

Positive Steps (Care Services) Limited

Positive Steps (care service Limited)

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Positive Steps (care service Limited) is a domiciliary care service. It is registered to provide the regulated activity of personal care and support to children aged between 13 and 18 years and young adults with a learning disability, autistic spectrum disorder or a physical disability. There were nine people using the service at two supported living locations, at the time of the inspection.

People's experience of using this service:

The care service has been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were free to leave the service with support from staff when they wanted.

People told us they liked living at the supported living houses. They also told us they liked the assistance staff gave them when needed. Staff encouraged people to complete tasks independently, or with minimal support where possible. This meant staff encouraged people to develop their life skills.

Staff were knowledgeable about safeguarding and how to report their concerns internally and externally to local safeguarding authorities. Risks to people's health and well-being were identified and monitored. Guidance was in place for staff on how to support people with these risks. This included travelling on public transport and being out and about in the local community.

People`s dignity and privacy was promoted and respected by staff. Staff enabled people to maintain and develop relationships and stay safe.

People's care plans were well developed and personalised to give guidance to staff on how to support people effectively. People were encouraged to eat a healthy balanced diet and to drink plenty of fluids. Staff supported people to attend health appointments.

People told us staff were caring. People`s personal information was kept confidential. People and their relatives and advocates were involved in discussions about their care. Staff encouraged people to maintain their interests and take part in activities, both at home and within the community.

There were enough staff to meet people`s needs. Staff had supervisions to discuss their progress and training in subjects considered mandatory by the provider to develop their skills and knowledge.

People and their relatives, and advocates were encouraged to feedback on the quality of the service

provided. The provider's governance systems and processes had improved and identified areas of the service where improvements were needed. The registered manager completed audits to ensure the service provided to people was effective and safe.

We found that the registered manager did not keep all records related to the carrying on of the regulated activity personal care at the registered location, as required. This was corrected during the second day of the inspection.

The providers website did not show the current CQC inspection report rating, as required. This increased the risk of people new to the service not having the most up-to-date information about the service and its rating. This was corrected during the inspection.

Rating at last inspection: The service was last inspected on 17, 29, 30 November and 8 December 2017 and was rated as Requires improvement. This was because of concerns found under the questions is the service safe? Is the service well-led? At this inspection on 31 January and 8 February 2019 we found that the service had made improvements and was now rated Good.

Why we inspected: This was a planned inspection based on the rating of at the last inspection. The service is now rated as Good.

Follow up: We will continue to monitor all intelligence received about the service to make sure the next inspection is scheduled accordingly.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Positive Steps (care service Limited)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

Service and service type:

The service provides personal care and support to children aged from 13-18 years and young people living in two 'supported living' settings so 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.

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.

Inspection site visit activity started on 31 January 2019 and ended on 8 February 2019. We visited the office location on both dates to see the manager and care staff, and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed all the information we had in relation to this service. This included notifications. A notification is information about important events which the provider is required to send us by law. We also looked at the Provider Information Return [PIR] completed by the provider on 19 November

2018. 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.

We also contacted other health and social care organisations such as representatives from local authority quality improvement team and contracts team and the local safeguarding authority. This was to ask their views about the service provided. Their views helped us in the planning of our inspection and the judgements we made.

During the inspection we:

- ☐ Communicated with three people using the service.
- ☐ Spoke with the registered manager and two support workers.
- ☐ We used general observation to help us understand the experience of people who could not talk with us.
- ☐ Gathered information from three people's care files which included all aspects of care and risk.
- ☐ Looked at three staff files including all aspects of recruitment, supervisions, and training records.
- ☐ Looked at records of accidents, incidents, compliments and complaints.
- ☐ Looked at service user financial records.
- ☐ Looked at service user and staff meeting records, audits undertaken and surveys.
- ☐ Looked at medicine records.
- ☐ Looked at policies and procedures and the provider's business contingency plan.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 17, 29, 30 November and 8 December 2017, where we rated this key question as 'Requires Improvement'. During this inspection we found that the service had made the necessary improvements and this key question is now rated Good.

