

Footsteps Medical Care Limited

# Footsteps Medical Care Limited

## Inspection report

The Byre, Allastone Court Farm  
Court Road  
Lydney  
Gloucestershire  
GL15 5SR

Tel: 01594844244

Date of inspection visit:  
26 February 2016  
29 February 2016

Date of publication:  
15 July 2016

## 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

This inspection took place on 26 and 29 February and was unannounced. Footsteps Medical Limited provides personal care for up to five people with a learning and physical disability. At the time of the inspection there were five people living there. They share a bungalow which provides individual bedrooms with en suite facilities, a shared lounge and kitchen diner.

There was a registered manager in post. 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.'

People received individualised care which reflected their likes, dislikes and lifestyle choices. They were supported by staff who understood them well and were able to communicate with them effectively. When people's needs changed staff responded quickly by involving health care professionals. People were supported to stay well and maintain a diet which reflected their individual dietary needs. Medicines were managed safely and they were reviewed to make sure people's medicines were effective. People enjoyed a range of activities including trips out to places of interest, the gym, reading, skittles and baking. Sensory activities such as music, hand and head massage and the use of sensory equipment were also offered. People were kept safe and their rights upheld.

People benefitted from staff who had the knowledge and skills to meet their needs. They had access to training to keep their skills up to date. They felt supported in their roles and had individual and group meetings with the registered manager to reflect on the service they provided and their professional development. Staff treated people with dignity and respect. They were kind and caring.

People's experience of their care and support was audited through a range of quality assurance processes. Relatives were positive about the care people received praising the staff and registered manager for the way they supported and cared for people. They were confident any concerns would be addressed. Relatives and staff found the registered manager open and accessible.

## 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's rights were upheld. They were kept safe from the risk of harm or injury.

People were supported by sufficient staff with the right skills and knowledge to meet their needs. People were protected by satisfactory recruitment procedures.

People's medicines were administered and managed safely.

### Is the service effective?

Good ●

The service was effective. People were supported by staff who had the skills, knowledge and competencies to meet their individual needs.

People's consent was sought in line with the essence of the Mental Capacity Act 2005. People deprived of their liberty had the appropriate authorisations in place.

People were supported to stay healthy and well through access to a range of healthcare professionals. Their nutritional needs had been assessed and they were supported to eat and drink.

### Is the service caring?

Good ●

The service was caring. People were treated with kindness and care. Staff knew them well and how they expressed their needs.

People were respected and their dignity promoted.

### Is the service responsive?

Good ●

The service was responsive. People's care was individualised reflecting their likes, dislikes and lifestyle choices. Staff responded quickly to changes in people's needs.

People had access to meaningful and age appropriate activities which they enjoyed.

People's representatives felt confident expressing concerns on

their behalf which would be addressed.

### Is the service well-led?

Good ●

The service was well-led. The registered manager was open and accessible and people, their representatives and staff were positive about their style of management.

The views of people, their representatives and staff were listened to and shaped developments in the service.

Systems were in place to monitor the quality of the service being provided.

# Footsteps Medical Care Limited

## **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.

We undertook an unannounced focused inspection of Footsteps Medical Care Limited on 26 and 29 February 2016. Before the inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

The inspection was undertaken by one inspector. During our inspection we spoke with the registered manager, four care staff, and four relatives and observed the care provided to five people living in the home. We looked at three people's care records, three staff files, training records, complaints information, accident and incident records and quality assurance systems. We used the Short Observational Framework (SOFI) for inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We received feedback from three health and social care professionals. The registered manager submitted additional information we had requested after the inspection.

## Is the service safe?

### Our findings

People's rights were upheld. Relatives told us, "I have no concerns" and "I am confident in the staff, he has really settled." A member of staff told us, "We make sure everyone is safe at all times and not in any danger". Staff had a good understanding of safeguarding procedures, what they should be looking for and what action to take. Local procedures were accessible to them. They said they recorded unexplained bruising on body maps and discussed these with other staff. They were confident about reporting any concerns to the registered manager who they said would contact the relevant authorities such as the police, the local safeguarding team and the Care Quality Commission.

People occasionally became distressed or upset. Staff had completed training in behaviour management support. People's care plans guided staff about how to support them. Staff completed accident and incident forms when needed as well as other monitoring records for reviews with health care professionals. Staff described the strategies which were in place to support people at such times using distraction or diversion techniques, for example giving people space, reading to them or reassuring them by answering their questions. Occasionally staff said they used medicines to be taken as necessary to help people become calmer. The use of these medicines was under review for one person and staff were working with health care professionals to find the "correct balance".

