

Positive Steps Shropshire Limited

Louise House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Positive Steps Shropshire is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes. The service also provides domiciliary care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 53 people were living in long-term shared lives arrangements, and 44 people accessed shared lives for respite only. There were 26 people who received domiciliary care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

We saw excellent examples of how people were supported to remain safe at times when they were at significant risk. The risk of abuse was minimised because there were clear processes, training and procedures in place to protect people. Staff and SLC were proactive and supported people to take positive risks, ensuring they had maximum choice and control of their lives.

The provider's robust recruitment processes for staff and SLC, along with the matching process, had exceptionally positive outcomes for people.

Medicines were managed safely. There was an open and transparent culture in relation to accidents and incidents and they were used as opportunities to learn and lessen risks.

Staff and SLC had exceptional skills and knowledge to deliver care and support in a person-centred way. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

People's needs were met through robust assessments and support planning. We saw examples of when the service had worked with other professionals to achieve positive outcomes for people and to improve their quality of life.

People's privacy, dignity and independence was made a priority in supporting people in all areas of life. People could plan for their future, including their wishes at end of life.

People told us staff and SLC were exceptionally compassionate and kind. Staff and SLC expressed commitment to ensuring people received high-quality care. We heard excellent examples of how SLC ensured people felt part of their family. SLC and staff knew people exceptionally well. People were encouraged to learn new skills to enhance their independence.

We saw excellent examples of how the care and support people received enriched their lives through meaningful activities. The service was proactive in its response to concerns or complaints and people knew how to feedback their experiences.

The management team planned and promoted holistic, person-centred, high-quality care resulting in excellent outcomes for people. The values and culture embedded in the service ensured people were at the heart of the care and support they received. SLC and staff told us they received excellent support from management and staff told us they were extremely proud to work for the service. There was a very open and transparent culture and people were empowered to voice their opinions. Without exception, people told us the service was well-managed.

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

Rating at last inspection and update

The last rating for this service was good (published 18 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

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Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Positive Steps Shropshire is a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community. The service is also a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service short notice of the inspection. This was because we needed the service to make contact with the SLC and people that used the service to ask if we could speak or meet with them.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

We contacted visiting professionals by email to seek their views on the service provided.

During the inspection

During the inspection we spoke with three people who used the service, two relatives and three SLC. We also spoke with the registered manager, domiciliary care manager, two shared lives workers, the recruitment manager, two domiciliary support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with an advocate project worker.

We looked at a selection of records. This included four people's care records, risk assessments, and medicine records. We looked at one staff member's recruitment record and other records related to monitoring and the management of the service.

After the inspection

We spoke with six relatives/representatives of people who used the service. We continued to seek clarification from the management team to validate evidence found. We looked at training data, compliments and complaints, supervision and appraisal records and a variety of policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. A professional working with the service told us, "I know they [management] will go the extra mile to keep people safe. They put people at the heart of everything they do." A relative told us, "They [Positive Steps and the shared lives carer] (SLC) have been brilliant. We have no worries. For 35 years we have been so worried about [person], but are much more relaxed now."
- The service was awarded a pilot project on domestic abuse. Staff have worked closely with Shropshire Domestic Abuse service to keep people safe. This has helped to enhance people's lives and wellbeing. People were supported to understand relationships and consent in a sexual health clinic organised by the service.
- Staff worked exceptionally hard to keep people safe when using social media, understanding their money and their sexual health. The service, along with other professionals and agencies were instrumental in developing safeguarding cards to be used by professionals to hold safeguarding conversations with people who use the service.
- Staff and SLC received training in safeguarding. They were able to tell us what they would do if they were concerned about the treatment of people.

Staffing and recruitment

- Robust recruitment procedures were carried out on all staff and SLC to ensure people were safe.
- Domiciliary staff and SLC were carefully matched to people with similar interests and personalities.
- SLC had 24-hour access to staff for any queries or concerns they had. Everyone told us this was an invaluable service. One SLC told us, "I get such good support from Positive Steps. We have managed the highs and lows together."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were managed and measures were put in place to reduce or prevent these risks.
- People were enabled to live their lives in a way they chose by skilled staff and SLC who respected their lifestyle choices.
- Positive risk taking was encouraged to help people learn new skills or enjoy their life within safe guidelines. One person told us how they had gained the confidence to go on a Let's Go holiday independently of their SLC. This is a holiday scheme for people with a learning disability. They told us, "When I go on my let's go holidays, they [SLC] take me to the airport. I don't need to ask them, they know I am anxious, so they help me to make sure I'm safe."

- The registered manager had a system in place to check incidents and understood how to use them as a learning opportunity to prevent future occurrences.
- All staff and SLC shared an open culture where all concerns raised were treated with great importance and used as an opportunity to learn and improve people's care.

