Footsteps Care Outreach Limited

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Inspection report

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Date of inspection visit:
01 June 2016

Date of publication:
11 August 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

The inspection took place on the 1 June 2016 and was announced. The provider was given 48 hours' notice because the location was a supported living service for adults who are often out during the day and we needed to be sure that someone would be in.

Footsteps Care Outreach Limited is a service providing respite support to young adults with a learning disability.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were kept safe in the service and staff followed people's risk assessments to ensure they were safe in the service and when out in the community .

Staff were knowledgeable in safeguarding procedures and told us they would report concerns to the registered manager or deputy manager. Staff said they would approach the regulator CQC if they wanted to whistleblow.

People's medicines were managed safely and staff were trained in the safe management of medicines and controlled drugs. The deputy manager told us that staff had to demonstrate they could administer people's medicines safely before working with people.

Staff were supported with a through induction and had to shadow senior staff before working with people at the service. Records showed that staff were offered mandatory training and specific training to give them the skills needed to support people in the service. Staff told us there were always opportunities to learn more and to keep their skills up to date.

Records showed that staff received supervision and an appraisal so they knew how they were performing and to discuss any issues with their work or future training needed.

Staff demonstrated they understood the principles of the Mental Capacity Act 2005 and how to support people in making their own decisions. Staff told us they offered people choices of food and clothing to help them be involved in the decision making process.

A relative told us that staff were caring and took the time to know people. People's privacy and dignity was respected.

People's care plans were personalised and all aspects of care were documented which made the care

personal to them. People's preferences were recorded and staff told us in detail how they responded to people if they had a seizure which corresponded to the records we looked at.

Staff said the registered manager and deputy were approachable and gave positive feedback on the work they did for people.

Staff met with management regularly in team meetings and if staff were unable to attend information was shared with staff. Checks and audits were not recorded which meant they could not be verified as being done. We have recommended the service follow best practice when auditing.

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.

The service recruited staff safely and ensure they were of a suitable character to work with people.

Staff understood their obligations under safeguarding and whistleblowing to keep people safe in the service.

Medicines were managed safely and the service had a clear medicines policy which set out staff responsibilities. Staff demonstrated the importance of giving people their medicines on time to maintain health and wellbeing.

Is the service effective?

Good

The service was effective.

Staff were inducted into the service with the support of management and experienced members of staff. Ongoing support was given to staff to monitor their performance and to improve their skills.

People's consent was sought before care was given and staff explained to us they understood the principles of the MCA 2005 and how to support people to make decisions where they could.

Is the service caring?

Good

The service was caring.

People were cared for by kind and compassionate people.

Staff took the time to get to know people by building a rapport with them and doing things that people enjoyed.

People's private space was respected when they needed it and dignity maintained when people received personal care.

Is the service responsive?

Good

The service was responsive.

Care plans were personal and met people's needs. Relatives were involved where people could not communicate their health needs.

Staff delivered care in accordance with people's needs and documented changes in people's health at all times.

There were no complaints but relatives knew how to make one.

Is the service well-led?

Good

The service was well led.

Relatives and staff spoke positively about the management of the service and how they could approach them with issues they needed to discuss.

Staff received regular good feedback each week which raised their morale.

Information was shared with staff where they could not attend meetings.

Audits to check the quality of the service were not always documented.

Footsteps Care Outreach 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.

This inspection took place on 1 June 2016 and was announced. The provider was given 48 hours' notice because the location was a supported living service for adults who are often out during the day and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

Before we visited the home we checked the information that we held about the service and the service provider. This included any notifications and safeguarding alerts and previous inspection reports.

We spoke to the registered manager, deputy manager, two care workers of staff and a relative of a person who used the service.

We looked at one care record, three staff files and policies and procedures relating to the service which included, safeguarding and whistleblowing, recruitment, medicines, training records and staff induction.

Good

Is the service safe?

Our findings

A relative told us the service was safe. The relative said, "Yes he is safe I wouldn't let him go otherwise."

One member of staff said, "We watch [person] all the time to keep them safe." Another member of staff said "We encourage independence and let [person] see that we are cooking but tell [person] be careful it's hot so we let them know."

The service had a safeguarding adults and whistleblowing policy. Staff received training in safeguarding adults and staff told us that they would report concerns about people's safety and if they saw bruising to the registered manager or deputy manager. One member of staff said, "Oh yes I will always tell [deputy manager] or [relative] if I noticed a bruise and we record everything on a body map."

