

Step Ahead Care Services Ltd

Step Ahead Care Services

Inspection report

14 Leonard Road
London
E4 8NE

Tel: 02085274455

Date of inspection visit:
09 April 2021

Date of publication:
27 April 2021

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

About the service

Step Ahead Care Services Next Steps is a domiciliary and supported living service providing personal care. The service supports people with learning disabilities, autism, older people, younger people and physical disabilities. At the time of the inspection, two people were receiving personal care and support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

A relative told us they felt the service was safe. Staff understood what action to take if they suspected somebody was being harmed or abused. Staff knew how to report accidents and incidents and a relative told us staff and management communicated well and kept them updated about their relative's welfare. People had risk assessments to keep them safe from the risks they may face. These were updated as needed and used to inform reviews of people's care.

People were supported by enough staff who had been recruited safely. The provider supported people safely with medicines.

The provider ensured there was infection control guidance in place. Staff confirmed they were provided with enough personal protective equipment such as masks and gloves. We saw that the provider had, in accordance with government advice, put hand sanitisers near the front door for both staff and people using the service.

People's healthcare-associated risks were identified and assessed. People's needs were assessed before they received care from the service. People's needs were met by staff who were well trained and received regular support and supervision. People's dietary needs were met effectively.

A relative told us staff were caring and treated them with respect and dignity. People and their relatives were involved in making decisions regarding their care. People were supported to remain as independent as possible.

Care records were up to date, and person centred. People's cultural and religious needs were respected when planning and delivering care. Discussions with the registered manager and staff showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. The provider had a complaints procedure in place and people knew how to make a complaint.

A relative and staff told us the management of the service were supportive. Staff told us they felt well

supported by the registered manager. The service had quality assurance processes in place. The service worked well with other organisations to improve people's experiences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting underpinning principles of Right support, right care, right culture. People's care was person centred and focussed on developing independence with recorded goals on how to achieve this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was inadequate (published 24 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Step Ahead Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Step Ahead Care Services is a supported living service and provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met with two people who used the service in their own home. We spoke with the nominated individual and one staff member. We looked at a range of documents. These included two people's records related to their care and support, two medicines records, three staff files, staffing rotas, minutes from meetings, and records related to the auditing and monitoring of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us various documents we requested during the inspection. We spoke with the registered manager and one staff member.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was not rated as this was a targeted inspection. At the previous inspection this key question was rated inadequate and has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last comprehensive inspection, the provider had failed to mitigate risks in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's care records included risk assessments which had been compiled in relation to their support needs. Risk assessments covered areas such as pressure sores, eating and drinking, personal care, equipment, oral hygiene, medicines, behaviours that challenge and road safety.
- Risk assessments were personalised and regularly reviewed. For example, one person's risk assessment for shaving stated, "Staff to always communicate with him while shaving him and say that he is doing very well."
- Staff we spoke with were aware of people's risks and knew how to support people in a safe way, whilst maintaining their freedom. This showed staff met people's needs safely.

Staffing and recruitment

At our last comprehensive inspection, the provider had failed to ensure recruitment of staff was managed safely. This was a breach of regulation 19 (Fit and Proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The service followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting.
 - Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.
- At our last comprehensive inspection, the provider had failed to staff were safely deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Through our discussions with the registered manager, staff, and a relative, we found there were enough staff to meet the needs of people who used the service. A relative said, "Staff don't seem to change that much." One staff member told us, "We have enough staff. I have enough time."
- Staffing levels were determined by the number of people using the service and their needs. Records showed two support staff were on duty throughout the day. The names on the rota matched those of the staff working on the day of the inspection. The rota showed that one support staff worked during the night. The nominated individual had told us that, due to the COVID pandemic, staff did not work in other services to minimise the risk of the spread of infection.

Systems and processes to safeguard people from the risk of abuse

- A relative told us they felt the service was safe. They said, "Safety wise [relative] is fine, had no mishaps... My [relative] would say [if they felt staff were mistreating them]."
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.
- Staff and management we spoke with had a good understanding of their responsibilities in safeguarding people. One member of staff said, "We need to protect [people]. We have to inform the manager if any abuse. If the manager not taking any action, we would tell the CQC and [local authority]"
- Staff completed safeguarding training. Records confirmed this.
- The registered manager was able to describe the process to raise a safeguarding concern which included reporting to the Care Quality Commission and the local authority.

