

Stepping Stone Independent Living Ltd

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Inspection report

42 High Street
Blackheath
Rowley Regis
West Midlands
B65 0DR

Tel: 01215596513

Website: www.steppingstoneliving.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

This inspection took place on 30 December 2015 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff would be available to answer any questions we had or provide information that we needed. We also wanted the registered manager to ask people who used the service if we could contact them.

The service is registered to provide personal care and support to people in their own homes. People who use the service may need support or care due to old age, dementia, learning disability, physical disability or sensory impairment. At the time of the inspection the service was providing support and personal care to three people in their own homes. This was the first inspection of this service.

There was a registered manager. 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 told us that they felt safe when staff entered their home and that the staff knew how to support them. Staff were able to describe in detail the needs of the people they provided care for and their roles and responsibilities in respect of keeping people safe. Staff were aware of the risks to people and these risks were reviewed on a regular basis.

People received their care on time and if staff were occasionally running late, people were always notified of this.

Appropriate recruitment processes were in place in order to reduce the risk of unsuitable people being employed by the service.

Staff were provided with the training and information required in order to support people to take their medicines safely.

Staff knew people's healthcare needs and supported them to access their GP or other healthcare services if they were feeling unwell.

People told us that they were supported by staff who were kind and caring and willing to go out of their way to help them.

People told us that staff sought their consent before they provided care. The registered manager and staff all had an understanding of the Mental Capacity Act (2005) and what this meant for people.

People were involved in the development of their care plans to ensure that they received their care in the

way they wanted. Arrangements were made for staff to be introduced to people prior to them providing care and support, in order for them to get to know each other.

People told us they had not had to raise any concerns or complaints but if they did, they knew who to speak to and were confident that they would be dealt with appropriately.

People, their families and staff all spoke positively about the registered manager and the staff who supported them. Staff were well supported in their role and felt able to approach management with any issues or concerns.

There were a number of quality audits in place to assess the quality of the service provided.

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 told us that they felt safe when supported by staff.

Staff were safely recruited to ensure their suitability and prevent people being placed at risk of harm.

People were supported to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to support people appropriately and safely.

People were supported to access healthcare services when required by staff who knew their healthcare needs.

Staff understood the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

People told us that they were supported by staff who were kind and caring.

People told us that they felt listened to and were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who knew their needs and delivered their care in the way they wanted.

There was a system in place to receive and handle any complaints regarding the service.

Is the service well-led?

Good 

The service was well led.

People who used the service, their families and staff all spoke positively about the service.

There were audits in place to check the quality of the service.

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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 30 December 2015 and was announced. 'The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 used this information to assist in the planning of our inspection.

We reviewed information we held about the provider, in particular, any notifications about incidents, accidents, safeguarding matters or deaths. We contacted the local authority commissioning team to obtain information about the service. We spoke with one person who used the service and two relatives of people who used the service. We also spoke with the registered manager, the care co-ordinator and a member of care staff.

We reviewed a range of documents and records including three care records of the people using the service, two staff files, training records, accident and incident records, complaints and quality audits.

Is the service safe?

Our findings

People told us that when staff supported them in their own home, they felt safe. One person told us, "Yes, I feel safe, I am quite happy with the care given". Relatives spoken with told us they had no concerns about the staff who supported their loved ones. One relative told us, "I feel [person] is absolutely safe when I'm not there and is being cared for by them [the staff]".

All staff spoken with had a clear understanding of the procedures to follow if they suspected someone was at harm of abuse and had received training in how to recognise the signs of abuse. One member of staff, "I haven't had to raise a safeguarding but would report to the manager, complete paperwork, write a report and if I thought the person was in danger I would get them out of danger".

We saw that risk assessments were in place prior to people receiving care from the service and relatives spoken with confirmed this. Risk assessments were reviewed on a monthly basis or sooner if people's needs changed. A staff told us, "If something happens it's always reported back to the office". Staff spoken with were able to provide us with a good account of the risks people were exposed to and how they were managed. A member of staff told us, "When I come back on shift I always read the daily reports from the past few days and check the communication book for any updates".

People told us that staff were always on time and calls were never missed. A relative said, "They are always on time, no missed calls, they've never let us down" and another relative said, "As far as I'm aware they're always on time, [person] would be the first one to moan if they were late or missed calls". The registered manager told us that when allocating calls, she always ensured there was another member of staff available in the vicinity to cover the call in case the carer was unable to get there. She told us, "We want to provide complete continuity. We don't want someone different going in every day".

We saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. We spoke with staff who confirmed that reference checks and checks with the Disclosure and Barring Service (DBS) (which provides information about people's criminal records) had been undertaken before they had started work and records seen confirmed this.