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ At the last inspection on 17, 29, 30 November and 8 December 2017, although trained, staff had failed to identify a potential safeguarding incident. During this inspection we saw that the registered manager had informed the local authority and notified CQC of safeguarding incidents.
- ☐ Staff had a clear understanding of their duty to report any concerns of harm or poor care. This was in line with their training.
- ☐ Staff understood the processes to follow to report any concerns. This was in line with the provider's policies and procedures.
- ☐ A staff member said, "You record and report by letting the manager and staff know. You then update any risk assessments."
- ☐ Another staff member told us what external agencies they could report concerns to. They said, "[I could report concern to] CQC, the local authority and police. Also, higher within Positive Steps, like the director."

- ☐ At the last inspection on 17, 29, 30 November and 8 December 2017, we found incomplete records held for individual expenditure. Such as, for items bought by people using the service, car mileage and the cost of external activities. During this inspection we found that people's money was being managed safely with detailed records, including receipts to demonstrate their personal expenditure.
- ☐ These records were now reviewed and checked monthly by the registered manager as part of their governance processes.

Assessing risk, safety monitoring and management

- ☐ At the last inspection on 17, 29, 30 November and 8 December 2017, we found there was no documented guidance for staff about a person's identified risks and how they were to manage them and seek advice when needed. There was also no business contingency plan available to guide staff on what to do in an emergency such as an evacuation of the building. At this inspection we saw there was clear and detailed guidance for staff in relation to managing and reducing people's individual risks to their health and welfare.
- ☐ There was now an up-to-date business contingency plan in place as guidance for staff.
- ☐ Staff were trained to use a proactive approach when dealing with people's behaviours that could harm them and others. Staff told us these techniques, which were a safe type of restraint called 'team teach'

would be used as a last resort when distractions and 'talk down' methods were not working.

- A staff member said, "You try to calm [people] down by using 'talk down' or distractions."

Staffing and recruitment

- At the last inspection on 17, 29, 30 November and 8 December 2017, we found the recruitment process needed improvement. At this inspection we found the provider was carrying out thorough pre-employment checks on potential new staff member prior to employing them.
- These checks included, professional references from previous employers, a full employment history and a disclosure and barring service [criminal records check]. To make sure staff were of good character and suitable to work with the people they supported.

Using medicines safely

- At the last inspection on 17, 29, 30 November and 8 December 2017, there was limited information for staff on how to support people with their 'as and when needed' medication. At this inspection guidance and checks had been put in place for staff to follow before administering 'as and when needed' prescribed medication. This showed us that control measures were in place to make sure people were not over medicated.
- Medicines were received, stored, administered and returned to the pharmacy safely.
- Staff told us they had been trained to administer people's medicines and their competency to do so was also checked. A staff member said, "[I did] medicines training about a year ago; we have competency checks and do a refresher course as well."

Preventing and controlling infection

- Staff understood how to protect people by the prevention and control of infection.
- They told us they had undertaken training in infection control and food hygiene.
- The two supported living houses were visibly clean and free from malodours.

Learning lessons when things go wrong

- During the last inspection on 17, 29, 30 November and 8 December 2017, we found that accident and incident records did not document the action taken as a result of learning to reduce the risk of recurrence.
- Records showed action taken to reduce the risk of recurrence following incidents. Actions included securing large furniture to the wall to ensure a person's safety.
- Staff told us they discussed learning from incidents at staff meetings. Learning included wiping up spills from the floor quickly to make sure people would not be at risk of falling.

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

Good: 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

- ☐ The registered manager assessed the needs of people before they used the service. This made sure staff were trained and able to meet the persons care and support needs.
- ☐ The registered manager and staff worked with external health and social care professionals to ensure people could be, and were being, supported in line with up-to-date guidance. This was to promote people's well-being.
- ☐ From information gathered, individual care and support plans and risk assessments were developed with the person and, or, their relative or legal representative or advocate.
- ☐ Staff told us how they upheld people's human rights, in line with the Human Rights Act 1998. A staff member said, "People are treated as an individual. Person centred care is knowing what their likes and dislikes are and what their beliefs are and their culture. How they want to live their life."

