

Stepping Stones to Independence

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Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection was announced and took place on 31 and 1 June 2017. We gave the provider 48 hours' notice of the inspection. We did this to ensure key staff would be available at the service. At the time of the inspection the service was providing personal care to 40 people living in their own homes.

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

At the time of the inspection the service employed, a registered manager, operations manager, training manager, two care coordinators, two field supervisors and care staff.

People felt safe and there were systems in place to safeguard them from risk of possible harm. People had individual risk assessments so that staff had the information they needed to support them safely and minimise the identified risks.

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

Staffing levels were sufficient to meet people's needs and protected them from harm. The service carried out pre-employment checks on staff before they worked with people to assess their suitability.

Staff received regular supervision to discuss their progress and training needs. Spot checks were completed by senior staff to monitor staff performance and ensure people were receiving support in line with their needs and expectations.

Staff understood the importance of gaining consent from people and acted in accordance with the principles of the Mental Capacity Act 2005. Staff had a good understanding of people's needs and supported them effectively. People and relatives told us that staff were respectful of their homes and supported them to maintain their independence.

Staff were described as caring, friendly and supportive. It was clear positive relationships had been built between people and staff. Communication between staff, people and their relatives was positive.

People's needs had been assessed and there were care plans in place that took account of their individual needs, preferences, and choices. The service had had an effective system in place to manage complaints.

People received a service that was well-led because the registered manager provided good leadership and management. Systems were in place to check on the standards within the service. These included regular audits of care records, recruitment files, risk assessments, health and safety, staff training and supervision.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

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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 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 31 May and 1 June 2017 and was announced. We gave notice of our inspection to ensure key people would be available at the service when we visited. The inspection team consisted of one inspector.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR is information given to us by the provider. The PIR also provides us with key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. This included notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide.

Four health and social care professionals were contacted in order to gain their views about the service. Two of them provided feedback about the service.

We looked at the care records of four people, the recruitment and personnel records of three staff, training records, staff schedules and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, recruitment, mental capacity and complaints.

We spoke with three people on the phone that were supported by the service and two relative's. We tried to contact a further four people by phone but we not successful. We spoke with three care staff, one care coordinator, the training manager, operations manager, nominated individual and the registered manager.

Is the service safe?

Our findings

People we spoke with told us they had confidence in the staff, which contributed to them feeling safe. People told us, "I feel safe and this is because the same staff visit me", "Yes I feel safe as the staff take the pressure off me by giving me my medication" and "I am safe and I feel safe. If I had any concerns I would call the girls in the office". When we asked people about their safety, people understood what abuse was. People were given information about who they could contact if they had concerns about their or other people's safety and welfare.

Staff were trained in safeguarding as part of their induction so they knew how to protect people from avoidable harm. Staff we spoke with were knowledgeable about their role and responsibilities in raising concerns with the registered manager and the role of external agencies such as the local authority. The service's safeguarding and whistleblowing policies advised staff what to do if they had concerns about the welfare of any person who used the service.

We recommend the registered manager reviews the service's safeguarding procedure as this referred to The Care Standards Act 2000. This was not current information. The Care Standards Act 2000 was replaced with The Care Standards Act 2014.

People's care and support files contained individual risk assessments and guidance that addressed their specific needs, for example if a person was at risk of falls, skin breakdown and other factors. Environmental risk factors were also assessed to ensure that people who used the service and care staff were protected from risks at people's homes.

Risk assessments were also in place for people who had pets within their homes. This was to ensure staff were protected from the associated risks. Discussions with the registered manager demonstrated that risk assessments were implemented for people with moving and positioning needs. The service liaised with occupational therapists and other professionals where necessary for additional guidance and training to meet people's mobility needs.

People told us that staff were reliable and punctual, and they received a consistent service. All of the people we spoke with stated that staff did not appear rushed and had enough time to spend to carry out their duties properly. The registered manager told us there were sufficient staff employed to meet people's needs. The number of staff required and the days and hours required to support people safely were agreed when people's needs were assessed. People's needs were regularly reviewed and where changes were needed, the level of staff involvement was also reviewed to ensure people's needs were met.