Using medicines safely

- Processes were in place to make sure people received their medicines safely.
- Medicine administration records provided information to ensure people received their medicines safely as prescribed.
- Staff responsible for administering medicines were trained to manage medicines safely.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received training and followed safe practices. Staff had access to personal protective equipment such as disposable 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.

- At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 receiving domiciliary care or moving into SLC homes. This information was used to develop people's support plans and risk assessments.
- People were involved in the matching process by meeting their potential carers prior to receiving support; making time to get to know each other.
- The registered manager worked closely with the national organisation Shared Lives Plus to gain national perspective on shared lives and use and develop their resources to be in line with best practice.
- Some SLC supported more than one person, either on respite, or permanently. Great care was taken to ensure people could live well together, as matching with people they lived with was of paramount importance.

Staff support: induction, training, skills and experience

- Staff and SLC were competent, knowledgeable and skilled; they carried out their roles effectively. One staff member told us, "I feel very lucky to be honest, if you want to do certain training you only have to ask."
- Staff and SLC had completed an induction and training programme. They had opportunity for supervision and appraisal. They told us they felt well supported.

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

- People were supported to eat and drink enough food to maintain a balanced diet.
- People told us they were involved in choosing the food and drink they had and encouraged to eat as healthily as possible. They told us how they enjoyed eating out in restaurants with staff or SLC. Where possible, they were supported to develop skills in shopping and preparing and cooking meals.

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

- People were supported to access services to maintain and improve their health.
- The management team worked in partnership with other organisations to ensure they delivered joined-up care and support for people.
- The staff had established good working relationships with a range of professionals to help support people and SLC with aspects of people's care and support. For example, the mental health social work team, Department of Work and Pensions and learning disability professionals.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- SLC, staff and management team worked within these principles and were aware of when applications may be required if people's freedom to make their own choices was being restricted. People's care and treatment was provided in line with law and guidance.
- People received their care in the least restrictive way. SLC and staff looked for ways to support people to make choices on how they lived their lives in the least restrictive way. One person told us they had always wanted to attend a rave. They told us how they had done this with the support from staff. They had enjoyed this so much they were planning to stay for a longer time when they next went.

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.

At the last inspection this key question was rated as good. At this inspection this key question had improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were exceptionally well supported and cared for. Staff and SLC displayed positive, warm and familiar relationships when interacting with people. There were genuine, kind and compassionate relationships towards the people supported. A relative told us, "The staff have [person's] best interests at heart and allow [person] to lead as normal a life as possible."
- Staff and SLC felt extremely valued. One staff member told us, "I have never worked at a place where I am so appreciated. The management team are fabulous and so thoughtful to [people who use the service] and staff. This is the nicest most caring place I have worked."
- People told us they were treated with kindness and the excellent relationships they had with staff and SLC impacted positively on their feelings of wellbeing. One person told us, "I feel part of a very happy family." They told us how they enjoyed being part of an extended family with other siblings and grandchildren. A relative described the care staff member as a "Caring, loving person." They told us the staff member kept in touch with the person whilst on maternity leave which had made a positive impact on their wellbeing.
- Staff and SLC completely respected people's human rights, treated them with dignity and respect and provided compassionate support in an individualised way; For example, people received care and support from their preferred gender of care worker, were addressed by their preferred name and supported to maintain important relationships and exercise their religious and cultural beliefs. One person told us how they had been carefully matched to specific staff. One to take them to football matches and another to take them to raves. This person told us, "Life is better now I go out more."

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

- People were supported and empowered to express their views. People's views and choices were incorporated into person-centred support plans.
- Relatives said a key factor in the staff being able to provide appropriate care and support was as a direct result of having a consistent group of staff. A relative told us, "This is an amazing service with fabulous staff."
- People received holistic care from their SLC and staff. Their understanding of people's lives, and personalities helped them all to communicate and develop ways of supporting people to make decisions about their care. One staff member told us, "In my eyes it's really important that [person] does what [they] want to do. It's not about the staff it's about [person]."

Respecting and promoting people's privacy, dignity and independence

- Privacy, dignity and respect was at the heart of the values of the service and staff and SLC developed people's self-esteem; to enable them to live the life they desired. People were exceptionally well supported

to be independent.