Staff support: induction, training, skills and experience

- ☐ Staff had been trained to develop their knowledge and skills needed to support people.
- ☐ Training included safeguarding adults and children, autism awareness, learning disability awareness, team teach [restraint] and epilepsy awareness.
- ☐ Staff also received an ongoing training programme which met the requirements of the role and supported safe practices.
- ☐ Staff told us about the induction they had received when they started work at the service. One staff member said, "It's a learning curve, just to know about care in general, I am new to this work." They then told us they were completing the Care Certificate. This is a nationally recognised induction for people in health and social care.
- ☐ Staff received regular supervision and support to carry out their roles effectively.

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

- ☐ People's individual food and drink needs were catered for by staff. This included any dietary needs due to a person's culture or religion.
- ☐ People were supported to help prepare meals of their choice and make drinks to maintain and promote their life skills, where possible.
- ☐ One person told us how they were looking forward to their meal of, "Chips, ham and peas."

Staff working with other agencies to provide consistent, effective, timely care

- ☐ Staff worked with other agencies, including education professionals and health professionals to make sure that people's needs were met.

- We saw people, where needed, had been referred to the dietician to help with either their weight loss or to help with weight gain.

Adapting service, design, decoration to meet people's needs

- Pictorial signage was seen to help people understand the different rooms within the service.
- People were able to decorate their rooms with personal items to make their room feel individual and like home.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to attend external health care appointments when needed to help people live a healthier life and promote their well-being.
- This support included trips to visit the GP and consultants at the hospital.

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.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We saw that court of protection orders had been applied for and were either in progress or authorised.
- Staff had training in the MCA 2005 and could demonstrate their understanding to us. One staff member said, "A person is deemed to have mental capacity until they have been assessed to say they haven't. We use visual prompts for examples clothes; and show the person different options [so they can choose]."

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ We saw people being treated with compassion and care by staff. One person when asked if staff were kind, said, "Happy here" and signed using their hands 'a smile' and then the sign for 'friends.' Another person when asked gave a 'thumbs up' sign.
- ☐ Staff knew and respected the people they were caring for. Staff showed us they knew about people's personal history, their preferences, any cultural and religious needs and people's wishes.
- ☐ Staff knowledge also included known distraction techniques to support people when they were becoming anxious. We saw how these techniques helped reduce the anxiety and fears a person may have had in a reassuring, calming and caring way.

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

- ☐ Staff gave people a choice using verbal or visual prompts and explained to people what they were doing before supporting them.
- ☐ Where people had limited communication, we saw that staff paid attention to the persons facial and body language to help understand what they were feeling.
- ☐ A social care professional told us they found staff communication with people, "Person-centred using preferred communication methods." This showed us that staff sought people's choices and respected these choices.
- ☐ Advocacy information was available on request for people if they needed this additional support. Advocates are people who are independent of the service and help support people to make and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- ☐ People's privacy and dignity was respected. Staff supported people to maintain and promote their personal care and well-being.
- ☐ Staff assisted people to choose what they wanted to wear. People were encouraged to dress appropriately for the temperature of the service or when going outside.
- ☐ Staff knocked on people's rooms and introduced themselves before they entered a person's room to maintain the persons privacy.
- ☐ People's records clearly documented what people could do for themselves and what they needed staff support with. Staff promoted people's independence by helping them develop and maintain their life skills.
- ☐ People's personal information was kept confidential.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People's care and support needs were identified. We saw individual guidance available for staff to refer to that included people's likes, dislikes and preferred routines.
- ☐ Regular reviews of people care and support needs were carried out, to make sure they were up-to-date.
- ☐ Staff helped people feedback on the service provided by holding meetings. Topics discussed included redecoration of some of the bedrooms and activities. At one of these meetings there had been a discussion and agreement made by people to put up a Christmas tree in December 2018. This showed us that people were asked to be involved in the service.
- ☐ Staff supported people to maintain their individual interests and aided people to take part in activities both at the service and in the community. Staff assisted people out and about in the local community to promote social inclusion. One person when asked about their interests, used their hands to sign to say they were going, 'swimming' and this made them happy.
- ☐ Where possible, people were also encouraged to attend school and college to develop their education, encourage social interaction and learn life skills. One person when asked if they enjoyed their day at college said, "Yes," smiled, and gave up the 'thumbs up' sign.