Before taking on any new packages of care the registered manager ensured they had enough staff to cover each person's visit. The registered manager was mindful that the service had sufficient staff to care for people. At the time of the inspection the service was not taking on any double up packages of care where people required two staff. However existing people who used the service and required two staff continued to be supported by the service. Staff referred to their rota, which detailed who they were supporting and at

what time. The registered manager informed us that staff were given a copy of their weekly rota electronically. Due to a past safeguarding incident staff were not permitted to print out their weekly rota. One professional involved with the service made the following comment, "I do feel that Stepping Stones are a safe service but some extra care around rostering is needed".

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

People's medicines were being managed safely. There were clear policies and procedures in the safe handling and administration of medicines. The registered manager told us about the appropriate action they would take if a medicines error was made by staff. This included seeking medical advice on the implications to people's wellbeing, providing further training and support to staff to assess their competence and referral to the safeguarding local authority.

There was accurate recording of the administration of medicines. Medicine administration records (MAR) charts were completed to show when medicine had been given or if not taken the reason why. People's care plans contained clear information about their medicine and the role of staff in the management of people's medicine, where required. The registered manager told us staff administered or prompted people to take their medicine where support was needed.

The service had an infection control policy in place to protect people who received personal care and staff. Staff had received infection control training as part of their induction. They were supplied with personal protective equipment such as disposable gloves and aprons, to use as necessary. Staff compliance with the provider's infection control policy was monitored during spot check visits.

Is the service effective?

Our findings

People felt supported by knowledgeable and competent staff. One person told us, "I think the staff that support me do a very good job". Another person told us, "Sometimes the staff bring along a new carer with them. It is nice to know new staff are getting to know us".

Staff told us the training they had received enabled them to meet the needs of people. For example, 12 staff had received training in PEG feeding and maintaining people's PEG sites. The training was delivered by a specialist health care professional who assessed staffs competence. This had provided staff with the knowledge and understanding of how to meet the needs of people who had a peg feed. PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medications to be put directly into the stomach, by-passing the mouth and oesophagus.

People were supported by staff who had received suitable training required to meet their needs. The service employed a training manager who could adapt training to suit the needs of individual staff. Records showed that staff had completed a wide range of training that included dementia care, equality and diversity, food hygiene, moving and handling, first aid, health and safety and safeguarding vulnerable adults. Staff spoke positively about the support and guidance provided by the registered manager. One member of staff told us how they had been asked for many years if they could undertake autism training but this had not been provided. A person they regularly supported had a diagnosis of autism. They told us shortly after the registered manager had started in post they enrolled the staff member on the training course. The staff member said this meant so much to them as they felt valued.

Staff told us they felt supported to carry out their roles, due to the support offered. Records confirmed staff had regular one to one supervision sessions and observations by the care co-ordinators during spot checks were discussed with them. This enabled staff to receive positive feedback about their performance and allow for reflection on any areas for improvement. Staff performance was subject to annual appraisals, which also provided a forum for staff to discuss their future learning and development needs.

New staff received an induction and training when they started work at the service. Staff completed The Care Certificate as part of their induction programme. The Care Certificate is designed so staff are assessed to ensure they have the skills, knowledge and behaviours expected to provide compassionate and high quality care and support to people. The induction included training to ensure staff could meet people's health and social care needs; as well as familiarisation with the service, the people who used the service, and the organisation's policies and procedures. One staff member told us, "I did one week of shadow shifts during my induction. I also did the necessary training".

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 when this is in their best interests and legally authorised under the MCA and applications must be made to the Court of Protection. We found there to be no such orders in place.

Training records confirmed that staff had undertaken training in relation to the MCA. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. People confirmed that staff explained what that were doing and sought their consent before they provided them with personal care. People said they had signed their care plan to demonstrate their agreement.

People were supported with their nutritional needs. We asked people about the support they received to eat and drink. Each of the people that we spoke with said that they had no issues with how staff supported them. People's care records contained information relating to their dietary needs. People's individual preferences were recorded within their care records. This gave staff guidance on knowing what people liked to eat and drink and any special requirements.