People were kept as safe as possible. Risk assessments identified any hazards people faced and how these were minimised. For example, one person was able to open the front door and would not be safe unsupported by staff in the area outside. The least restrictive option had been explored and an alarm had been fitted to alert staff if they attempted this. Other alarms had also been fitted where people were at risk of epileptic seizure so that staff could respond quickly. Strategies were in place to keep people safe when travelling in the home's vehicles. People's care plans included photographs of equipment they had been provided with and how it should be used safely. Accidents and incidents records had been completed and action taken to reduce further risks to people.

People were safeguarded against the risks of emergencies. Each person had a personal evacuation plan which described how to help them leave the building in an emergency. A business continuity plan contained useful information about which services to contact in an emergency. A fire risk assessment was in place and supported by checks of fire systems at the appropriate intervals. Checks had been completed for health and safety systems such as emergency lighting, water temperatures, legionella and infection control.

People were supported by sufficient staff to meet their individual needs. Relatives commented, "There have been quite a few changes of staff recently, which could be a problem, but you get to know them and he is fine" and "Taking the staff as a whole, it's as good as it has ever been." Staff confirmed at times they could be very busy but there were enough of them to meet people's needs. They said the registered manager was always available to help out, "she doesn't just sit in the office, she is part of the team as well".

People were safeguarded against the risks of potential harm due to robust recruitment procedures. The necessary checks had been completed prior to new staff starting work in the home which included

obtaining a full employment history, verifying why they left former employment in social care and receiving a satisfactory Disclosure and Barring Service check. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for.

People's medicines were safely administered. Each person had a medicines profile which detailed the medicines they were prescribed, how they were administered and whether they had any allergies. Observations of medicines being administered confirmed they were being given correctly and the medicines administration records were accurately completed. Staff had a good understanding of the medicines people were prescribed and said people's medicines were reviewed by the appropriate health care professionals.

## Is the service effective?

### Our findings

People were supported by staff who had the knowledge, skills and experience to meet their needs. New staff completed an induction programme and confirmed they shadowed existing staff whilst learning about their role. They also had access to the care certificate which sets out the learning competencies and standards of behaviour expected of care workers. Staff confirmed they had access to a range of training to equip them with the understanding they needed to support people. A training record confirmed they kept training considered as mandatory by the provider such as first aid, fire and food hygiene up to date. Staff said they also completed training specific to people's individual needs such as autism awareness and the care of people fitted with a percutaneous endoscopic gastrostomy tube (PEG). Staff displayed a good understanding of people's needs and were knowledgeable about the care they needed. Staff said they felt supported in their roles and attended individual meetings (supervisions) with their manager as well as staff meetings and handovers. One member of staff said, "Staff meetings and regular supervision are useful." Relatives reflected, "It's a really good team" and "They are all absolutely brilliant."

People were observed being supported to make choices about their day to day lives. For example, choosing where to spend their time, what activity to do and what to eat and drink. People's capacity to make decisions about their care and support had been considered and recorded in their care plans in line with the Mental Capacity Act 2005 (MCA). The 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. Staff described situations when they had made decisions in people's best interests, such as giving medicines, and who had been involved. These were recorded in their care records.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. The appropriate authorisations had been sought whether urgent or standard and had also been reviewed when needed. There was evidence staff had looked for the least restrictive options when keeping people safe and depriving them of their liberty.

People's dietary needs had been clearly highlighted in their care records. Staff described how they encouraged people to eat preparing soft diets for one person and offering another person a taste of food and drink only because they had their food and fluids through a PEG. Dieticians had been involved advising staff about how to support people with a healthy and nutritional diet. People living with diabetes were provided with a diet which promoted their health and well-being. Staff discussed how they monitored their blood sugars and they knew what action to take if these were outside of safe levels. Staff said "People eat really well" and "Home cooked meals are prepared". One person liked to help with the baking. Staff were observed patiently prompting people to eat their meals.



People were supported to stay healthy and well. Each person had a health action plan which detailed their medical history and their current health care needs. People had access to a range of health care professionals such as their GP, a dietician, a physiotherapist and the community learning disabilities team. Staff worked closely with them, following their recommendations and guidance. This was confirmed by health care professionals who commented, "They call when appropriate", "Very good at communicating and feeding back" and "Really receptive to our advice."

## Is the service caring?

### Our findings

People had developed positive relationships with staff who treated them with kindness, care and patience. Relatives commented, "It is all good, they seem to like [name] and interact with her fine" and "I've noticed a relaxed atmosphere and good relationship with staff." People were relaxed and moved around their home, choosing when to be with staff or have time on their own. Friendly interactions were observed with staff appropriately responding to people's needs. Staff patiently replied to people's repeated questions, reassuring them and refocussing their attention. A relative said, "They have more patience than I do." A member of staff told us staff were "very caring". Social care professionals commented how they could not believe the positive change when visiting a person, "it was a rare treat for me, I had not heard her belly laugh before". They also said people were "always very well presented, happy and content".

