Positive Steps (Care Services) Limited

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Inspection report

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Date of inspection visit:
16 May 2016

Date of publication:
04 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 announced comprehensive inspection was undertaken on 16 May 2016. We gave the service 48 hours' notice of our inspection. Positive Steps (Care Services) Limited is a domiciliary care service which provides personal care to younger adults with a learning disability, physical disability or on the autistic spectrum who are living in their own homes. These were two shared locations in Peterborough. There were seven people being supported with the regulated activity of personal care at the time of our inspection.

There was a registered manager in place during this inspection. 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.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. People being supported by the service who lacked the mental capacity to make day-to-day decisions had an application to the court of protection made on their behalf. Staff were able to demonstrate a sufficiently robust understanding of MCA. This meant that any decisions made on people's behalf by staff would be in their best interest and as least restrictive as possible.

Records were in place for staff to monitor people's assessed risks, and support and care needs. Plans were put in place to minimise people's identified risks and to assist people safely whilst supporting their independence.

Arrangements were in place to ensure that where needed; people's medicines were managed, stored and administered safely. Accurate records regarding the administration of people's prescribed medicines were kept.

People's nutritional and hydration needs were met. People, who required this support, were assisted to access a range of external healthcare professionals to maintain their health and well-being. People's cultural and religious needs were respected and sustained.

Staff demonstrated to us that they respected people's choices about how they would like to be supported. People were supported by staff in a respectful and caring manner. Staff assisted people to maintain their links with the local community to promote social inclusion and continue with their hobbies and interests.

People's care and support plans gave guidance to staff on any individual assistance a person required. Records included how people wished to be supported, and what was important to them and their identified goals. These records and reviews of these, documented that people and/or their appropriate relatives had been involved in this process.

There was a sufficient number of staff to provide people with safe support and care. Staff understood their

responsibility to report any poor care practice or suspicions of harm. There were pre-employment safety checks in place to ensure that all new staff were deemed safe and suitable to work with the people they supported.

Staff were trained to provide care and support which met people's individual needs. The standard of staff members' work performance was reviewed during supervisions, and appraisals to make sure that staff were confident and competent to provide the required care and support.

The registered manager sought feedback about the quality of the service provided from people who used the service via regular house meetings. People's relatives were asked to feedback on the service by completing a survey. People felt listened to and they were able to raise any suggestions or concerns that they had with the registered manager and staff.

Staff meetings took place and staff were encouraged to raise any concerns or suggestions that they may have had. Quality monitoring processes to identify areas of improvement required within the service were in place.

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 medicines were managed and administered as prescribed and accurate records were kept.

Staff were aware of their responsibility to report any concerns about suspicions of harm.

People's care and support needs were met by a sufficient number of staff. Checks were in place to make sure that only staff who were suitable to provide care for people were recruited.

Is the service effective?

Good

The service was effective.

Staff were aware of the key requirements of the MCA. Decisions made on people's behalf by staff were in their best interest and as least restrictive as possible.

People's health, nutritional and hydration needs were met.

Staff were trained to support people to meet their needs. People were assisted with external healthcare appointments when needed.

Is the service caring?

Good

The service was caring.

Staff were respectful and caring in the way that they supported and engaged with people.

Staff respected people's right to privacy and dignity.

Staff encouraged people to make their own choices about things that were important to them and encouraged people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Staff supported people to maintain their links with the local community to promote social inclusion and continue their hobbies and interests.

People's care and support needs were planned and reviewed to make sure they met their current needs.

There was a system in place to receive and manage people's suggestions or concerns.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place.

Audits were undertaken as part of the on-going quality monitoring process to identify and drive improvement.

People who used the service and their relatives were able to feedback on the quality of the service provided.

Positive Steps (care service 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 16 May 2016, and was announced. This was because we needed to be sure that the registered manager and staff would be available. The inspection was completed by one inspector.

Before the inspection, we asked the provider to complete and return 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 any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning. We looked at other information that we held about the service including information received and notifications. Notifications are information on important events that happen in the service that the provider is required to notify us about by law.

