

Stepping Forward Support Limited

# Stepping Forward Support LTD

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Stepping Forward Support LTD is a supported living service that provides personal care and support to people living in their own homes. The service specialises in supporting people living with a learning disability to live independently in their own homes.

At the time of the inspection, the service was supporting five people living in three houses. The service provided staff 24 hours a day and sleeping-in arrangements were made for staff to stay overnight. 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. Two of the five people supported were receiving personal care.

The service was working with Devon County Council's safeguarding and quality assurance and improvements teams as concerns had been raised about the safety and quality of the service provided to some people. These concerns did not involve the two people receiving support with their personal care.

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

At the previous inspection in January 2017, the service had been undertaking regular audits of falls, medicines, health and safety and care plans. At this inspection in July 2019, we found these audits had not continued. The registered manager was not undertaking any formal assessment of the service and had delegated the day to day running of the service to a manager. The manager was working with Devon County Council's quality assurance and improvement team to develop systems and processes to assess, monitor and improve the quality and safety of the service. The registered manager and the manager said they were "starting from scratch" to develop effective systems and were committed to improving the service.

People's needs were well known and understood by staff and support plans provided staff with the information they required to meet people's daily needs. However, improvements were required to how information was provided to staff about one person's newly diagnosed health condition to ensure all staff understood how to manage this safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice. We found improvements were required in how the service recorded their assessments of people's capacity to make decisions about their care and support, and how best interest decisions made on their behalf had been agreed.

Staff had opportunities to discuss their work with the manager, but no formal supervisions or appraisal of staff work performance and training needs were recorded. Records showed staff were provided with training in health and safety topics but not in training specifically related to the needs of people living with a learning disability. The manager was meeting with a training provider the day after this inspection to discuss the

service's training needs.

Staff and relatives told us the service was safe and responsive to people's needs. Relatives described the care and support provided as "excellent" and said they were "Lucky, grateful and thankful for the staff team." People's independence was promoted, and people enjoyed a variety of leisure and social activities.

A professional provided positive feedback about the care and support provided to the two people whose support we reviewed.

We have made three recommendations about improving risk management, the safety of medicine administration and staff training and supervision.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 25 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to the need for consent and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Stepping Forward Support LTD

## **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

One inspector undertook this inspection.

#### Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

One of the provider's directors held the position of registered manager 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. The service also had a manager who managed the service on a day to day basis on behalf of the registered manager.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 July 2019 and ended on 16 July 2019. We visited the office location on 8 and 15 July 2019 to speak with the registered manager and manager and to look through records. We also visited

two people in their own homes. We made phone calls to staff members and relatives on 15 and 16 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We looked at other information received from the provider, such important events the provider must notify us about. We also reviewed feedback from other professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

During our inspection we visited and spoke with the two people receiving support with their personal care. We also spoke with five care staff, the manager, two relatives, as well as the registered manager. We reviewed the care records for both people, and other records relating to the management oversight of the service. These included two staff files in relation to recruitment and staff supervision, staff training records, medication records, staff rotas, incident recording and complaints feedback.

#### After the inspection

We contacted a professional who had recently visited the service and who provided positive feedback about the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and the environment had been assessed and management plans provided guidance to staff about how to reduce potential risks.
- However, we found improvements were required with how information was provided to staff about how to support one person with a newly diagnosed medical condition. Information had been shared verbally with staff, but the person's support plan did not provide guidance about what signs and symptoms to be observant for which could indicate medical advice would be required. This potentially placed the person at risk as staff did not have the guidance they required to maintain this person's safe health.

We recommend the provider ensures people's risk assessments contain all the information staff need to help keep people stay safe.

- Staff and relatives told us they were consulted over risk management to ensure people were supported as safely as possible, while also promoting their independence. For example, one person was able to make their own hot drinks using a water heater that delivered one cup of hot water at a time, rather than using a kettle which increased their risk of scalding.

Using medicines safely

- Staff had been provided with training in the safe administration of medicines. However, not all staff had had their competence to administer medicines assessed. These assessments had commenced but had not yet been completed. The manager gave assurances that all staff who supported people with their medicines would have their competence checked.
- The manager told us they reviewed people's medicines administration records each month. However, no records were maintained of these checks to demonstrate people were receiving their medicines safely and as prescribed. The manager was being supported by Devon County Council's quality assurance and improvement team (QAIT) to review medicine practices and complete a monthly audit, although this had not yet commenced.

We recommend the service refers to current good practice guidance to establish a system to ensure people's medicines are managed safely and staff competence is kept under review.

- The medicines administration records for the two people whose care we reviewed were fully completed. Arrangements for the collection and storage of medicines was safe.