Improving care quality in response to complaints or concerns

- ☐ We saw that staff had received compliments from relatives of people who used the service. One relative had written to staff, "Thank you so much for all of your hard work." Another just said, "Thank you."
- ☐ Where complaints had been received by the service, we saw that these concerns were acknowledged, investigated and responded to. Where needed, actions were taken to reduce the risk of recurrence.
- ☐ Complaints received were resolved to the complainants' satisfaction wherever possible.
- ☐ A staff member explained to us how they would deal with a concern raised with them by the people they supported. They said, "You need to make sure [the person] does not feel betrayed, but you explain that the manager or senior [care worker] needs to know [their concern]."

End of life care and support

- ☐ At the last inspection people's end of life wishes had not been considered. During this inspection we saw that the provider now had a policy in place. This policy gave guidance for staff should they need to refer to it.
- ☐ Relatives of people using the service who had wished to discuss their family members end of life wishes, had spoken with the registered manager. We noted that the registered manager was in the process of documenting these conversations in people's care records. This information would give staff guidance on people's end of life preferences.
- ☐ There were no people using the service who needed this level of support at the time of this inspection.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 17, 29, 30 November and 8 December 2017, where we rated this key question as Requires improvement. During this inspection we found that the service had made some, but not all, of necessary improvements and this key question continues to be rated Requires improvement.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ At the last inspection on 17, 29, 30 November and 8 December 2017, the registered manager was not aware of CQC principles in registering the right support. The principles include choice, promotion of independence and inclusion.
- ☐ At this inspection the registered manager demonstrated a good knowledge of the principles which underpinned the service values.
- ☐ The registered manager did not keep all records related to the carrying on of the regulated activity personal care at the registered location, as required. This was corrected during the inspection.
- ☐ Since the last inspection in 2017, the providers website has not showed the current CQC inspection report rating. This increased the risk of people new to the service not having the most up-to-date information about the service and its rating. This was corrected during the inspection.
- ☐ Staff said there was a clear expectation, from the registered manager, for them to deliver a good quality service to the people they supported.
- ☐ Staff at all levels understood the importance of their roles and responsibilities.
- ☐ One staff member told us, "Our values are to see people [we support] having an independent and good life."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- ☐ At the last inspection on 17, 29, 30 November and 8 December 2017, there was a lack of organisational oversight of the service. Monitoring checks in place had not identified areas found during the inspection that required improvement.
- ☐ Since the last inspection there was more organisational oversight of the service.
- ☐ Audits were carried out on areas of the service such as medication records
- ☐ Since our last inspection the registered manager has been working with the local authority quality improvement team to drive improvement. The registered manager told us that the assistance they had received from the local authority had been very positive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ Staff supported people with their cultural and religious needs.
- ☐ Staff encouraged people to feedback on the service provided by holding 'house meetings' where different topics including 'any other business' could be discussed.
- ☐ Relatives and advocates of people using the service were asked to feedback on the quality of service provided. Feedback was positive with comments such as, "[Named person] has a variety of activities which he obviously enjoys... [named person] could not be in a better place." And, "It's a happy place. The staff appear committed. They appear to know [named person] well."

Working in partnership with others

- ☐ The registered manager and staff worked in partnership with key organisations to provide joined-up care and support.