We spoke with four people who used the service. We spoke with a director, the registered manager, a senior support worker, and two support workers. We used observations to observe how some people, who had limited communication skills, were supported by staff.

We looked at three people's care records, two staff recruitment files and the systems for monitoring staff training and development. We looked at other documentation such as quality monitoring, relatives' feedback surveys, house meeting minutes, staff meeting minutes, compliments, complaints, and medicine administration records.

Good

Is the service safe?

Our findings

People said that they felt safe using the service. This was because of the support and care that was provided and how staff treated them. One person told us that staff made them, "Feel safe." Another person said that they felt safe because of, "The care I receive."

Staff said that they had undertaken safeguarding training and records we looked at confirmed this. They demonstrated to us their knowledge on how to identify the different types of abuse and report any poor care practice or suspicions of harm. Staff told us what action they would take in protecting people and reporting such incidents. One staff member said that to reduce the risk of any financial abuse they, "Have to record all of the [service users] money spent and to account (using receipts)." We saw information, on how to report suspicions of poor harm, was available for staff to refer to if needed. This demonstrated to us that there were protocols in place to reduce people's risk of harm.

People had individual risk assessments undertaken and care plans in relation to identified support and care needs. Individual risks identified included; people being at risk when travelling in a vehicle; behaviour management and support; medicine; falling and tripping, bullying and financial abuse. The risk assessments detailed how much support staff should give to a person whilst maintaining their independence. It also gave prompts on what staff should do if a person should become anxious and exhibited behaviour that challenges them or other people. Care plans had documented prompts for staff on the signs to look out for when a person was becoming anxious. Distraction and talk down techniques were also documented for staff with clear instructions on how they should try to calm down situations. As a last resort when a person was going to put themselves or someone else in danger, staff told us that they used a safe type of restraint called Team Teach. Staff said that they had been trained in this technique and talked us through the process which was in line with the technique documented in the care plan. Staff training records confirmed to us that staff had been trained in the techniques of safe restraint. We saw records were kept of these incidents and that these records included any learning as a result of the review into the incident. This was to help reduce the risk of reoccurrence.

Care records we looked at documented whether the person or staff were responsible for administering or prompting people's prescribed medicines. We saw that people's medicines were stored and disposed of safely and accurate records of administration were kept. Staff who administered medicines told us, and records confirmed that they received training and that their competency was checked during spot checks. However, the registered manager told us that these checks were not always formally documented. To reduce the risk of any errors, the registered manager had put in place a protocol where all medicine administration had to be witnessed by another a staff member. Staff told us that after their initial training they were only able to witness another staff member administer medicine until the registered manager had carried out a competency check to ensure they could safely and confidently administer medicines. This meant that the provider had put in place checks to ensure the safe management of people's prescribed medicines.

During this inspection staff said and records confirmed that pre-employment safety checks were carried out

prior to them starting work and providing care. One staff member said, "My references and disclosure and barring service [criminal record check], were in place before starting work." Checks included references from previous employment. A criminal record check that had been undertaken with the disclosure and barring service, photographic identification, proof of current address, and any gaps in a staff members previous employment history had been explained. These checks were in place to make sure that staff were of a good character and that they were deemed suitable to work with people who used the service.

The care records we looked at had assessed each person needs and this helped determine how many staff a person required to assist them. This documented evidence showed us that there were sufficient numbers of staff available to meet people's support needs. This was confirmed by staff we spoke with. One staff member said, "There are enough staff, shifts are always covered." This showed that the provider had enough staff available to deliver safe care and support for people who used the service.

We found that people had risk assessments (personal emergency evacuation plans) in place which detailed the safety of people's homes as a prompt for staff in the event of a foreseeable emergency. This showed that there was information for staff in place to assist people to be evacuated safely in the event of an emergency.

Good

Is the service effective?

Our findings

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 spoke with the registered manager about the MCA and Court of Protection. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. The registered manager told us that four people being supported by the service lacked the mental capacity to make day-to-day decisions. The registered manager told us that they had made applications to the Court of Protection.

