

Step One Services Limited

Step One Services

Inspection report

The Old Surgery
Market Square
Newton Abbot
TQ12 2QZ

Tel: 01626202141

Website: www.steponeservicesltd.co.uk

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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

Step One Services provides care and support to people with a wide range of needs who live in their own homes in the Newton Abbot area. The services provided include a day centre and enabling service as well as assistance with personal care, domestic work and 'live-in' care for those people who require a higher level of care. This inspection looked at the care and support of those people who received assistance with their personal care, as other services provided by Step One Services are not regulated by the Care Quality Commission.

One of the company directors held the role of registered manager and managed the service on a day to day basis. 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.

This inspection took place on 30 September and 04 October 2016 was unannounced. The registered person was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the registered office. The inspection included visits to the office, staff interviews and visits to people in their own homes. At the time of this inspection 45 people were using the service, of which 11 were receiving support with their personal care needs.

People, their relatives, staff and social care professionals told us they had a high level of confidence in the service. They told us it had a caring ethos and was well organised and well led. One person said they were receiving a "first class service" and another said, "no service is better".

People said they felt safe with the staff when receiving care. They said they had a regular staff team whom they had come to trust and know well. Staff had received training in safeguarding adults and knew how to recognise signs of potential abuse. They understood how to report any concerns in line with the service's safeguarding policy and said any issues would be dealt with thoroughly.

Risks to people's health and safety had been assessed and regularly reviewed. These assessments included information about how to minimise the chance of harm occurring to people. Staff were provided with step by step instructions about how to help people safely, and provide care consistently. This promoted people's confidence. The service supported some people to take their medicines.

Personal care plans provided information about each person's medicines and why they were prescribed. People told us the staff supported them safely and they received their medicines as prescribed.

People were very positive about the way staff supported them and said staff were kind and compassionate. One person said, "They light me up. Best part of my day when they walk through the door!" The registered manager reviewed staff performance through observation, spot checks and supervisions to ensure they

were meeting people's needs and following the guidance in people's care plans.

People were supported by small teams consisting of four or five staff members. This helped ensure stability and that people got to know and trust their staff team. Staff told us they enjoyed their job and felt they were effective working together. One member of staff said "As a team we work really well. We communicate easily. If there's a problem, we can always work it out. We will all always do our absolute best for people". When we asked staff what they felt the service did well, their comments included, "provide consistent care to people", "Rotas that are stable", "Small teams of staff who really get to know people" and, "We don't have missed calls". People told us they had never had a missed call, and if the staff were going to be late they always received a phone call to notify them. Staff told us they had no concerns over the planning of visits because the rota was well organised. They said they had enough time to ensure they delivered care safely. People's care was never compromised by having to leave early to get to their next visit on time.

The service employed sufficient numbers of safely recruited and well trained staff to meet people's needs. Staff told us they had "lots of training" including personal care, safeguarding, diabetes and dementia care, as well as health and safety topics. The registered manager told us they supported and encouraged staff learning. We saw more than 50% of staff had completed or were undertaking relevant Diplomas in Health and Social Care. People told us they found staff well trained to do their job. One person said "They are all well trained. They know us so well, everything about me and my wife and what we like. They can predict what I want!"

Audits and reviews were carried out monthly to monitor the quality of the service. The registered manager demonstrated a commitment to continual improvement. A new IT system was being introduced in order to be more flexible and responsive to people's changing situations. The registered manager told us the new system would be more person centred and people and relatives would be able to gain access to all of their care records electronically, as well as having hard copies in the home.

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.

People were protected from the risk of abuse through the provision of policies, procedures and staff training.

People were supported by sufficient numbers of safely recruited and trained staff.

Risks were identified and managed in ways that enabled people to remain as safe possible.

People were protected from the risks associated with medicines.

Is the service effective?

Good ●

The service was effective

People's legal rights were protected because staff had an understanding of the requirements of the Mental Capacity Act (MCA) 2005.

People were supported by well trained and skilled care staff.

People were supported to have access to health professionals including GP's, specialist nurses and speech therapists to help them have their health needs met.

People, where required, were supported to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were respectful, kind and compassionate.

People's right to privacy and dignity was respected.

People were encouraged and supported to maintain as much independence as they could.

Is the service responsive?

Good ●

The service was responsive.

People benefitted from care plans that described their day to day health and personal care needs in detail

People received personalised care that was responsive to their individual needs

The service was flexible and responsive to changes in people's needs.