Systems and processes to safeguard people from the risk of abuse

- The two people we visited were unable to tell us if they felt safe with staff. However, our observations showed they were comfortable in staff's company. They smiled and laughed with staff, as well as sought appropriate physical contact, such as holding hands.
- Staff told us they had received training in safeguarding adults and records showed they were currently undertaking refresher training through the use of training books.
- Staff were aware of their responsibilities to report any concerns over people's safety and welfare. One member of staff said they "wouldn't hesitate" to notify the registered manager or the local authority of any concerns. Staff said the management team would respond promptly to concerns, and this view was supported by relatives.
- Relatives told us people received safe care. One said, "Yes, [name] receives safe care, and this is an enormous relief." They described the manager as someone "who would never let anyone hurt them or take advantage".

Staffing and recruitment

- Staff continued to be recruited safely. Records showed pre-employment checks, such as disclosure and barring (police) checks, as well as references from previous employers, had been obtained prior to staff starting work at the service.
- There were sufficient staff employed to support people according to their needs. Both people we met required staff support 24 hours a day to maintain their safety. Each was supported with a number of one-to-one staff hours every week, as well as by a shared member of staff at other times. People's one-to-one staff hours could be used flexibly to support community activities as well as holidays.
- Several of the staff had worked at the service for many years and knew people and their relatives well. Relatives said their relations benefitted from having the support of this stable staff team.

Preventing and controlling infection

- Records showed staff, the manager and registered manager had undertaken training in infection control as well as food hygiene as they supported people to prepare meals.

Learning lessons when things go wrong

- Staff completed records describing any accidents and incidents, as well as the actions taken in response. These were reviewed by the manager to establish if changes were necessary to reduce the risk of a reoccurrence.
- Relatives told us they had been kept fully informed of accidents and had confidence in the staff and management team.



# 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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff told us they sought people's consent each time they provided support. They said people were encouraged to make as many decisions for themselves as they could. We were told people were able to decide how they spent their time and other day to day decisions, such as what to eat. However, people would not be able to make more complex decisions which might include where to live and whether to receive medical care. The manager described the best interest decision making process, but no records of people's capacity assessments or best interest decisions outcomes were recorded.

Failure to record capacity assessments and best interest decision outcomes in accordance with the MCA and associated Code of Practice is a breach of Regulation 11(1)(2) Need for consent of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The needs of the two people whose care we reviewed were well known amongst the staff. Their needs had been assessed and were described in support plans which were available in their homes.
- Relatives said they had been involved in assessing their relation's needs and were kept fully informed when needs changed.

- Both people we visited were having their liberty restricted to maintain their safety. Both required staff support when out of the home, and, during the night, the doors of their home were locked to prevent them leaving unsupervised. Applications for authorisation for these restrictions had been made to the Court of Protection by the local authority.

Staff support: induction, training, skills and experience

- Staff said they received the training they required to support people's day to day needs.
- Records showed staff received training in health and safety topics, but not in topics relating specifically to the needs of people living with a learning disability. This would include person-centred care, promoting independence, positive behavioural support and autism.
- Although there was no indication this lack of training had resulted in a negative impact upon the two people we reviewed, these topics would support safe care and good practice. This would also ensure staff had the knowledge and skills necessary to support any person newly referred to the service. The manager confirmed they were meeting with a training provider the day following the inspection to discuss the service's training needs.
- New staff were provided with an induction when they were first employed. This included working alongside experienced staff until they felt confident to work unsupervised. The manager told us the induction period varied in length dependent upon each staff member's experience and they would not be expected to work alone until they felt ready. However, for one recently employed member of staff there was no record their performance or training needs had been reviewed prior to the conclusion of their probationary period.
- The service had not yet introduced The Care Certificate, (a nationally recognised induction to health and social care induction) for new members of staff who did not hold a qualification in health and social care.
- Staff told us the manager worked alongside them and they had regular opportunities to discuss their work. Staff said they felt well supported by the registered manager and the manager. However, no formal review of staff performance or training and development needs had been recorded.

We recommend the provider seeks advice from a reputable source to ensure staff receive the training they require to meet the needs of people living with a learning disability. We also recommend the provider formally records the supervision and appraisal of staff performance.

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

- People were supported by staff to plan, shop for and prepare their own meals.
- A relative told us the service was supporting their relative to make healthy choices about what they ate. They said the service ensured people had access to fresh fruit and vegetables.
- Guidance was provided for staff about how to ensure people were safe when they ate, such as cutting some food into small pieces.

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 by local community health care services, including GPs, opticians and dentists.
- People's healthcare needs were identified in their support plans. Guidelines were available in one person's support plan detailing the action staff should take, and which professionals to contact, to help manage the person's health condition.
- The service was currently working with healthcare professionals involved in screening one person for a condition related to aging.

