

Step-A-Side Care Limited

Market Place

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 took place on 12 March 2016 and was announced. The service was last inspected 4 March 2014 and was found to be meeting the requirements of the law at that time.

Market Place is a small home divided into two flats which provides care and support for two young people. The home is run by Step-a-Side Care and is located in the community and with good access to local amenities. The service had a registered manager in place. 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.

The service aims to support young adults to develop independence skills to enable them to move on to more independent living settings. They provide one to one care for young people living at the service and work closely with the young people's social workers, family and health professionals whilst they are living at the service. It was clear when entering the service that you were in the young people's home. Support was delivered in a person centred way and took account of the young people's views and preferences. The young people were involved in all aspects of the support that they received and took part in regular reviews of their placement at the service. One person said 'I am involved in my review meetings and sometimes I get to chair them'.

The young people were supported to be part of their communities. One person attended college and the other had applied for a training placement. There was an on-going programme of activities for the young people both in the service and out in the community. One person told us 'we get to do lots here, horse riding, trampolining and going to the gym.'

The service provided the young people with a supportive and therapeutic environment, which aimed to develop the young people that used the service. Clear boundaries were agreed and set with the young people. Professionals involved in working with the young people commented on how well the staff team maintained these boundaries in a consistent way. This provided the young people with the structure to their lives, which allowed them to take more responsibility for their actions and behaviour. Professionals and a relative we spoke with told us that this helped the young people to improve their behaviour and become more self-confident and independent.

The provider ensured that the staff team working at the service were well trained and supported effectively to carry out their roles. Staff told us that they felt valued by the provider and this was reflected in the low turnover rate of staff working at the service.

The service was well managed and care records were maintained and kept up to date. The registered manager ensured that any incidents which occurred were discussed in debrief meetings held shortly after them. During these meetings staff involved examined what occurred during the incident and how they could

be prevented or better managed in future. The registered manager worked hard to ensure that the service kept on learning from experiences and improving.

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

Young people were protected from abuse as the staff team had received training which ensured that they were aware of the different types of abuse and how to respond and report concerns appropriately.

The service had effective recruitment procedures in place to ensure that unsuitable staff were not employed to support the young people living at the service.

Robust risk assessments were in place and staff were aware of actions to take which ensured that potential hazards to the young people were reduced.

Is the service effective?

Good ●

The service was effective.

Young people benefitted from being supported by a consistent, well trained and supported staff team.

Young people were supported by staff to be fully involved in choosing, cooking and preparing their meals.

The service worked well with other professionals involved in the support of the young people living at the service.

Is the service caring?

Good ●

The service was caring.

Young people were supported to be fully involved in decisions about their care and support.

Young people's confidentiality was maintained by records being stored securely.

Staff had a good knowledge of the young people they were supporting and had developed caring and supportive relationships with them.

Is the service responsive?

Good 

The service was responsive.

Young people's needs were assessed before they moved into the service to ensure that the service was able to meet them.

Support provided was regularly reviewed with the young person, staff and professionals involved in their care and support. When changes in people's needs were identified, support provided was adjusted to ensure these needs were met.

The young people benefitted from access to a wide range of activities both in the service and the community.

Is the service well-led?

Good 

The service was well led.

The service had a registered manager in place.

Systems were in place to assess and monitor the quality of service provision.

People benefitted from a staff team that worked well together and was led by a registered manager that strived to improve the service.

Market Place

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.

This inspection took place on 12 March 2016 and was announced. The provider was given 48 hours notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

The provider was not sent a Provider Information Return (PIR) to complete before this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, the registered manager was given the opportunity to provide us with this information during the inspection visit.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications made to CQC by the provider. A notification is information about important events which the service is required to send us by law.

During the Inspection we spoke with one person living at the service, the registered manager and two members of care staff. We reviewed one person's care records, three staff files and other records concerning the management of the service. We also observed support being provided to one person living in the service throughout the inspection.

Following the inspection we spoke with a relative, two social care professionals and a health professional.

Is the service safe?

Our findings

The young person we spoke with told us they felt safe at the home. They told us "I didn't think I would feel safe after my last placement, but here I feel really safe. The staff are nice and if I was worried about anything I would tell them".

Providers and registered managers are required by the regulations to inform us of any safeguarding concerns about the people they provide care to. We discussed this with the registered manager who stated that they had not had any incidents at the service in the past 12 months which would require us to be notified. We confirmed this by viewing records of incidents and accidents at the service. The registered manager was very aware of the processes that needed to be followed if a safeguarding incident occurred. This included referral to the local authority safeguarding team and to the police, where necessary.