- We saw many outstanding and proactive ways staff and SLC had supported people to be independent. For example, a 3D orientation map had been created to assist a visually impaired person negotiate their bedroom when they attended a SLC home. People were actively encouraged to learn new skills around the home and in the community. People told us their lives had massively improved and this had improved their mental health and wellbeing.
- SLC and staff were dedicated to offering people opportunities that would increase their independence and have freedom and control over their lives. One person told us, "I have become so much more confident and that has increased my independence. This has changed my life."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was person-centred. One relative told us the person was, "110% (happy) as the [person] wants to go back as soon as they get home. The [person] will talk about the activities they have been doing."
- Staff and SLC had an inherent understanding of people's individual needs relating to their protected equality characteristics and their values and beliefs. The management team had organised an appropriate person to hold specialised sessions within the service to help people understand caring relationships.
- Assessments were extremely person-centred and used to develop highly detailed individualised support plans. People were actively involved in the completion of their assessments and the development of their support plans. Staff used individual ways to involve people in planning their care and support. This included the use of pictorial aids to help people communicate their needs, wishes and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided in ways which people could understand, including braille and easy read (where pictures were used to aid people's understanding) and the 3D orientation map to help a person navigate around a new SLC home.
- Staff understood how people communicated. They knew how people expressed themselves, so recognised if people were in pain or how they indicated their choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Each person was supported with a high level of person-centred care. Staff and SLC supported people in doing what they wanted to do and accessed a wide range of personalised activities. From our conversations with staff, SLC, relatives and people, it was clear that staff were prepared to put extra effort in their roles to help ensure people had a good quality of life.
- The service hosted a community knitting group once a month with people from the age of eight to eighty attending with all levels of ability. The group was helping with the misunderstandings across the generations and was helping with older people's loneliness.
- The service provided support at the local autism hub, which was attended by many people and carers. The provider was closely involved in the café within the same building as Positive Steps. Some people

volunteered at this café and had learnt new skills, had fun and given them the opportunity to be part of a community.

Improving care quality in response to complaints or concerns

- The service was proactive in responding to any concerns or complaints raised.
- People and relatives had opportunities to raise concerns at monitoring visits, through surveys and drop in sessions. One relative told us, "The manager is very visible. When I was in the building the other day they came out to their office and knew who I was and spoke to me."
- SLC, people and relatives had access to the complaints procedure and understood how to make a complaint.

End of life care and support

- Compassionate care was provided at the end of people's lives.
- People had the opportunity to explore their wishes for their end of life care, and this was recorded in their support plans. This captured how best to support the person at the end of their life. Some people had experienced the loss of a parent or friend, they expressed their emotions with support of staff and SLC to understand and cope with their loss.
- Support plans documented people religious beliefs, details of pre-arranged funeral plans, music to be played at the funeral and even the finer detail of what the person wanted inscribing on their headstone. Step-by-step guidance was in place for staff to follow to ensure the person's needs and preferences would be met.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The management team showed a clear commitment to providing a high-quality service which ensured that people could fulfil their aspirations and ambitions and live as fulfilled and enriched lives as possible.
- We found the provider's mission statement to be fully implemented and was integral to the high standards of care and support provided by the staff. This was endorsed by the many positive examples that people shared with us regarding the impact to their lives.
- The management team demonstrated a high level of experience and capability to deliver excellent care and an in-depth knowledge of people who used the service, staff and SLC. Everyone we spoke with, without exception, told us the service was managed well. One relative told us, "This is a fantastic service, which is exceptionally well run. Communication is excellent, and we feel listened to. For us as parents, this is a massive relief to know [person] receives such an excellent package of care."
- The principles of the duty of candour were embedded within the registered managers practice. The registered manager was open and honest in response to any complaints and worked in partnership with other agencies to make improvements.
- The registered manager demonstrated sound knowledge of their regulatory obligations.

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

- The management team planned and promoted holistic, person-centred, high-quality care and excellent outcomes for people. Their values and the culture embedded in the service ensured people were at the heart of the support they received.
- The management team had an inspiring shared purpose and vision to motivate staff and promote a high level of satisfaction. Staff told us they were extremely proud to work for the service and SLC spoke of the excellent support they received from the management and staff.
- The management team, staff and SLC were extremely proud of the service provided. They worked together to promote a service that could be relied upon to achieve the best outcomes for people receiving care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was a positive culture of engaging with staff, SLC, people and relatives to obtain feedback. The

management team acted on the feedback to improve care and people's experiences. A SLC told us, "This is an excellent service. They employ good people. The organisation has the same values as me, they put people first."

- There were exceptional examples of when the service had successfully worked in collaboration with external professionals. A professional told us, "We have an excellent working relationship. There is lots of preventative work, so any problems can be nipped in the bud. I know they [the management team] will go the extra mile to know people are supported."

- The service support the local autism hub. The domiciliary care manager is on the board of directors for Shropshire Partners in Care, who are a not for profit organisation offering a wide range of services to adult social care organisations. The management team were in the process of appointing a person who uses the service as an ambassador to represent the service.

- The management team, staff and people supported many events such as the local park run, holding coffee mornings and planning discos to raise money for Macmillan Cancer Support.