully in their own home. This was confirmed by the relatives we spoke with who praised the support provided by the staff. One relative told us "[Person's name] needs are always met" by staff at the service.

Before a person started to use the service, staff obtained as much information as possible. This information was then used to identify the support the person needed. The amount of support available was determined by the budget set by those who were commissioning the service, usually the local authority. The support the person needed and the budget available were then used to develop the person's support plan. The support plans we saw contained details of any support needed with personal care as well as support that may be needed to take part in activities. For example, one person's plan directed staff to help one person paint their nails, and ensure they played bingo one evening a week. We saw evidence that support plans were regularly reviewed and updated as people's needs changed. This ensured staff had the up to date information they needed to safely and correctly meet people's needs.

Some of the people supported by Step by Step needed support to manage their behaviours and emotional responses to everyday activities and stress. Support plans contained details about these behaviours and staff were guided on how to reduce the risk of a situation escalating. Staff were guided to recognise early signs of people's distress and how to support people during these times. For example, one person's plan stated "To avoid high levels of anxiety don't overload [person's name], she can only cope with doing one thing at a time". If the person became more distressed then staff were to withdraw and explain they were giving the person space to relax, that they were not leaving them and that staff would be happy to talk with them when they were feeling better.

Staff we spoke with told us about the different areas of support people needed. For example, some people needed prompting about their personal care, while others needed support with all aspects of their lives. People were supported to set achievable goals. One person told us how the service had supported them to become more independent and that had meant they needed less support.

People being supported by Step by Step were able to take part in a variety of activities and outings. We saw that people were supported to attend activities in the local community. People were also able to take part in activities within the cabin attached to the main office. Activities on offer included arts and crafts, cooking and computer skills. We also saw people just dropping by for a drink and a chat.

Regular house meetings were held in some of the shared properties. Minutes from meetings showed that people had discussed menus, recycling and who was going to look after the cat while they were all away for Christmas.

A complaints policy was available to people. Each property had an 'easy read' version of the policy displayed. This helped help people understand what to do if they were unhappy about anything. The

registered manager took note of, and investigated any concerns raised. Relatives we spoke with told us they were happy with all aspects of their relative's care. They said if they had ever had any minor concerns they had been dealt with satisfactorily. A file was kept of any complaints made. The last complaint had been received in December 2016 and had been satisfactorily concluded.

Relatives told us they were always kept informed about any changes to their relations care. One relative told us they were always involved in their relation's care.

Is the service well-led?

Our findings

There were two registered managers employed at Step by Step. One acted as a 'general' manager of the service, dealing with administrative matters while both managed a staff team. They were supported by a group of staff who were committed to providing high quality care.

There were systems in place to assess people's needs, recruit and train dedicated staff and to monitor the quality of the support services they provided. Wherever possible people were included in decision making and support was personalised to their needs and wishes. Staff were aware of the philosophy of the service. They told us it was to support people with their individual needs in their homes.

People told us the registered managers were approachable. People knew them very well and were comfortable in their presence. One person told us they liked to go and chat to both registered managers each day. Staff told us there was an open culture at the service and they could raise any issues with the registered managers and were confident they would deal with them. Staff also told us they felt well supported by the registered managers of the service. One staff member told us "[Registered managers] are brilliant – can go to them about anything." Staff told us they enjoyed working for the service. One said "I love working with the service users, it's so rewarding." Another told us the service was supporting them to progress their career in care.

Written surveys were used periodically to allow people and their relatives time to consider their views and to respond formally. Surveys had been sent out in 2015 and the results collated into the annual service report for 2015/2016. Comments received from family members and advocates included "All staff are more than helpful and kind". Comments from people being supported included "I am happy, they encourage me to be independent" and "I really enjoy the company of the staff".

The registered managers told us they kept up to date with current social care practice by accessing the internet and the Care Quality Commission website. The service is a member of ARC (Association for Real Change) and the Devon provider Engagement Network, which provides the service with up to date information on changes with the care sector.

The service worked well with other agencies. One social care professional told us that their recent involvement with the service had been brief. However, the service had been dealing very well with a person who had recently been in hospital. The registered managers also regularly attend meetings with the local authority about issues relating to care provision in the area.

There were systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken. These audits included looking at medicines, the environment and equipment. Where issues were identified action was taken to rectify matters. For example, one person's shower had been leaking and this had been fixed. However, there was not always evidence that support plans had been audited. One of the registered managers told us they completed these monthly, but there was no evidence of this. Following the inspection, we were told a system had been set up to ensure all checks were recorded.

Records were generally well maintained. All records we asked for were kept securely but easily accessible. However, some records were incomplete, for example support plan audits and mental capacity assessments.

We recommend records are kept up to date and in line with relevant regulations.