Staff and records showed that staff had training on the MCA. Staff we spoke with were able to demonstrate their knowledge about the MCA. One staff member said, "Court of Protection applications are in place because they [named service users] cannot make decisions for themselves or keep themselves safe by retaining information. However, you still always give them as much choice as you can from the start, it is important to give choices. Don't assume." Another staff member told us, "Always give a person a choice, or choices made in a person's best interest. A Court of Protection is in place when a person cannot retain information or does not have an understanding of scenarios to keep them safe. An application is then made." This demonstrated to us that any decisions made on people's behalf by staff would be in their best interest and as least restrictive as possible.

Staff told us how they respected people's choice about how they wished to be assisted. This was confirmed by the people we spoke with. One person said, "Of course," when asked if they were given a choice by staff. Our observations showed that staff asked and acknowledged people's choices throughout the visit. This demonstrated that staff respected the choices people made.

People we spoke with told us that the food was good and we saw that people where appropriate were supported by staff to prepare and cook their own meals. People were assisted by staff to help them remain as independent as possible and develop and maintain life skills. A person told us, "I like baking and I made a coffee cake last week." Another person told us that staff, "Help me prepare and cook meals." We also saw evidence of where a special menu had been put in place by a dietician to support a person's health and well-being. The staff we spoke with told us how they supported and encouraged the person to select healthy food options and a more balanced calorie intake.

Staff we spoke with were aware of any special dietary needs, food allergies and the likes and dislikes of people who used the service. This information was recorded in the care plans we looked at. During our inspection we also saw that a person's cultural and religious food and drink requirements had been respected and adhered to by staff.

Staff said that when they first joined the team they had an induction period which included mandatory

training and shadowing a more experienced member of staff. This was until they were deemed confident and competent by senior staff and/or the registered manager to deliver effective and safe care and support. One staff member said, "I had three days of going through the induction folder, (organisation) policies and care plans. I then had two shadow shifts. Staff are understanding and you can always ask questions if you are not sure about anything."

Staff told us about the training they had completed to make sure that they had the skills to provide the individual care and support people needed. This was confirmed by the record of staff training undertaken to date. Training included, but was not limited to; safeguarding adults; equality and diversity; team teach; autism; epilepsy; learning disability awareness; MCA; DoLS; first aid; nutrition and healthy eating; and fire safety. A staff member told us how they were inspired by their communication training. They told us that the trainer had made staff pair up, sit on their hands and not face the person they were paired up with. They were then asked to communicate to each other. This exercise, they told us, made them appreciate what it must be like to have limited communication skills and that they had found this training very effective when supporting people who used the service. This meant that staff were supported to develop the necessary skills to perform their work effectively.

Staff members told us they enjoyed their work and were well supported. One staff member told us that they felt, "Massively supported." Staff said they attended staff meetings and received formal supervision, spot checks and appraisals to review their competency and develop their skills. This demonstrated to us that staff were supported to develop and maintain their knowledge.

People told us and records showed that staff supported them to visit external healthcare professional appointments if needed. A person said, "I had to have a blood test and the [registered manager] was there supporting me." This meant that staff supported people with external healthcare appointments when required.

Good

Is the service caring?

Our findings

People had positive comments about the service provided. One person said, "They have looked after me since I was a teenager, they have spoilt me rotten." Another person told us that staff were, "Kind…happy here." A third person said, "Staff are kind…(like) friends." A fourth person told us, "I'm happy here…the care I receive is good."

People's care records showed that staff had taken time to gather the outcomes and goals that people wanted to achieve for example to maintain their independence as appropriate. These were then taken into consideration when planning all aspects of their care. Care reviews took place to make sure that people's care and support plans were up-to-date and met people's current needs. Records we looked at documented that people, their relatives' and assigned social worker were involved in these reviews of their care.

We saw evidence of key worker monthly meetings that also involved the person they were supporting. These meetings reviewed the persons care and support needs to see if anything had changed. These meetings also looked at and monitored the on-going development of the person's life skills they were supporting. This included whether they had, 'made the bed' or 'washed plates'. These reviews helped staff develop positive relationships with the person they were supporting and this was apparent during our observations throughout our visit. This meant that staff were able to demonstrate a good knowledge of the people they were assisting.