The service had a robust recruitment policy and followed this to recruit staff. Records showed that staff had to provide references, proof of identity and disclosure and criminal records checks were carried out to check that staff did not have any criminal convictions.

Risk assessments were up to date, covered a range of risks and provided specific information to staff on the nature of the risk and how to manage it. For example, where a person who used the service went into the community they had been assessed needing two members of staff to reduce the risk of absconding and to always ensure emergency medication was carried in the event of a seizure. Other risks included being safe in the bath and keeping people safe while travelling in a vehicle. People were supported to sit in the back of the vehicle so that they did not grab the driver.

There were enough staff to support people and where people needed one to one support this was met. In times of absence and holiday the service had a regular set of staff who had previously worked with people. These staff also had to be trained in procedures to safely support people before they worked with them. These included safe management of controlled drugs, how to respond to a seizure and use of specialist equipment for the management of seizures.

Where specialist equipment was used staff had to show they could use this equipment safely to protect people so that their seizures were reduced. Records showed that the service used an epileptic magnetic wand called a Vagal Nerve Stimulator. There was information about this equipment in people's care plan and staff we spoke to were knowledgeable on its use and purpose.

Medicines were managed safely and staff received training in the safe management of medicines. One member of staff said, "I always check the bottle for the dosage amount and check the medicine we are giving [person]."

Staff would record stock balances when people arrived at the service for respite medicines. We reviewed these records and there were no errors or gaps in recording.

In the event of an emergency staff had been trained in first aid and they told us they would call the emergency services. One member of staff said in the event of someone having a prolonged seizure they would administer medication and if that did not help the person they would call the emergency services.

Good

Is the service effective?

Our findings

A relative told us that they thought staff were skilled at their job. The relative said, "Yes they know what they are doing."

Staff received an induction and worked through an induction workbook to support their learning. Staff told us they received appropriate training to support them in their role. One member of staff said, "I shadowed a senior member of staff before I could work with people." Staff were trained in first aid, health and safety, fire awareness, food hygiene, medicines, manual handling, safeguarding, epilepsy, diabetes and physical intervention training. Specialist training was also provided on the use of a percutaneous endoscopic gastrostomy tube (PEG feeding tube).

Staff files showed that staff received an annual appraisal and supervision with the deputy manager of the service either monthly or bi monthly depending on hours worked. Staff were trained to level 3 National Vocational Qualifications (NVQ) in Health and Social Care. Staff said the training was good and was always ongoing as they caring for people with complex needs. This meant the service was supporting their staff to have current and up to date knowledge to support people effectively.

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. We found the service had written information on the MCA so that staff were provided with important information to uphold people's rights. Staff told us about the MCA and its meaning for people who could not make decisions. They were able to describe how they would encourage people to make decisions for themselves so they were involved in their care by giving them choices. For example, one member of staff said, "We are there to do certain tasks but we try and enable [person] to do as much as they can." Another member of staff said, "I will give [person] choices to choose for breakfast and they will point what they want or will do sign for brushing teeth if not in the mood try later."

People's dietary requirements were recorded. Staff knew people's dietary needs and records confirmed this. We saw one person was on a high fat diet and was to be offered food to maintain their weight. People were offered food that they liked and staff told us if people refused food they would offer to make something else for them that they liked. Staff told us they recorded what people ate in their care plan. One member of staff told us they also provided a food diary for relatives when people were seeing the dietician. This meant that people could receive accurate advice if they needed it.
Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts. Care plans showed the service had obtained the necessary detail about people's

individual healthcare needs. There was specific guidance to staff about how to support people to manage these conditions.

Good

Is the service caring?

Our findings

The relative we spoke with was positive about the care their family member received. Staff we spoke to spoke kindly about the people they cared for. The deputy manager said, "They [staff] wouldn't be hired by Footsteps if they weren't kind."

A relative said, "As long as [person] is happy I'm happy "and "They [staff] are really nice to him." The same relative said, "When [person] couldn't go to the service all the staff rang to see if everything was ok, that was really nice."

Staff we spoke to demonstrated they knew people's likes and dislikes and people's personality.
One member of staff said, "[Person] likes reading the newspaper so we get that for him and listening to music." Another member of staff said, "I can tell that [person] is tired when they come after college so we take them to their room and they fall asleep."