People felt confident they could raise concerns and these would be listened to and dealt with promptly.

Is the service well-led?

Good ●

The service was well-led.

People benefitted from a service that had a registered manager and a staff team who were open and approachable.

People benefitted from a service that was well run and organised with good communication systems in place.

People's views were sought and taken into account in how the service was run.

Step One Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 30 September and 04 October 2016 and was unannounced. It was completed by one social care inspector.

Before the inspection we reviewed information we held about the service. This included previous contact about the home and notifications we had received. A notification is information about important events which the service is required to send us by law.

On the day of our visit 45 people were using the service, 11 of those were receiving assistance with their personal care. People not receiving personal care were not involved in the inspection because the services those people receive are not regulated by the Care Quality Commission.

We used a range of different methods to help us understand people's experience. We visited three people in their own homes. We spoke with a further one person and two relatives over the telephone. We spoke with five care staff, one administrative member of staff, the registered manager, and received feedback from two social care professionals.

We looked at three sets of records related to people's individual care needs; three staff recruitment files; staff training, supervision and appraisal records and those related to the management of the service, including quality audits. We looked at the way in which the service supported people with their medicines.

Is the service safe?

Our findings

People told us they felt safe with the staff when receiving help with their care needs. They said they have a regular staff team whom they have come to know and trust. One person said "The staff treat me very well and I feel totally safe with them". One social care professional told us "I always think of Step One as a safe pair of hands. I have a high degree of confidence in the service".

People were protected from the risk of abuse through appropriate policies, procedures and staff training. Staff were confident in knowing how to recognise signs of potential abuse. They understood how to report any concerns in line with the service's safeguarding policy. Staff told us they felt very confident the registered manager would respond and take appropriate action if they raised any concerns. Staff were aware of whistle-blowing procedures, whereby they could report concerns to external agencies such as the Care Quality Commission 'in good faith' without repercussions. Safeguarding and whistleblowing policies were available within the staff handbook, which all staff had a copy of. A clearly presented flowchart gave staff easily accessible guidance about what action they should take in different circumstances

Risks to people's health and safety had been assessed prior to them receiving a service and risks to people's health and safety were regularly reviewed. Assessments related to people's health care and mobility needs, as well as environmental considerations, such as stairs or the safety of kitchen equipment. Staff were guided with information about how to minimise the chance of harm occurring to people. For example, staff were responsible for preparing all meals for one person. They had recognised this person was experiencing swallowing difficulties and may be at risk of choking. The registered manager had sought advice from a speech and language therapist and this advice had been provided on the first day of our inspection. The advice was transferred into the care plan on the same day and messages were sent to care staff to ensure they were aware of the new guidance. The care plan gave staff clear guidance about the types and consistency of food which could be safely swallowed and steps they should take if they had any concerns. When we visited this person on the second day of our inspection, we saw guidance was in place, understood and being followed by care staff.

Staff were proactive in recognising potential risks where people's needs were changing. For example, one person was living with dementia and becoming more active at night. Staff had recognised a potential risk of falling down the stairs and had promptly alerted the registered manager, who was liaising with social care services about reducing this risk. A social care professional told us risks were managed well due to the skill level and confidence of staff. For example, one person had become very agitated and distressed in a public place. The staff member had calmed and reassured them and diverted them away from the situation.

The service supported some people with their medicines. Care plans provided information about each person's medicines and why they were prescribed. People told us the staff supported them safely and they showed us the medication administration records (MAR) staff completed after they had given them their medicines. The MAR sheets were fully completed and this showed people had received their medicines as prescribed.

Staff recruitment practices were safe and relevant checks had been completed. Many of the staff had worked at the service for several years. We looked at the recruitment files for three staff, including the most recently recruited staff member. All three files included the necessary pre-employment checks including proof of identify, previous employment references and a disclosure and barring service (police) check. This helped reduce the risk of the provider employing a person who may be unsuitable to work with people requiring care and support.

The service employed enough staff to carry out people's visits and meet their needs safely. People told us they had a regular staff team of about four or five carers and they always knew who was coming to them. Any new member of staff was always introduced personally by the registered manager. People said the service sent them and their relatives, if requested, a copy of the weekly staff rota. However, some people said they didn't need this as the rota was always so stable. People said their visits were never cut short by staff leaving early and they had never had a missed visit. However, on occasion, a visit was a little late, but they said they had always received a phone call to notify them of this.