People's changing needs were monitored to make sure their health needs were responded to promptly. All of the people we spoke with told us that family members usually supported them with health appointments, but the staff could help them if they needed to. People spoke positively about the support they received with their healthcare and wellbeing. We were given an example when a member of staff stayed for an additional few hours to support a person who had become unwell. Information was recorded in people's notes relating to their medical histories and healthcare appointments.

Is the service caring?

Our findings

People we spoke with told us that staff were very caring, with a pleasant, compassionate approach. People told us, "The girls are lovely and have a nice caring nature" and "All of the staff are nice and very caring". A relative told us, "I like how the staff have a bubbly approach towards my relative. This brings out the best in them".

People told us staff were respectful and considerate of their needs and feelings. People we spoke with felt that staff maintained their privacy and dignity when personal care was being given. One relative told us, "They are respectful towards my relative and cover him up when getting him washed and dressed". One person told us, "The carers always call out when they arrive to let me know they are here".

People were supported by a small staff team which meant close relationships had formed and staff understood people's needs. Staff had a good knowledge of the people they supported. Staff spoke about people with great fondness. The registered manager told us they had supported a family who had a relative living with dementia. The relative received care and support from the service. The registered manager had invested time in listening to the family's daily struggles and provided them with support.

People were able to maintain as much independence as possible by having staff that empowered people. Staff also told us how they aimed to maximise people's independence when delivering care. The registered manager gave an example of how staff had worked closely with a person. They had supported and encouraged the person to regain confidence in going back upstairs again. This was to encourage the person to use the toilet in the bathroom rather than the commode downstairs. The person had previously suffered a fall and had lost their confidence. With the support from staff the person had gained confidence to do this.

The service went the extra mile in supporting people. The registered manager and staff had helped one person they supported who had become unwell. The person required lifesaving treatment in hospital however they did not want to be admitted into hospital and leave behind their pets. The person refused to go into hospital unless a plan was in place to look after them. The person was keen this should be the staff from the service who were familiar with the pets. The registered manager contacted the local authority about this and with permission two staff visited to feed the animals until a pet sitter was found. This enabled the person to receive the treatment they required.

People were cared for by staff who were passionate about providing good quality care. Care plans reflected how staff communicated with people who could not verbally communicate. An example being one person was not able to verbally communicate but they used assisted technology (computer system) to communicate their needs to staff. The staff said this helped them gain consent from the person when they assisted them with personal care.

Staff told us they knew people well, including their likes and dislikes and encouraged them to be involved in making decisions about their care, and support and this information was recorded in care plans. People told us their views were listened to and taken into account when care and support was provided.

Is the service responsive?

Our findings

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

People's needs were assessed before they began to receive a service to ensure their needs could be met. Care records showed that individual assessments took into account people's specific health and support needs. People and relatives confirmed that they had been involved in the assessment process. One person told us, "The coordinator came to visit me to find out the support I needed. They put a package together quickly". Assessments were completed thoroughly and included details of people's preferences and life histories.

Care plans had been developed using the information from the initial assessment. This ensured people's needs and preferences were met and respected. Care plans were clearly written and described the support people needed at each visit. They also explained what people were able to do independently. Additional forms such as medicine administration charts and risk assessments were also available. People confirmed that they had copies of their care plans in their homes.

We asked people if the support they received met their needs and whether any changes to their care arrangements were required. The registered manager gave us examples of when adjustments had been made to the timing of their support visits. This included extending visit times and extra visits scheduled to meet people's needs. An example being was an occasion when a person had become unwell and staff stayed with the person whilst they waited for an ambulance.