People had communication profiles which identified their preferred form of communication. These prompted staff to be vigilant about people's facial expression, vocal sounds and body language. Staff clearly understood how people's conditions affected their ability to communicate and they had strategies to help them understand people. Staff were observed using touch to get people's attention, touching their face or their arm. A relative reflected, "Staff get down to his level to talk to him, so he knows they are talking with him." Staff explained to people what they were doing for example when giving medicines or helping them with their meals.

People sought the attention of staff by different methods. Sometimes repeatedly asking questions or at other times shouting to them. Staff responded respectfully and professionally. Staff knew how to respond whether verbally or by offering people something to distract them such as a toy they liked. Staff were observed responding appropriately. They were rewarded by one person giving them a smile and a hug.

People's relatives confirmed they were involved in planning people's care and support. Staff had talked to them about what people liked and how they would prefer to be supported. A relative explained, "It's nice to be involved I know him best. I can understand him better than anyone else." Other relatives said staff kept them informed and up to date with people's care and support. Another relative said, "They know [name] really well, more than I do now."

People's human rights were upheld. Staff had completed equality and diversity training and respected the diversity of the people they supported. Relatives said they visited whenever they wished and always had a warm welcome. People's information was stored securely respecting their right to confidentiality. People had access to lay advocates and to statutory advocates known as Independent Mental Capacity Advocates when needed.

People were treated with dignity and respect. Their care records directed staff to respect privacy and dignity when delivering personal care. Staff were observed discreetly taking people to their rooms to rearrange their clothing or to offer personal care. Relatives told us, "They are respectful and kind", "Staff remain respectful" and "He is always dressed well and really being looked after well."

## Is the service responsive?

### Our findings

People received care and support which reflected their individual needs, their likes, dislikes and their lifestyle choices. People had been assessed to make sure their needs could be met by staff. Their care and support needs were closely monitored and when they changed, their care records were amended to reflect this. Staff described how they were closely observing a person who had recently been unwell. When needed they involved health care professionals. Their relative said, "Staff noticed changes in posture and weight and got her into hospital." Staff knew people really well and had a good understanding of their complex needs. They described how they reflected about people's health and well-being and whether anything could be done differently. For example, requesting a medicine review or asking the dietician for advice. Staff showed genuine concern for people and made sure their support reflected their current needs.

People had their care and support needs reviewed. Relatives confirmed they were involved in this process. They told us, "When I say something, they listen to what I have to say" and "They are always responsive, if they have any problems they always contact me." Social and health care professionals were also involved in reviews of people's care. They commented, "I feel they respond very well to her needs" and "They ring by and large appropriately (for advice)".

People were supported to take part in age appropriate and meaningful activities. Staff commented, "It's good to see her face light up when she goes out" and "It's such a pleasure to work here, taking people out on activities. It's nice to see them doing things they enjoy." Activities included trips out to places of interest, a circuit gym, skittles, being read to and using sensory equipment. One person enjoyed having head and hand massages as well as going to a spa. People had regular contact with their relatives who visited them or took them out for the day. Relatives and staff thought people could possibly take more trips out but staffing levels had to be considered when arranging these.

People's representatives had no concerns about their care or support. They raised issues as they arose and said staff and the registered manager "listened" and "took notice". Relatives commented, "If you have something to say, you just go and talk to the manager", "Nothing, not happy with, but would speak to the manager" and "I have no concerns whatsoever." A social care professional said they had "never had any concerns" and found staff to "always be very open". The statement of purpose contained information about how to make a complaint.

## Is the service well-led?

### Our findings

People benefited from an open culture which promoted an individualised approach to their care and support. Relatives said of the registered manager, "She is very good and really cares" and "I talk over problems with [name], I can speak to her every day. It makes me feel involved and I am very happy with that." Staff also said they felt supported in their roles and they could "say anything to her; she's that sort of person". They also commented, "She is very understanding, you can always come in here and chat and I feel confident she will follow it up" and "She knows what is going on and here if you need her."

The registered manager said they were really well supported in their role by the provider who "if you need something" is "always there". They said, "If something needs doing, he will always do it." They said the provider was very involved in the service and kept up to date with day to day business. The registered manager was aware of their responsibility to submit notifications to the Care Quality Commission. Statutory notifications are information the provider is legally required to send us about significant events.

People's experience of the service was monitored through a range of audits. Some monitored the health and safety of the home ensuring their safety was promoted. Accident and incident forms were monitored to assess if any trends had been developed and to make sure the appropriate action had been taken. Long term plans were being considered for redecorating and upgrading the environment.

The registered manager described how they kept up to date with best practice and changes in legislation. They attended meetings at a local provider association and were a member of a local activities network. Policies and procedures had been kept up to date. The registered manager said they were updating the service user guide to produce an easy to read version using plain English and illustrated with pictures.