Using medicines safely

- The provider managed medicines safely. The service had a medicines policy in place which covered the recording and administration of medicines.
- Records showed staff were up to date with medicines training. Staff shadowed an experienced staff member and then were supervised with giving medicines. Medicine competency checks of staff were undertaken. Records confirmed this. This ensured they remained safe to continue to administer medicines.
- People who were supported with medicines had a medication administration record. We found these were accurately completed and showed that people received their medicines as prescribed.
- There were processes in place to identify issues and errors, and audits showed issues had been identified and acted on promptly.

Preventing and controlling infection

- The provider was following safe and current guidance to make sure infection outbreaks could be effectively prevented or managed.
- The provider ensured an adequate supply of personal protective equipment (PPE) was available to staff. One staff member told us, "In the morning we have our temperature checked and then we can come inside. We wash our hands. Always wear gloves when giving personal care. We have COVID-19 testing every week." Another staff member said, "We wear PPE. We wear apron and gloves, also a mask."
- The provider's infection prevention and control policy was in date and included reference to COVID-19.
- The service was following safe guidance to ensure visitors were not at risk of catching and spreading

infections. The service had PPE and hand sanitizer available in the front entrance of the people's home with information about COVID-19. Visitors were given lateral flow testing for COVID-19. The lateral flow testing can provide results in 30 minutes.

Learning lessons when things go wrong

- Records showed accidents or incidents were recorded, and included the action taken after each incident or accident. An action plan with lessons learnt was then developed to mitigate any further occurrence.
- The registered manager told us about learning from the previous enforcement of the service. They said, "Couple of things we have learnt. When I joined a few things were missing like monthly audits and checking care plans and risk assessments regularly. These are things you have to work on to make sure you are going in the right direction."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last comprehensive inspection this key question was rated as good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service carried out an initial assessment before the service began. This included the person who used the service and relatives being involved. Since our last inspection the service had no new admissions.
- A relative told us staff knew their relative's needs and provided individualised care. They said, [Staff member] has been really good, [my relative] gets on well with[them]. [Staff member] is good at calming [relative] down."

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. One staff member told us, "When I [started] I got an induction." Another staff member said, "I had an induction for one week."
- Staff told us training was offered on a regular basis. Records confirmed this. One staff member said, "We have online training. The manager comes around and does on the job training. She will show me how to do things. The training is worth it." Another staff member told us, "The training was good. The manager was very helpful. She taught me how to take care of [person]. She taught me very well."
- Staff were provided with opportunities to discuss their individual work and development needs. Supervision regularly took place, where staff could discuss any concerns and share ideas. Records confirmed this. One staff member said, "[Registered manager] will ask everything. Anything I want to tell her I will. She will check if I am doing everything properly." Another staff member told us, "I get supervision meeting. We talk about where I need to improve and any updates."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with their meals when needed. A relative said, "Whatever [person] eats [they] enjoy."
- People's dietary needs were recorded in their care plans along with any associated risks and instructions for staff to meet those needs safely. Care plan's recorded people's food likes and dislikes.
- Staff recorded what people ate to enable them to monitor their food intake.
- Records confirmed staff had received training in food safety and hygiene.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked effectively with other agencies and health professionals to ensure people received effective care.
- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought. One staff member told us, "If [person] feels sick [they] would tell us. We would call the GP. [They have] a monthly check up at [hospital] for their [health condition]." A relative told us, "If [relative] does have problems, [staff] ring [their] GP."
- People's care records showed relevant health care professionals were involved with their care, when needed.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- There were systems in place to assess people's mental capacity to consent to care. Capacity and consent forms were completed when appropriate. The registered manager and staff had an understanding of MCA.
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. Staff told us they asked people for their consent before giving personal care or support. One staff member said, "We always say when giving a bath and we will ask [person]. If taking him to a chair we will ask permission and inform him."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last comprehensive inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service had staff that supported and treated people with kindness. A relative told us, "[Staff member] seems very caring."
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "[Person] has a good relationship with me. Whenever I say good morning [they] will smile. [They are] happy when [they] see me." Another staff member told us, "We are like good friends."
- Discussions with the staff members showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. One staff member told us, "We have to see everyone as equal. We give everyone respect. We are human and have to respect each other." Another staff member commented, "Someone who was LGBT would be treated equally." The registered manager said, "We would see how we can meet the needs for [person who identifies as LGBT]."
- Staff had a good understanding of protecting and respecting people's human rights. Care records documented people's preferences and information about their backgrounds.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Records showed people who used the service and relatives were involved in care planning and reviews. A relative said, "We had a [review] during the last lockdown."