A person confirmed they received help to take their medicines as prescribed. Staff were able to describe to us how they provided people with assistance to take their medicines. One member of staff told us, "I always make sure I remind [person]". They told us that if the person declined to take their medication, they would report it to the manager and contact their relative. We saw where one person had taken medication in error, this was picked up the carer at the next call and their GP was contacted for advice. We saw that Medication Administration Records (MARs) all held the necessary signatures to demonstrate that people had taken their medication. Staff had signed to say they had read and understood the policies and procedures they were required to follow in respect of the administration of medication. We saw that where people required creams to be applied that there were no body maps in place advising staff where they should be applied. We discussed this with the registered manager and arrangements were made to put body maps in place by the end of the inspection.

Is the service effective?

Our findings

People and their relatives all told us that they felt they were supported by staff who were well trained and knew how to do their job. One person told us, "I am very happy with the care given". A relative told us, "Staff know what they are doing. [Person] is happy with what's done for him" and another relative told us they considered the staff to be 'competent and well trained'.

Staff told us that prior to commencing in post they received a comprehensive induction. One member of staff told us, "I had to do all the mandatory training and before you did anything you had to do a general knowledge quiz about the job". They confirmed that they had completed a number of shifts shadowing a colleague prior to working on their own. They told us, "It was a while before I was able to go out myself, I wanted to make sure I was ok". Staff told us they felt well trained to do their job and were happy with the amount of training they had received. One member of staff told us, "I've had more training in this job than in previous jobs and I'm glad of that. They are really good at that".

Staff told us they felt fully supported in their role and benefitted from regular supervision. One member of staff told us, "I get formal supervisions and observed practice as well". They told us that if they had any concerns, they could raise them with the registered manager, adding, "They do listen".

We saw that a number of new carers had recently been recruited and were completing the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The registered manager told us that once the new staff had completed their training, she would look at taking on more packages of care adding, "It's going to be gradual, we won't run before we can walk". She told us that she had made the decision that existing staff would also complete the care certificate to ensure all staff were 'on the same page' with their learning.

Staff told us that they were always kept informed of any changes in people's care needs. They told us that as they were a small agency, it was easy to pass on information to other colleagues and keep each other informed. We saw that a communication book was also in place for passing on messages. A member of staff told us, "I'm usually in the office every morning, so I get an update then", but also confirmed that they checked people's care records on a daily basis for any changes they needed to be aware of and kept in regular contact with family members. One relative told us, "They leave me a written note each time they have visited and tell me what they have done".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff spoken with had an understanding of MCA and were able to tell us how they supported people to make

decisions about their care and support. A member of staff told us, "I always talk to [person] to see if she understands first, I'll ask, '[Person's name] can you tell me what we've been talking about?' and then I'll support them".

A family member spoken with confirmed that care staff were responsible for preparing a meal for their relative. Staff told us that if the person declined the meal provided they would offer them an alternative and let their family member know.

People told us that if they were unwell then staff would ring their GP for them. One person described to us how the registered manager had contacted their GP on their behalf when their medication wasn't ready for collection. A relative told us, "I communicate regularly with [manager's name], she keeps me informed. I can phone her any time of day she's quite on the ball. The other week when I couldn't get a prescription and she was over the GPs like a rash".

A member of staff described to us how they had noticed bruising on one person. The person explained they had had a fall which had caused the bruising. This prompted a referral to the occupational therapist which resulted in an assessment for a walking frame for the person. We saw evidence in people's records of contact made with people's GPs for advice and guidance.

Is the service caring?

Our findings

People told us they were cared for by staff who were caring and kind. A relative told us, "When they [the carer] comes in, I can see from [person's name] reaction that she is content with them and happy with them". Relatives provided a number of examples of the caring nature of staff and how they would do the 'extra little things' without being asked, for example, popping to the shops and getting some milk or a prescription.

Staff spoke warmly about the people they supported. They described in detail how they supported people and how important it was to listen to them and promote their independence where possible. One member of staff, when talking about a person they supported, told us, "He is a really lovely man" and went on to describe how they promoted his independence with a mixture of encouragement and support. Another member of staff told us, "I always ask [person's name] if they've had something to eat and will do a bit of supper for her if she wants".

Relatives spoke positively about the registered manager and the staff and how they had peace of mind now that their loved ones were receiving care from them. People described staff as 'very respectful and professional' and all spoken with considered they were treated with dignity and respect. One person said, "They always ring the bell before they come in, they treat me with dignity and respect" and a relative told us, "They treat [person's name] with dignity and respect, they are professional and very friendly. She is a very difficult person but they love her". Staff were able to describe to us how they maintained people's dignity and respect when supporting them. A member of staff told us, "I always shut the curtains and close the door".

People told us they were involved in their own care planning and making their own decisions. They told us that they were listened to and their views acted on. One person told us that the registered manager ensured they signed their care plan paperwork on a daily basis to confirm that they were happy with the care provided, their relative told us, "[person's name] signs sheets every day, there's a big folder at his house with all his information in there". A family member described to us how important it was for their relative to maintain their independence. They told us, "[Person's name] values her independence" and went on to explain how staff respected this and followed the guidance offered when providing support.

Is the service responsive?