Staff told us they had no concerns over the planning of visits and they were always provided with sufficient paid travel time. They said they had enough time to ensure they delivered care safely and visits were not compromised by having to leave early to get to their next person on time. One person told us the staff never rushed the care for them or their spouse and staff had time to care for them properly. Should there be a need for extra staff at short notice, or an emergency, the registered manager or deputy would always work alongside the care staff.

There was an on call system for staff and people to ring in the event of an emergency outside of office hours. Staff told us this system worked well and there was always someone to seek advice from.

Should an accident occur in a person's home, staff were instructed to stay with the person until they were safe, to call for medical advice or the emergency services, and to inform the office as soon as possible. The office staff would then call the person's relatives to inform them. The registered manager confirmed they always alerted the local authority or GP when someone had a fall or whose needs appeared to be changing. Where people had other healthcare professionals involved in their care, such as the community nurse, an occupational therapist or a physiotherapist, these were alerted as well to people's potentially changing needs.

Records showed staff were provided with infection control training and the spot checks of staff's care practices were used to ensure they followed good infection control principles.

Is the service effective?

Our findings

People told us the staff knew them well and they were happy with the care and support they received. People we spoke with said they had a regular team of staff who had the appropriate knowledge and skills to meet their needs. One person said, "They are all well trained. They know us so well, everything about me and my wife and what we like. They can predict what I want!" A relative told us "They (staff) know exactly how to handle (name of relative). They know him very well". The social care professionals we spoke with said staff at Step One were exceptionally skilled and well trained and able to meet people's complex care needs.

The registered manager oversaw staff training and ensured updates were provided when necessary. One member of care staff was a trained general nurse. They worked with the registered manager to produce a comprehensive training pack about providing personal care competently to people. This was provided as face to face training for all new members of care staff and gave detailed guidance about all aspects of personal care, including bed bathing, skin care, oral hygiene and eye care. Staff were very complimentary about this training and said it was the most comprehensive single training course they had received in preparation for their role. Face to face training in caring for people living with dementia was also provided by the service. Other aspects of training were usually provided on line. Staff told us they had "lots of training" including, safeguarding, diabetes, as well as health and safety topics. The registered manager told us they supported and encouraged staff learning and we saw more than 50% of staff had completed or were undertaking relevant Diplomas in Health and Social Care.

New staff undertook an induction programme, following the 'Skills for Care' care certificate framework. The care certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support. New staff spent their first week familiarising themselves with policies and procedures and completing mandatory training, including health and safety, medicines, safeguarding people and food hygiene. A second week was spent shadowing an experienced member of staff before starting to work unaccompanied. The registered manager told us they believed that staff should have time to develop their experience and skills so always started staff off working with people who had less complex care needs.

Training was discussed at supervision and appraisals and staff were encouraged to identify any specific learning needs and training they were interested in. Staff told us they often used time between visits to visit the office where they could access a computer to complete training or watch training videos. Quizzes were held to test their knowledge in relation to specific care topics. One member of staff said "I feel very experienced and well equipped to do my job. There are lots of training opportunities and I am and well supported. (Name of registered manager) will nag me to have more time off – he won't overwork us".

Staff felt well supported by the deputy manager and registered manager. They told us they were always contactable by phone to discuss any practice issues they encountered. In addition, staff received regular individual supervision where they were able to discuss people's care needs, identify any concerns and plan their training. They also received a 'reflections sheet' each month with their pay. This encouraged staff to think about what had gone well during the preceding month, any difficulties or challenges experienced. The

registered manager told us this enabled managers to identify any issues that were concerning staff and respond promptly. For example, one member of staff had identified they did not feel confident managing medicines and as a result of this, additional training was provided.

Staff morale was high and there was a strong ethos of team work which helped staff work effectively to meet people's care needs. All staff we spoke with told us how much they enjoyed their job. One said: "As a team we work really well. We communicate easily. If there's a problem, we can always work it out. We will all always do our absolute best for people".

The registered manager and senior staff members carried out regular observations of care staff in people's homes. These observations included how the staff member engaged with people, whether people's care needs were being met in the manner they preferred and whether there were any safety issues to be addressed. People and staff confirmed these checks took place regularly. Records of these spot checks were maintained and used to support staff supervision and to identify training and development needs.

Some of the people receiving a service were living with dementia which affected their ability to make decisions about their care and support. The registered manager and the staff had a good awareness of the Mental Capacity Act 2005 (MCA). This legislation provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager explained that if a person's ability to make decisions about their care changed, they would discuss these changes with the person, their family and any relevant healthcare professionals to support a mental capacity assessment to be carried out. They said "It's important the right people are involved and it's not just one person reaching a decision. You need to bring all of the information together and come out at the best decision for the person".