As people had the same staff working with them this helped to build relationships. Staff told us that people would show their happiness towards them by giving a hug or patting staff on the head as term of endearment.

Staff said they were caring as they did not rush people when they were doing tasks and always encouraged people to do things themselves so they could be independent such as using deodorant.

People's care plans included information on their preferences and how people communicated. For example, care plans said "person likes to read magazines" and staff used Makaton and had learnt the signs people used so that they could understand and communicate effectively with people. Makaton is a language programme using signs and symbols to help people to communicate.

The service kept in contact and regularly updated relatives when people were at the service for respite. One member of staff said, "Relative will call over the weekend and we always tell her how [person] is."

A relative said that they have not made a complaint but when they needed to change an aspect of the care package the registered manager was very quick to respond. This was appreciated by the relative.

People's privacy and dignity was respected, staff said they respected people's need for private time in their bedroom and when they gave personal care doors and curtains were closed to maintain people's dignity.

Good

Is the service responsive?

Our findings

Relatives told us the service was responsive.

People's needs were assessed when they first arrived at the service to see if the service could meet their needs. People's care plans included information on their preferences and how people communicated. For example care plans said "Person likes to read magazines" and "[person] has devised their own form of Makaton that staff understand". This showed that staff had learnt the signs people used so that they could understand and communicate effectively with people.

Records showed that people's care plans were person centred and risk assessments covered a range of risks and provided information on minimising risks. People's care plans contained a description of the person and how care should be delivered. Staff were made aware from the care plan how medicines should be given, their dietary requirements, likes and dislikes and how to manage seizures safely.

People's care plan were reviewed when changes were needed and relatives were involved in the planning of care plans on behalf of their relatives. This showed that people's needs were reflected in their care by their relatives if they were unable to verbally communicate their needs. Staff told us that people's care had been consistent but if medicines had changed they were informed by relatives.

Staff told us they read people's care needs to understand how to support people. Staff said they shared information with relatives and other staff who provided care and this was documented in people's individual communication book which was read at every shift. Staff said this information was shared so they knew how people had been feeling and whether there was anything they needed to be aware when someone came for respite. Relatives confirmed to that staff always wrote what they had done for their family member and whether they had had a seizure and that this information was very helpful.

Staff told us they involved people in their care and tasks that were taking place. One member of staff said if making toast they show people the toaster.
People were supported to enjoy activities they enjoyed, records showed that people enjoyed being outdoors in the garden, going into the local community and reading the newspaper. Staff said we try different activities and see how [person] feels.

One relative said that they have not made a complaint about the service but when they needed to change an aspect of the care package the registered manager was very quick to respond. This was appreciated by the relative.

Good

Is the service well-led?

Our findings

Relatives and staff told us the management of the service was good.

The service had a registered manager and staff said they felt comfortable approaching the deputy manager and registered manager with any issues. One member of staff said, "[Registered manager] is on call, I can send a text message and they respond." Another member of staff said, "If I was not happy I would tell them about it [management]."

Staff said the deputy manager is always in communication but they may not always see them. Two members of staff said "[Deputy manager] always sends us a text giving us positive feedback on the work we have done over the weekend." Staff told us this made them feel happy to have their work recognised as being good.

Staff were positive about the work they did and their work environment. One member of staff said, "I am happy in my work and where I am." Another member of staff said, "There is always encouragement to develop your skills and knowledge."

Records confirmed that staff had regular monthly management meetings and the registered manager and deputy manager met each week to discuss performance, training and people's care package. The deputy also held staff meetings and records showed that staff were told to maintain medicines recording, encourage healthy eating for people and to complete communication books for people so that information was available at handovers

Staff said they had not completed a formal survey but were asked to give feedback in their appraisal which asked how they felt in their role and improvements to be made. Relatives also said they had not completed a formal survey. This meant that people's feedback was not always captured for analysis to help improve the service.

We did not see evidence of audits that were carried out, the deputy manager told us they carried out walk rounds of the service to check for cleanliness but these were not recorded. Such issues were discussed in team meetings but action points were not documented to show the check had been carried out. The deputy manager also said they checked people for irregular bruising and this would be recorded on the body map but evidence that the check was done was not recorded. Staff told us that the deputy manager checked the communication book but this check was not recorded. This meant there was no effective system in place to audit these records and ensure improvements were made and maintained.

We recommend the service seeks best practice in audits for the service.