We were told and observed that staff supported people in a caring and respectful manner. A person said that staff were, "Kind." Another person told us that staff were, "Fantastic. I enjoy the lots of banter around football, I like the jokes."

Staff told us how they promoted people's privacy and dignity when supporting them. Staff were able to demonstrate their knowledge of the different ways they would support a person with their personal care whilst maintaining their privacy and dignity. Observations throughout the visit showed that people were dressed in clean clothes appropriate to the temperature. We also noted that staff knocked on people's bedrooms and awaited permission to enter before doing so. This meant that staff were aware that they needed to promote the dignity and privacy of people they assisted.

Advocacy services information was available for people and their relatives should they wish to access this information. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People's care and support needs were planned to make sure that the service could meet their individual needs. This was assessed by a member of staff and in conjunction with the person or appropriate relative and assigned social worker. A support and care plan was then put in place to provide guidance for staff on the care and support the person needed. Staff confirmed to us that if they felt that the care and support plans needed updating to reflect people's current needs, they would contact a senior staff member or the registered manager and this would be actioned.

People's support and care plans detailed how many care workers should support each person for each different area of support both in and outside of the person's home. This included when travelling on public transport and/or the assistance required when visiting the community. These plans also guided staff about how people needed to be assisted to maintain their independence whilst supporting their safety. This helped care staff to be clear about the support and care that was to be provided.

We noted details in place regarding the person's family contacts and healthcare professionals such as doctors, social workers, and district nurses. People's preferences were documented and included what was important to people such as maintaining their independence, the people in their life that were important to them and their likes/dislikes, hobbies and interests. One person told us, how staff supported them with their interest in baking. Another person said that staff had supported them to visit the cinema. They told us, "I went to the cinema with staff…I like chocolate and I like going into town." We observed a third person looking forward to being supported by staff to go out for a drive. They used hand signals and facial expressions to show us that they were excited about this trip out. A fourth person talked us through a trip out with a member of staff that they had just returned from. They said that they had, "Really enjoyed it," and had taken lots of photographs as a memory keepsake. This meant that staff supported people, with their links with the local community to promote social inclusion and with their hobbies and interests.

We saw that house meetings were held so that people could raise any suggestions or concerns with staff should they need to do so. One person told us, "If I had a concern I would speak to staff and they would help fix it." We asked staff what action they would take if they had a concern raised with them. Staff said that they knew the process for reporting concerns. One staff member said, "Any suggestions raised with me I would take to the [registered manager] or a senior (staff member)." Records showed that complaints had not been received and that a compliment had been received from a relative thanking staff for their support of a family member during a hospital stay.

Good

Is the service well-led?

Our findings

There was a registered manager in place. They were currently being supported by care staff.

Arrangements were in place to monitor and audit the quality of the service provided. These audits included, but were not limited to; people's care records; health and safety; people's dietary needs, staff training; risk assessments and medicine administration records. An external medicines audit had also been carried out by the assigned pharmacy. Where improvements required had been found on audits undertaken, we saw that actions to be taken were recorded and being worked on.

People told us that they knew who to speak with if they needed to and spoke positively about the staff. One person said, Staff are fantastic."

All staff spoken with confirmed that their role was to give people the best care they could. They told us when asked, that the registered manager promoted an open culture that looked to learn and improve. One staff member said, "The (people who used the service) are at the core of everything…we look after a fantastic bunch of people and the staff are fantastic." Another staff member told us, "It is fantastic working here." A third staff member said how they had made a suggestion to the registered manager and that it had been listened to and implemented. This, they told us had helped make them feel supported. Records we looked and staff confirmed that staff meetings were held. We saw that these meetings were also used as opportunities to update staff on the service provided, service development, and people's care and support needs.

The registered manager sought feedback about the quality of the service provided from people during regular house meetings. People's relatives were asked to give their feedback on the service by completing a survey. Feedback on the service provided showed that the responses were positive.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to the people who used the service.

The registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications were being submitted to the CQC in a timely manner. However, we did find that a safeguarding notification had not been received by the CQC. This was discussed with the registered manager and the director during this inspection.