# 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 has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with respect. We observed people to be comfortable in their own home with the staff present, and staff told us they had good relationships with people.
- Staff spoke about the people they supported in a warm and caring manner. They acknowledged and respected they were working in people's homes.
- Staff were aware of the need to make sure people's privacy was respected when personal care was being carried out.
- Relatives told us they felt the staff were kind and caring. One described the care as "excellent". Another said they were "lucky, grateful and thankful for the staff team" who "think along the same lines" as themselves when it came to their relation's welfare and quality of life.

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

- Staff used their knowledge of people's preferences, abilities and interests built up over the years they had been supporting them to create support plans. Relatives had been involved in contributing to these and ensuring their relations received the support they required in a way that respected their preferences.
- Consideration was given to make sure people were matched appropriately with other people when living together in a house. The skills and attributes of staff members were also considered when matching staff with people. This ensured that people, with their relative's support, were involved in decisions about who supported them and how their needs were met.

Respecting and promoting people's privacy, dignity and independence

- People had their own bedrooms and could choose where and how they spent time in their home. People were not expected to spend time together or to undertake activities together, but staff and relatives told us both people chose to spend time with each other in and out of their home. A relative told us both people had "a great relationship" with the staff as well as each other.
- People were supported to do as much for themselves as possible and their support plans described their abilities and how staff should offer support.

# 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; 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

- Care plans described people's abilities and support needs and included a summary of what others appreciated about each person, what was important to them and how to provide support. For example, being "out and about in the car" was important to one person and a tool kit was important to another. We saw this tool kit was available to them and had been used just prior to our visit.
- People were encouraged to use their local community. Staff told us how much both people enjoyed going out and they could choose to go out whenever they wished. Records showed both people regularly attended social events in the local town.
- People had the opportunity to go away on holiday and short breaks. Both people had recently returned from a long weekend away.
- A relative told us, "The staff always make sure [name] is involved in activities he enjoys."
- Relatives were able to visit at any time and were made welcome. One relative told us they often called by unannounced and always found the atmosphere in the home to be "nothing but positive".

### 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.

- People's communication needs were identified and recorded in care plans. Both people had limited verbal communication. Their support plans guided staff to use signs and objects of reference to support people's understanding.
- It was clear from our observations that staff understood each person's communication well.

### Improving care quality in response to complaints or concerns

- Neither of the people we met were able to make a verbal complaint about their care and support. However, staff described how they would be able to identify, through their facial expressions and body language, if either person was upset about anything. Staff said they would explore with the person, the staff and their relatives what could have made the person upset and try to resolve the situation.
- Relatives said they had no concerns over their relation's care. They told us they would be comfortable discussing any concerns with the registered manager and manager. They said they felt listened to and were confident action would be taken to resolve matters.

#### End of life care and support

- People's wishes for care at the end of their lives had not yet been discussed with them or their relatives. However, the manager acknowledged both people were aging, and it was time to have these sensitive conversations.

# 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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others; Continuous learning and improving care

- At the previous inspection in January 2017, the service had been undertaking regular audits of falls, medicines, health and safety and care plans. At this inspection in July 2019, we found these audits had not continued.
- The registered manager was not undertaking any formal assessment of the service and had delegated the day to day running of the service to a manager. The manager was working with Devon County Council's quality assurance and improvement team to develop systems and processes to assess, monitor and improve the quality and safety of the service. The manager provided us with a copy of the service's improvement plan which identified what actions had been taken and what still needed to be implemented.
- We found improvements were required in a number of areas including risk management, the safety of medicine administration, staff training and supervision and working in accordance with the MCA. The registered manager and manager acknowledged this and said they were "starting from scratch" with reviewing and developing their systems.

Failure to operate effective systems and processes to assess, monitor and improve the quality and safety of the service is a breach of Regulation 17(1)(2)(a)(b) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Relatives told us their relationship with the registered manager and manager was very good. One relative told us they had "absolute faith" in the registered manager and the caring nature of the manager "shines through".
- The manager was aware of their responsibility to be open and honest with relatives and described their close relationship with them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us the service placed an importance on people's well-being and their quality of life. Staff understood their responsibilities and demonstrated their commitment to support people to achieve good

outcomes in their lives.

- Relatives were involved in the service and were encouraged to provide feedback to the management team about how well their relations were supported.
- The manager said they routinely observed staff interacting with people and asked people if they were happy but had not formally recorded these observations. The manager gave assurances, these observations demonstrating people were happy with the staff would be recorded in future.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to record people's capacity assessments and best interest decision outcomes in accordance with the MCA and associated Code of Practice.</p> <p>Regulation 11(1)(2) Need for consent.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17(1)(2)(a)(b)</p>