Staff said they always sought consent from people before providing care to check whether they were happy to receive care and to allow them to make what decisions they could. We saw this happening during the visits we observed. One member of staff said: "It's all about supporting people's choices. We always check what they want at every step – we must never go too far and take away control".

People were supported to access healthcare services. One person said: "Help with healthcare is very good. Staff will always get the podiatrist or doctor and make appointments for us". The registered manager told us they made medical appointments for people and staff accompanied them if there was no family member to go with them. This ensured people received the continuing healthcare support they needed. Records showed regular contact with health and care professionals such as GP's, speech and language therapists, district nurses and physiotherapists.

Staff supported some people to choose and prepare their meals. Staff knew people's food preferences and how to support people to make healthy meal choices. For example, one member of staff told us how pleased they were that one person they supported was now enjoying a freshly cooked lunch with fresh meat and vegetables, rather than processed snack foods they had eaten previously. Staff told us they always respected people's choices about food and knew how important having a good meal was to them. During our visits we heard staff asking people what they fancied for lunch and offering several different meal choices before preparing their meal for them. One person said "We ask for whatever we want and we get it. We're fussy, my wife likes her eggs one way and I like them another way! They always get it right for both of us". The registered manager told us the service had close links with the community nursing teams and would notify them, and the person's GP, if they had concerns someone was not eating and drinking enough.

Is the service caring?

Our findings

People and their relatives told us the staff were very kind and caring. Comments included; "They all have a good sense of humour and they are all kind and caring", "They are the best there is", "We have some very entertaining conversations and a laugh" and "They light me up. Best part of my day when they walk through the door!"

People told us the staff were respectful and polite. One person said, "I have become close to the staff now. They are very nice people. Always very prompt and polite and kind." These views were shared by relatives who said they had a close relationship with the staff and were involved in discussions about how their relative should be, and would like to be, supported. One relative said, "I've been to all of the reviews. I'm always included in (name of relative's) care."

Staff spoke about people with affection. One staff member was involved in providing 'live in support' for a person. They told us "I treat her as I would wish my mum to be treated". Another member of staff said, "The work is very varied and interesting. I enjoy it very much. People and their stories are just so interesting. Staff all commented on how rewarding they found their job. A staff member talked about how it was important to ensure people were comfortable when they left them. They said, "We always ask, every single time, if there is anything else we can do for them." Later, when we observed staff with one person, they said "Would you like me to leave you another cup of tea or some water? Is there anything else at all I can do before I go?"

People told us staff respected their dignity; they said staff always attended to them kindly and discreetly. Staff told us they were careful to cover people as much as possible while they were assisting with washing. They told us they always sought permission before completing any personal care and asked people how they liked their personal care completed. Staff knew some people were shy and liked a maximum amount of privacy, whereas others were more comfortable having their personal care needs met. Staff completed training to help ensure they understood how to respect people's privacy, dignity and rights. Spot checks of staff's practice were completed to make sure they used these values within their work.

Staff encouraged people to be as independent as possible. They were patient and allowed people time to complete care tasks themselves. People's care plans were clear about what each person could do for themselves and how staff should provide support. People were regularly asked about their care needs and whether they were happy about the way in which staff supported them. They said they were able to make decisions about their care and discuss any changes with the staff or the registered manager.

The registered manager had a caring approach to the business. They told us of their genuine affection for the people the service supported and how they enjoyed spending time chatting with people about their past and interests. They said, "We don't work with disability, we work with people. Disability is part of people's lives; it's not what defines them". They told us they often visited people they knew were isolated or lonely if they had any free time. At Christmas the registered manager and his wife cooked a huge Christmas dinner and delivered this to anyone who was alone at Christmas.

The service cared for and supported people to remain at home through illness and through to the end of their lives wherever possible. Staff received end of life care training and they told us how rewarding it was to be able to continue to care for people at this time. They knew how important it was for people to remain at home and were committed to providing the best possible care at the end of people's lives. One member of staff described the death of a person they supported as "devastating". They said the registered manager understood how difficult this time could be for staff. They had offered them time off and opportunities to talk about their loss.

Is the service responsive?

Our findings

The registered manager described the aims and objectives of Step One Services as "a business that values people and works hard to support them with good quality care to remain at home and have a better quality of life". People and their relatives told us the service did this very well. One social care professional said "I really like Step One Services. A professional and responsive service that always stays focused on the client".