Staff told us they received training on safeguarding for both adults and children and we saw certificates which verified this. Staff were required to sign to say that they had read and understood the safeguarding procedures of the provider. The service had strict protocols in place to ensure that the young people using the service were protected from harm. For example, the use of the internet and mobile phones was monitored by the service to adjustable levels depending on the individual risks to the young person. We also noted that the service provided information to the young people on 'How to keep safe on the Web'. Staff told us that this was backed up by regular discussions with the young people. This was one of the ways in which the service ensured people using the service were kept safe.

Staffing levels at the service were determined by the amount of support the young people living at the service required. At the time of our inspection both young people received 1:1 support during the day and one staff member slept-in in each of the flats. Staff informed us that these levels were always maintained. When staff members were off sick or on annual leave, cover was always arranged by either permanent or temporary staff, employed by the provider, who knew the young people living at the service. The registered manager informed us that they had a very settled staff team and had never had to use agency staff to cover staff absence.

We looked at the recruitment files for three members of staff. These provided evidence of thorough recruitment procedures, such as checks for criminal convictions and uptake of written references. Health questionnaires had been completed and records of all interviews were also available. The provider had checked any gaps in staff's employment history and all checks were completed before staff started working at the service. This protected the young people from the risk of being supported by unsuitable workers.

Staff who handled medicines had completed appropriate training and their competency was assessed to make sure they followed correct procedures. Medicine administration records were kept up to date and showed people received their medicines as prescribed by their GP. We checked the current medicine records for one person and saw that the side effects for the medicines they were taking were clearly listed for staff to be aware of. We reviewed the records of regular medicine audits which were carried out at the service. These provided further evidence that people were receiving their medicines safely.

We saw risk assessments were maintained in young people's care records. These covered all areas of risk they could be exposed to within the service or in the community. These covered all areas of risk that the young people could be exposed to and included risks which could affect them within the service and out in the community. We saw that these were updated on a regular basis and were reviewed when risks changed. These assessments clearly identified the risk and the measures that had been put in place to reduce the risk to people. For example, we saw that risk assessments in relation to a young person's unsupervised access to the community had been reviewed with the young person at a recent meeting. This highlighted a change in the level of risk and the measures put in place to protect the young person had been adjusted to reflect this.

Accidents and incidents were recorded appropriately at the home. We read a sample of two recent incident reports. These showed staff had taken appropriate action in response to these incidents. The registered manager had put measures in place to reduce the likelihood of these incidents reoccurring.

The building was well maintained and systems were in place to ensure that maintenance issues could be reported and attended to by the provider. There were certificates to confirm it complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire. We saw emergency evacuation plans had been written for each of the young people, which outlined the support they would need to leave the premises. We viewed records which showed that the fire protection systems within the home were tested as required and regular fire drills and evacuations were completed.

Is the service effective?

Our findings

The young person we spoke with told us that they liked living at the service and the staff supported them well and had helped them settle in there. We also received positive feedback from social care professionals and a healthcare professional about how the service supported the young people to achieve their goals and become more independent. They informed us that they received a weekly report from the service about each young person and progress they had made or challenges faced during that week. This was also confirmed by records viewed in the service. These provided clear evidence of progress made by the young people towards meeting their agreed goals and assessed needs. This showed the service was providing an effective service to the young people living there.

Staff had completed training appropriate to their roles. We looked at training records for three members of staff. They had completed training the provider considered mandatory, including behaviour management, infection control, fire safety, medicine administration, equality and diversity and safeguarding. The registered manager informed us that staff members were required to complete all their mandatory training before they started working at the service. There was a structured induction in place for new staff which included completion of the Care Certificate, which is the nationally-recognised induction programme for care staff. Staff had also received additional training specific to the needs of the young people living at the service. Staff told us that the training was very good and it was a mixture of on-line, face to face and distance learning training. All the staff we spoke with felt that the training provided equipped them to carry out their role effectively.

Staff received appropriate support from their line managers. We looked at three staff development files. These contained records of monthly supervision meetings with their line manager to discuss their practice and training needs. There were also records of annual appraisals, to assess staff performance and their development needs. We saw that development of staff was supported by the provider and staff were given the opportunity to complete the Diploma in Health and Social Care at an appropriate level to their role.