Respecting and promoting people's privacy, dignity and independence

- The service respected people's privacy and dignity. Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "I got training on dignity and respect. Whenever we give personal care, we will close his door. We will give [person] private space."
- Staff told us they maintained people's independence and people were asked about what they were able to do. One staff member said, "[Person] can move [their] left hand. We will help [them] try to use left hand for eating. We help [them] stand. We are trying to make [them] more physical." Another staff member told us, "[Person] will take [their] socks off. He will wash himself and sometimes he will ask us to help and we will do that."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last comprehensive inspection this key question was rated as good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported with their personal needs and as per their wishes. People's care plans informed staff about the support people needed to meet their needs. There was clear information about how to support people with daily routines in line with their preferences.
- Daily records showed the support provided and capture any changes in people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with people in a personalised manner, in line with their needs and preferences. One staff member said, "[Person] doesn't like too much water, he will close his lips. That means he does not want to drink. He will shake his head when he needs more food."
- Records showed people's communication needs had been assessed and were known to staff. For example, one care plan stated, "I understand short and simple instructions. Staff can also use other methods such as picture references or some signs to help me communicate."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People using the service were supported to access meaningful activities. People's care plans detailed the activities they enjoyed. Staff supported people to continue their education at college. Written feedback from relatives stated people took part in activities at home and the community. Comments included, "[Person] does activities with the support of staff" and "[person] is very active with various college courses and staff take him for walks to get lunch and trips to the supermarket."
- Records showed people took part in a variety of activities such as puzzles, arts and crafts, shopping, car trips and visiting local cafes. People were also supported with their activities of daily living. This included shopping, laundry and tidying their bedroom.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and processes in place to record and investigate complaints. The complaints policy was available in an easy read format for people.

- The relative we spoke with knew how to make a complaint. They said, "I'd get in touch with his social worker or mention it to [the registered manager] depending on what [complaint] was ."
- The nominated individual told us there had been no new complaints since our last inspection.

End of life care and support

- The provider had an end of life care policy and systems in place to support people with their end of life wishes and palliative care needs.
- The registered manager told us the service was not supporting anybody who was reaching the end of their life at the time of our inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was not rated as this was a targeted inspection. At the previous comprehensive inspection this key question was rated inadequate and has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last comprehensive inspection, the provider had a lack of effective audit systems to ensure the safety of people using the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service had appropriate quality assurance and auditing systems in place designed to drive improvements and performance. Records showed the registered manager completed a quarterly audit. The audit looked at care records, medicines, infection control, accidents and incidents, complaints and the staff rota. Spots checks on staff were completed and helped to monitor their performance. One staff member said, "[Registered manager] will come and check our work to make sure things are done properly and if the house is clean. She will check everything."
- We conducted a targeted unrated inspection on 15 September 2020. We looked at looked at the concerns raised at the previous inspection and we found improvements had been made.
- Following our last comprehensive inspection, we required the provider to send us monthly action plan updates, to enable us to monitor the steps they were taking to address the issues we found. We saw the monthly action plan had been sent to us monthly since our last inspection. These covered the management of medicines, safeguarding, infection control and prevention, fire risk assessments, quality assurance, policies and procedures, staffing levels, recruitment and training. Records showed the provider had addressed concerns raised and improvements had been made with the service.
- Both staff and a relative we spoke with told us they thought the service was well run and they liked the registered manager and management team. A relative said, "If [registered manager] has anything to discuss, they will ring me." One staff member told us, "[Registered manager] is a very good person. She always helps us. She is always with us and explains everything to us." Another staff member commented, "[Registered manger] is very approachable. She is a very good person."
- The registered manager was aware of the statutory notifications they needed to submit to us by law. Providers are required to notify CQC of certain incidents, events or changes to their service.

- The provider had policies and procedures in place relevant to the service, and to ensure the safety and quality of the service.
- The registered manager understood their responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Staff meetings took place regularly to give staff an opportunity to discuss any changes to the organisation, its working practices and to make suggestions. Records confirmed this. One staff member told us, "We have monthly meetings. We talk about if we have any difficulties or want to change our rotas."
- People and their relatives were asked for their views of the service through an annual survey. The results from the most recent survey had been positive. Comments from relatives included, "[Person] gets on very well with the staff. [Person] is always clean and tidy" and "I am happy with everything. [Staff] have a good relationship [with relative]. The care offered meets [person's] needs."
- The service recorded information in initial assessments and applications to work for the provider to ensure people's and staff's equality characteristics were considered.
- The service worked in partnership with the local authority, health and social care professionals and commissioners.