Care plans were developed with each person, and their relatives if appropriate, following an initial assessment. People told us they met with the registered manager and had plenty of time to discuss their care needs and what they wanted from the service. Everyone had a copy of their person centred care plan in their home. Each plan started with a clear statement saying, "Person Centred planning is about putting our service users at the centre of everything we do". Plans went on to describe in detail the support each person needed to manage their day to day needs. This included information such as their preferred routine and how they wished to be supported, their health care needs as well as any risks involved in their care. People also shared information with staff about their past social history and their interests and hobbies. This was particularly important for people who were living with increasing memory loss as staff were able to talk to them about their lives and interests. For example, one person had a great love of flowers and had been famous in their local village for their skills with growing and arranging flowers. Staff told us how this was a subject of conversation they always enjoyed together.

Formal reviews were completed annually involving health and social care managers and family, where appropriate. Care plans were also reviewed every time a spot check of care was completed, approximately every two months. The registered manager told us care plans were updated as frequently as required if needs changed. We saw this was the case. For example in relation to new guidance added to a care plan following input from a Speech and language therapist. Staff knew people well and were able to tell us how they supported people. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written.

People told us the deputy manager, registered manager or a senior member of staff visited regularly to review and discuss their care needs. The service was flexible and responsive to changes in people's needs. For example, during our inspection we heard staff discussing one person's increased care needs due to a health condition. This person could no longer support themselves with eating and needed assistance. Staff were refocussing their visits to be able to support with this and had informed the management team of the change. Care had also been increased for another couple where staff had recognised one person needed additional respite.

One person told us, "They have increased their visits to us to stay two nights a week. I'm very grateful for this as my wife can stay with me at home."

The service recognised some people were at risk of social isolation and found it difficult to spend time out of their home. Staff enabled people to get out wherever possible. Some people also attended the day centre that was provided as part of Step One Services. Occasional social events were arranged for people and their relatives. For example an 'Ability Day' was being planned for next year. This was a funday and night that was

open to everyone who used the service. Plans included a Disco, jumble sale, bouncy council, barbeque and bake sale.

People and their relatives had no concerns over the care and support they received and they felt able to make a complaint if something was not right. People all had a copy of the company's complaints policy in their records, together with information about how to raise a concern. This included contact numbers for CQC. One person told us, "I can speak with (name of registered manager) or (name of deputy manager) easily. They listen. I'd ring them if the girls were late, but I've no complaints. The manager is very straightforward. He accepts any criticism and puts it right straightaway". The registered manager told us they had received one complaint that had been investigated and resolved quickly in line with the company's complaints procedure. A social care professional said "I've not received a single complaint from any clients or family members who've had Step One working with them. That's a good record, to say the least!"

Is the service well-led?

Our findings

Without exception, people, their relatives, staff and social care professionals told us the service was well-led. The registered manager was passionate about the people the service cared for. They said, "I'm proud of building a business that values people, supports them to remain at home and have a better life". They were committed to ensuring people received a high quality service that met their expectations. They did this through having a clear management structure, with staff having identified roles and responsibilities, by providing staff with the skills and knowledge they required to support people safely, and by reviewing the quality of the care and support people were receiving. Everyone we spoke with throughout this inspection told us they had a high level of confidence in the leadership of the service.

There was a high level of satisfaction from people, relatives and social care professionals about the quality of service provided by Step One Service. This demonstrated the registered manager put in to practice their aims and objectives of the service. These were described in their statement of purpose as "providing high quality support to people living in the community or in their own homes" and "to be flexible and responsive to service user's individual and ever-changing needs". One person, who had a complex health condition, told us they were receiving a "first class service" and that "no service is better". People said the registered manager or deputy manager were always easily contactable on the telephone and would come out to talk to them about their care needs or if they were worried about anything.

The service had a clear management team, each with identified responsibilities. The registered manager was supported by a deputy manager and together they were responsible for care assessments, reviews, supervision and staff training. A senior member of staff completed spot checks of staff practice. Two members of staff supported with administration, rota planning and finance management. Staff told us the registered manager and deputy manager were very approachable and always available. They said "The managers here are very supportive and always there if you need them" and, "If there's a crisis, they'll just drop what they are doing and come". Another staff member said, "It's a family firm, not corporate. I can talk with (name of manager) about anything. It's very family orientated"

The service had a good relationship with other agencies such as the local authority, community nursing teams and housing associations. A social care professional told us, "They are friendly, and a good part of their effectiveness comes from the manager, who has a very positive and can-do attitude, and he looks after his staff. (Name of deputy manager), who appears to run the office, does a very good job as well. We can rely on them for accurate feedback. Overall I'm always pleased to have them working with a client".