Care plans were reviewed regularly to make sure the information detailing how people's personal care was carried out was up to date and correct. All the staff we spoke with said the registered manager was very responsive to people's changing needs or wishes and acted quickly to review the care plan. An example being was if people had spent some time in hospital due to illness this may prompt a review of people's needs. The staff recorded daily the care and support given to each person; we saw that these records were clearly written and informative. If staff had noticed people were unwell or their needs had changed then the office were informed and any necessary follow up action was taken.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. The registered manager gave us examples of when the service had made suggestions to people and relatives about support they could access that they were not aware of. This included giving advice to relatives who had family members living with dementia. The registered manager suggested strategies in the management of dementia care and the use of technology to monitor people's safety at home.

People were actively encouraged to give their views and raise concerns or complaints. The registered manager made contact with every person who received a service by telephone regularly in order to obtain their views and to give people the opportunity to raise concerns. There was a policy dealing with complaints that the staff and registered manager followed. People received a copy of the complaints procedure, explaining how to make a complaint if they needed to. People using the service and their relatives told us they were aware of the formal complaint procedure and that they were confident that the registered manager would address concerns if they had any. Records showed that complaints were taken seriously, investigated, and responded to quickly and professionally.

There were also a number of compliments received from people and their relatives, often naming individual staff they wanted to praise. These included, "A big thank you for making me feel so welcome and so supportive", "On behalf of my family I would like to thank you for your cheerful care", "At a difficult time it meant a lot to have such caring people in our home helping us out", and "It was reassuring for us as a family to know that she was in such capable hands and that you all care".

Is the service well-led?

Our findings

People were complimentary about the support they received. They told us staff and managers were approachable and easy to talk to. One person said, "The office staff are really helpful and answer any questions I have". Another person said, "Communication has really improved within the office". Staff we spoke with said "I used to dread going into the office but things have really changed. I feel welcome and I feel like my opinion is valued" and "It seems much more structured. Morale is so much better".

Since the last inspection the service had restructured in many ways. Its staff team and care packages had become stream lined. It was a smaller service compared with the last inspection. Over the past year the service had gone through a period of being short staffed and some care packages of people were given back to the local authority commissioners. This was to ensure that the service had the right number of staff in place to support people. The service had recruited a different registered manager. This had been seen as a positive step by staff. One professional involved with the service made the following comment, "We worked closely and successfully, with both the registered manager and the office manager, to consolidate and stabilise the branch and manage the situation to a positive outcome".

The registered manager had clear vision and values that were person-centred and ensured people were at the heart of the service. The registered manager told us their vision was to keep moving the service forwards as they had a full complement of staff and a stable staff team. They looked to increase the number of people they supported by taking on further care packages. The registered manager and staff had worked hard to implement effective changes.

There was a positive and sustained culture at Stepping Stone to Independence that was open, inclusive and empowering. Staff were motivated and told us that the registered manager and office staff were excellent. They told us that they felt fully supported and they received regular support and advice via phone calls, texts and face to face meetings. Staff told us that they were invited to meetings where they could express their views and put forward suggestions about how the service was run. They said that the registered manager was approachable and kept them informed of any changes to the service and that communication was very good.

There were clear lines of accountability and responsibility within the service. The registered manager worked in conjunction with the provider, operations manager, training manager, care coordinator staff and care staff. The registered manager worked part time at the service but remained contactable during days off. The operations manager was first point of contact during the registered manager's days off. The operations manager provided a weekly report to the registered manager and shared information about what had happened at the service during the week. An example being how many care packages they had accepted and any concerns they had.

People and their relatives were given the opportunity to give feedback on the service. An annual satisfaction survey was used to gain people's views and the results distributed to people receiving a service. The last survey showed that people were satisfied with the service they received. Where comments identified

improvements were required the service had taken steps to address this. The registered manager told us that another satisfaction survey would be sent out in the very near future.

The service had systems and procedures in place to monitor and assess the quality of their service. Telephone quality assurance calls and monitoring visits were carried out by senior staff. These were in place to confirm staff were punctual, polite and respectful. Also that they stayed for the correct amount of time allocated and they were happy with the service. People told us they felt able to talk with the staff or managers at any time and they would be listened to. The registered manager carried out monitoring checks on the call monitoring system, medication, care records and risk assessments. Any issues found on audits were followed up to improve the service going forward.