Staff we spoke with were clear about their roles. Comments included "the young people who live here come first and we do our very best to support them to become more independent" and "we are always kept up to date about any changes through handover meetings and at staff meetings". Staff told us they felt supported and received regular supervision, an annual appraisal and kept up to date with their training. Staff also told us that they were able to discuss issues with the registered manager and would not have to wait till their next supervision. One member of staff said "the manager is very approachable and always has time to listen to any issues we may have". We checked the provider's policy on staff supervision and saw that this was being delivered in line with the requirements of the policy.

We saw records were kept of visits by or appointments with healthcare professionals, for example, GPs and dentists. These showed people had access to healthcare professionals to help keep them healthy and well. The records provided a clear account of the reason for the appointment and any outcomes or follow up action required.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and found that it was. Staff had received training on the MCA and were able to explain how they would implement this. At the time of our inspection both young people using the service had the capacity to make decisions about their care and support. It was clear from looking at care plans and speaking to the young people that they had agreed to restrictions placed on them to keep them safe. We spoke with the registered manager about DoLS and they were aware of when and how they would need to make an application to restrict a young person of their liberty.

The young people living at the service were fully involved in meeting their nutritional needs and staff told us they supported the young people to become more independent in this area. One young person told us that they enjoyed cooking and we observed them preparing the main evening meal during our inspection. The registered manager told us that the menus were chosen by the young people and they were involved in the shopping for ingredients and the cooking of the meals. We observed throughout our inspection that the young people had access to the kitchen facilities and could prepare a snack or drink when they wanted this. We also saw that information on healthy eating was available for the young people and staff told us that they regularly discussed healthy eating and choices with the young people.

Is the service caring?

Our findings

Young people living in the service told us that the staff were very caring. One person said "the staff here are lovely and are always around if I need a chat". A relative told us "[their relative] had come a long way since being at the Market Place is supported really well by the staff. It's the best placement we've had". A social care professional told us "The service has worked with us really well and this has helped [young person] to settle in well."

Care records contained relevant information about the young person's background and history. It also contained information on their likes, dislikes and what they were interested in. It was evident in discussions with staff that they were aware of the history of the young people and how they liked to receive support. We observed staff interacting with the young people in a caring and consistent way throughout the inspection. This was in line with the approaches described in the young person's care records about how they preferred to receive support. For example, staff had picked up that one of the young people was anxious about an upcoming horse riding activity. This was because the young person had not got on with the horse they had ridden the previous week. The staff member contacted the horse riding stable and arranged for a different horse to be available for the young person on the next visit. This was done with the full knowledge of the young person and they were involved in the process. This reduced the anxiety of the young person but kept them involved in the process.

The young people were encouraged to make choices and decisions about what they wanted to do and it was clear that the staff working respected those decisions. The young people were also able to say how they would like their bedroom and flat decorated. We saw that these choices had been respected by the service.

We also saw that the young people were able to have small pets in the home, these included a Gold fish and a hamster. The young person we spoke with told us it was their responsibility to look after their fish and ensure that they cleaned out the tank regularly. Staff told us that it was good for the young people to have pets as it taught them about responsibility.

Care records we read showed that the young people were fully involved in decisions about their care and support. One young person told us that they recently had their care review meeting. They said that staff had supported them to send a list of questions to their social worker before the meeting. This meant that the social worker was able to answer all of their questions at the meeting as they were fully prepared. The young person said that this really helped as everything was discussed at the meeting and the social worker didn't have to go away and provide answers following the meeting. The young person also told us that sometimes they had chaired the review meetings and they felt fully involved in their care and support. Even when decisions were made that the young person didn't fully agree with, they told us that the reasons for these decisions were explained to them and they understood why those decisions were taken.

Staff were very respectful of the young person's privacy and dignity. It was clear from entering the service that this was the young person's home. We observed that staff were aware when the young people needed support and when providing them with some space was more appropriate. In interactions with the young

people staff demonstrated how they respected the young people's opinions and choices. For example, when and what type of music they wanted playing in the flat.

Records about the young people were stored appropriately and kept secure. Staff we spoke with were aware of the need to keep information confidential to ensure that the privacy of the young people was protected.

The registered manager told us that they kept in touch with many of the young people who had lived at the service in the past. They were aware of the progress they had continued to make following leaving the service. They gave us an example of one young person who often telephoned the registered manager, sometimes just for a chat but at other times for advice, guidance and support. It was clear that the registered manager and staff working at the service developed supportive relationships with people that often continued even after people had left the service. Staff who had worked at the service for some time told us it was very rewarding to see the young people leave the service and go on to live more independent lives.

Is the service responsive?