Our findings

People and their relatives told us that prior to them commencing with the service they met with the registered manager and members of staff to go through their requirements. One person told us, "I am involved with the documentation; there's reams and reams of paperwork I'm fed up with signing things!" A relative told us, "I invited them in when I was there so that I could talk them through [person's name] issues. They made sure the person coming in was someone who [person's name] would be quite comfortable with". Another relative told us, "They came out and did the assessment, asked lots of questions". People told us that they received their care the way they wanted it and that they were involved in their care plans and reviews. A relative told us, "I'm quite happy someone is going in. They rang this morning to book the three monthly assessment. [Person's name] trusts them now".

All people spoken with told us that they were happy with the service they received. One family member commented that they felt their relative had benefitted from the same member of staff supporting them adding, "It's helped that they recognise the need for conversation" as their relative enjoyed talking to their carer.

Staff spoken with were able to demonstrate a detailed knowledge of the people they cared for and how they supported them. They told us, "If there are any changes after reviews, it's relayed straight back to the office". We saw that staff had noted that one person had accidentally taken too many tablets. This prompted staff to contact their GP and relative. Following this arrangements were made for the person's medication to be provided in blister packs which would specify the date they should be taken.

They gave a good account of people's preferences and what was important to them in terms of their care delivery, but also stressed how important it was for people to maintain their independence. One member of staff told us that prior to providing care for people, the registered manager arranged for staff to be formally introduced to the person in order to get to know them and ensure that they would get along.

We saw that people and their families were involved in reviews of their care plans on a monthly basis, with a more detailed and comprehensive review taking place every three months. Where changes had taken place, care plans reflected this information and staff spoken with were aware of these changes.

Everyone spoken with knew how to raise a complaint with the service. People told us they would speak to the staff if they had any concerns or failing that ring the office. One person told us, "My good friend would speak to them on my behalf" and a relative told us, "I know how to make a complaint". Another relative said, "I am aware of how to complain but I wouldn't need to [formally] I'd just ring them up". People told us that if there were any issues at all they would contact the manager and if they had to raise a complaint formally, they were confident it would be dealt with appropriately. A relative told us, "They are aware I will let them know if there is a problem, I am always confident I would be listened to". Staff told us that if someone did raise a complaint they would support them to do so appropriately.

We saw that the registered manager had a complaints and compliments folder in place. No complaints had

been received but staff had signed to say they read and understood the complaints procedure. In the service user guide a form was made available for people to complete when raising complaints or compliments. People spoken with told us they had been asked to complete a survey on the quality of the service provided. One person told us they had asked for the survey to be sent to them in electronic form and the service complied with this request.

Is the service well-led?

Our findings

People and relatives spoke positively about the service and told us that they considered it to be well led. One relative said, "It's very well led, professional, I've no issues at all" and another relative told us, "The manager is quite efficient, I have no qualms or complaints about what they do".

Staff spoken with told us they felt well supported by the registered manager and enjoyed their work. One member of staff told us, "[Manager's name] is quite good with supervisions; I always get chance to speak to her and she's always more than happy to help" and another member of staff told us, "I look forward to going to work in the morning". They told us they visited the office every day and described the atmosphere as 'friendly' and 'open'. Staff told us they felt listened to and were confident that if they raised any concerns then they would be acted upon. Staff described the registered manager as 'approachable' and 'helpful'.

One member of staff we spoke with described to us how they were being developed in their role and were currently being given a number of additional responsibilities. They told us, "The manager approached me about it, and I'm so glad she did". They told us they enjoyed their new role and we saw a number of examples where they had suggested improvements in paperwork and systems which had been taken on board by the registered manager.

The registered manager told us and staff confirmed that there was always someone available to contact in emergencies. They told us, "We have an on-call system and make sure it's covered. If someone was unable to cover a call we always make sure there's someone available in the office to provide cover".

We saw that regular meetings took place with staff to discuss relevant topics, such as person centred care, in order to check staffs understanding and identify any gaps in learning. A member of staff told us, "It helps to talk about it and it gets people a bit more enthusiastic about it".

The registered manager told us how she maintained a safe and quality service. Prior to staff working on their own, she ensured that they shadowed her first to observe care delivery and would demonstrate to staff the quality of care she expected them to provide. She would then hand over the package of care to the member of staff and conduct regular spot checks of staff practice to ensure that people were being supported appropriately and safely. Staff spoken with confirmed this. We saw that the registered manager conducted a number of spot checks to monitor the performance of staff. She described to us the performance of one particular member of staff, saying, "I know by watching [staff's name] her approach with people is wonderful".

We saw that there were a number of quality audits in place in order to develop and improve the quality of the service on offer. The registered manager told us, "We are constantly communicating with people to make sure they are happy with the service". We saw surveys were also sent out to both staff and people who used the service. The registered manager told us, "The surveys help us monitor our performance against the standards set by CQC". We saw that a survey had been sent out to people who used the service to obtain their feedback on the care received. One response had been received which was positive. The registered

manager told us, "If someone wasn't happy about something we would follow it up". We saw that one person told us they asked for the survey to be sent to them via email and we saw that this was arranged for them.