Staff we spoke with all told us how committed they were to the service. They said they liked the professionalism of the service, the support they received and the recognition of their hard work. All staff told us they had plenty of time to complete each visit and meet people's needs as the care plan instructed. One staff member said "The managers are very fair. I've never had any qualms. Everything runs very efficiently and effectively". Another said "(Name of registered manager) respects our skills and decision making, but checks every now and again to make sure". When we asked staff what they felt the service did well, their comments included, "provide consistent care to people", "Rotas that are stable", "Small teams of staff who

really get to know people" and, "We don't have missed calls" and, "We are rarely late because we have proper travelling time".

The registered manager told us they were committed to the improvement of the service and always looking for ways to develop and improve to benefit users of the service. One large improvement project underway during the inspection was the introduction of a new IT system. The registered manager told us that the new system, called 'Pass', was being introduced in order to be more flexible and responsive to changing situations. It would enable the service to react quicker to incoming information. For example, if a visit was not made within agreed timeframes, the system would alert the office and action could be taken to respond. All staff were being given 'smart phones' so they could input information directly onto the system. The registered manager told us the new system would be more person centred in that people and relatives could gain access to all of their care records on line, as well as having hard copies in the home.

Regular management meetings were held to review the support people received and to look at ways to develop and improve the service. Recent records showed an action list developed following the last meeting. This included ensuring all staff training was up to date, ideas for activities for people using the day centre, and contacting everyone using the service to see if they wanted support with getting a flu jab. The registered manager told us staff often contributed good ideas about how systems could be improved. One recent suggestion that had been implemented was re-designing the daily care record to prompt staff to comment in more detail about medicines offered and taken.

The registered manager told us that spot checks were a valuable part of the company's quality assurance system. They were completed every two months for every person using the service and provided feedback about staff skills and competency, as well as reviewing the care plan and seeking feedback about satisfaction with the service. Records of spot checks we saw showed people were universally satisfied with the service they received. Any issues in relation to staff competency were dealt with individually by the registered manager through discussion in supervision or through provision of focussed training, for example in relation to medicines management.

Audits and reviews were carried out monthly to monitor the quality of the service. These audits included reviewing medicines, whether there had been any accidents and how these had come about and whether any visits had been late. Spot check visits to people's homes included checks of records to make sure they were being completed correctly.

We saw when visiting people in their homes that everyone had a 'Satisfaction Questionnaire' in their files that staff encouraged people to complete throughout the year. These were collected during spot checks and reviewed by managers to ensure people were satisfied with the service they were receiving. The registered manager told us they had never had any concerns reported, but people did use the satisfaction questionnaire to report changes. For example one person had used it recently to feedback a change in their preferences around bed times, which had already been picked up and accommodated by staff.

Regular staff meetings were no longer held as it had proved too difficult for staff to all attend together. However, staff were encouraged to drop into the office frequently and discuss any concerns or requests. The monthly reflection sheet encouraged staff to think about the service they were providing and any learning needs they might have. Staff were able to meet and talk together for key training events, such as caring for people living with dementia. Memos updating staff about important changes or key learning themes were attached to pay packets to ensure everyone received them.

The service was well linked with the local community. The registered manager was currently approaching

another provider in the local area to develop a shared resource for people to drop in for coffee and to use for staff training. A local high street bank was sponsoring and working with people who used the day centre to set up a working allotment. This would be available to all Step One service users to enjoy. Posters around the office and foyer advertised the 'Ability Funday', taking place next year.

The registered manager told us they kept up to date with current issues in the care profession by accessing care related websites, attending external training events, meeting regularly with other care providers, as well as the local authorities' commissioning groups. They ensured staff benefited from this by sharing information through training and discussions in supervision and appraisals.

The registered manager told us they were supportive of employing staff with a disability and were part of the 'Disability Confidence at Work' scheme; a government initiative that gives assurance that people with a disability will not be refused an interview. The registered manager told us that one valuable member of staff had been recruited through the scheme. They received support to work effectively by being allowed extra time to complete records and training exercises.

Systems were in place for the reporting of notifications to Care Quality Commission and incidents that involved people had been reported to us as required. The registered manager was aware of their responsibilities under the duty of candour. This relates to their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of, harm.