Our findings

Before a young person moved into the service a thorough assessment of their needs was carried out. This included looking at the history of the young person and establishing what the aims of the placement were. This involved setting short medium and long term goals for the young person. This ensured that the service was able to meet the young person's needs and from day one of the placement the staff team were aware of how they were going to support the young person to achieve their goals.

Throughout the inspection we observed that care and support was provided to the young people in a person centred way and was individual to the needs of the young person. This was also reflected in the guidance for staff in the care records maintained for the young people. Care provided to the young people was regularly reviewed by the staff working at the service and with external professionals involved in the care and support of the young people. We saw that when things went wrong and incidents occurred, care plans were reviewed and the staff reflected on how things could be done differently to improve the support for the young person. Any improvements identified through these reviews were then recorded in the care plans and implemented by the staff team.

We received positive feedback about the activities at the home. A young person we spoke with told us that they were always 'going out and about'. We saw that there were a wide range of activities on offer, these included: horse riding, going to the gym, going out for meals, trips to the cinema and days out to theme parks. The registered manager told us that the activities depended on the interests of the young people living at the service and they were involved in choosing what activities they wanted to do. The young person we spoke with confirmed this and also told us that they had been supported to enrol with a training centre to do some English and Maths courses.

The service had their own vehicles which enabled the young people to access activities that were further away. The young people were also encouraged to access and use the resources in the local community such as shops, cafes and restaurants. Where appropriate the service also facilitated home visits for the young people in their care.

The young people were also supported by the service to go on holiday every year. The destination was chosen in conjunction with the young people. In the last few years the service had taken the young people to various places in Europe and the UK.

The service had a clear complaints policy and procedure in place. We saw that information on how to make a complaint was displayed within the home. The young person we spoke with told us that they hadn't made any complaints but knew how they would do this and felt they would be listened to.

The service received feedback from the young people in a variety of ways including regular satisfaction surveys, house meetings, keyworker meetings and comments made on a day to day basis. One young person said that they felt that staff listened to them and respected the choices they made. For example, they told us that if they changed their mind about an activity or a choice they had made for a meal, then this

would be changed to something else that they preferred.

Is the service well-led?

Our findings

The service had benefitted from having an experienced registered manager in place for several years. This had led to consistent management being provided at the service. We received positive feedback about the registered manager from the young people, staff, relatives and external professionals. Staff told us that the registered manager was a 'great role model' and a relative told us they were 'fantastic'. The registered manager was selected as a finalist in the Gloucestershire Care Providers Association Care Awards 2015 in the Aspiring Leadership Award category.

Staff were clear about their roles and responsibilities. They were aware of the extent of their roles and when information needed to be passed on to a senior member of staff or to the registered manager. Staff told us the staff team worked well together and were supportive of each other. They also told us that they were given regular opportunities at team meetings to discuss ideas and suggestions that could improve the service. Staff told us that their ideas were always listened to and considered by the registered manager and senior staff. One member of staff said "we [the staff] work well as a team and support each other and [registered manager] is always very supportive and listens to our suggestions about how we can improve".

The provider had a whistle-blowing policy and staff told us they knew how to raise whistle-blowing concerns. They also felt that the provider would protect them effectively if they were to raise concerns. We had not received any whistle-blowing concerns from staff during the past twelve months.

The provider signed up for The Social Care Commitment in 2015. This is a promise made by people working in care to give the best care and support possible and ensures that everyone is working towards delivering high quality care.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, whistle-blowing, behaviour management, and handling of medicines. These provided staff with up to date guidance.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. Our records showed that we had not received any notifications in relation to this service during the last 12 months. We discussed this with the registered manager who informed us that no notifiable events had happened during that time. However, the registered manager had a good knowledge of events that they would need to inform us about and how they would do this.

Regular monitoring and auditing took place at the home. The senior carer audited the care of people on a monthly basis and any shortfalls were picked up and actions put in place to ensure that these were actioned. The registered manager then discussed these audits with their senior staff and ensured that actions identified had been put in place. Senior managers visited the home regularly and all of the staff spoken with knew who the senior management were and told us that they felt able to speak with them

about how the service was run.

A quality assurance survey had been carried out in June 2015 by the provider. This included obtaining feedback from relatives, professionals, commissioners, staff and people who lived at the service. The survey was conducted by an external organisation and showed results for the provider overall and not for the individual services. However, it did allow the provider to identify areas that they needed to improve on and things that they were doing well. The registered manager told us that they received regular feedback about the service at review meetings and house meetings from relatives, young people, social workers and external professionals.