

Steps to Independence Ltd

# Steps to Independence Limited

## Inspection report

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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

We carried out this inspection on 23 June 2016. We told the provider we were coming 48 hours before the visit so they could arrange for staff to be available to talk with us about the service.

Steps to Independence Limited is a domiciliary care service which provides personal care support to people with complex learning or physical disabilities in their own homes. At the time of our visit three people used the service. One person was supported by staff with 24 hour care.

The service has 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. A registered manager had been in place since January 2014.

Relatives told us people felt safe using the service because staff were skilled and knowledgeable, and knew how to care for them. Care workers had a good understanding of what constituted abuse and safeguarding concerns were raised with the local authority.

Checks were carried out prior to care workers starting work to ensure their suitability to work with people who used the service. Care workers received an induction to the organisation, and a programme of training to support them in meeting people's needs effectively.

Staff understood the principles of the Mental Capacity Act (2005), and had received training in this.

People who required support had enough to eat and drink during the day and were assisted to manage their health needs. Care workers referred people to other professionals for further support if they had any concerns. People and families had regular opportunities to meet with staff to review their care.

People had care workers they were familiar with, who arrived at the expected time and completed the required tasks. There were enough care workers to care for the people they supported.

Relatives told us care workers were kind and caring and had the right skills and experience to provide the care their family members required. People were supported with dignity and respect. Care workers encouraged people to be independent where possible and to further develop their life skills.

Care plans contained relevant information for care workers to help them provide personalised care including processes to minimise risks to people's safety. People received their medicines when required from staff trained to administer them.

People knew how to complain and could share their views and opinions about the service they received.

Care workers were confident they could raise any concerns with the registered manager and provider, knowing they would be listened to and acted on.

The management team gave staff formal opportunities to discuss any issues with them. There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff. Other checks and audits ensured care workers worked in line with policies and procedures.

## 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 received support from staff who understood the risks relating to their care. Staff had a good understanding of what constituted abuse and any safeguarding concerns were raised with the local authority. There was a thorough staff recruitment process and there were enough experienced staff to provide the support people required. There were safe procedures for administering medicines and staff were trained to do this.

### Is the service effective?

Good ●

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005) and had received training in this. People were supported with their nutritional needs and were supported to access healthcare services when required.

### Is the service caring?

Good ●

The service was caring.

Relatives considered staff to be kind and caring. Care workers ensured they respected people's privacy and dignity, and promoted their independence where possible. People received care and support from consistent workers who understood their individual needs.

### Is the service responsive?

Good ●

The service was responsive.

People received support based on their personal preferences. Care plans were regularly reviewed and managers updated these when there were changes to people's care needs. People were given opportunities to share their views about the service. The registered manager and provider responded promptly to any concerns raised.

## Is the service well-led?

Good 

The service was well-led.

People were very happy with the service provided and felt able to speak to the registered manager or provider if they needed to. Care workers were supported to carry out their roles by the management team who were available and approachable. Care workers were given opportunities to meet with managers and raise any issues or concerns they had. The management team reviewed the quality and safety of service provided. This was through regular communication with people and relatives, and audits to ensure care staff worked in line with policies and procedures.

# Steps to Independence Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information received from people, relatives and professionals, and we spoke to the local authority commissioning team who gave us some positive feedback about the service.

The inspection took place on 23 June 2016 and was announced. We told the provider we would be coming. This ensured they would be available to speak with us and gave them time to arrange for us to speak with staff. The inspection was conducted by one inspector.

We contacted relatives of people who used the service by telephone and spoke with three relatives. The people who used the service were unable to tell us about their experiences of the care they received. We also spoke with two professionals.

During our visit we spoke with a team leader, the registered manager and the provider. Following our visit we spoke with two care workers over the telephone.

We reviewed three people's care records to see how their care and support was planned and delivered. We looked at two staff records to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits and records of complaints.

# Is the service safe?

## Our findings

Relatives told us people were safe with care workers who were skilled, and knew how to support people well. One relative told us, "I think [Person] feels safe. They have got to know them (staff)." One professional told us about the person they had been working with, "[Person] is definitely safe. I have no reservations in that area. I know they would not go with anyone unless they felt safe and secure."

There were enough staff to complete the care required and meet people's needs. One care worker told us, "There is no problem at all with staff." Some additional staff were being recruited to ensure there were 'relief' staff who could cover additional hours if required. The provider told us, "We consider the person we are supporting, we don't use agency staff, it is all about consistency." This meant people would be supported by staff who knew them well.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who used the service. One care worker told us, "I had checks before I could start, DBS (disclosure barring service), they checked all my certificates and two references, I had to wait before I could start." The DBS is a national agency that assists employers to make safer recruitment decisions by checking people's backgrounds. This is to prevent people of unsuitable character from working with people who use care services.

References were sought before potential staff were able to start work and additional background checks were made if required. Most new staff had some previous experience in a caring role and were assessed further based on their qualifications, experience and knowledge. At interview, potential staff were given scenarios and questions, and assessed in relation to their resilience and flexibility in the role. This was to ensure as far as possible they would be suitable to support people at the service.

Staff received support during a period of induction to ensure they were able to care for people safely. One care worker told us, "I met the family and worked with [Family member] shadowing them." Another care worker told us, "I've been in care a long time, I've never had an induction like it, where I met so many professionals." During this period staff completed essential training, such as first aid, and were given policies and procedures to read and understand.

Relatives were actively involved in ensuring staff were competent to carry out care and support. A 'three way' induction checklist was completed by relatives, staff and managers. This documented that relatives were satisfied with the induction and staff felt confident in their roles. Feedback from a relative had been they felt 'very reassured' by this process, in knowing that staff were well trained.

Staff understood the importance of safeguarding people and their responsibilities to report any concerns. One care worker told us, "I have just done my safeguarding training, in my previous role I did level three training." They went on to say, "Signs of abuse could be unexplained bruising, changes in behaviour, the person might be withdrawn. Initially I would raise it with the managers but we have an outside number we can ring at the council. I am confident in what I would do."

The provider gave an example where they had contacted the local authority to discuss one concern and this had been confirmed as not requiring a safeguarding referral. A 'whistleblowing' policy was available and staff were aware of this. This explained how staff could raise any concerns they had about the service.

Staff undertook assessments of people's care needs and identified any potential risks to providing their support. Risk assessments were documented for areas such as use of equipment, and moving people safely. One person had a risk assessment around walking, which posed a risk due to their health condition. One care worker told us, "[Person] is pretty mobile. You have to be aware of when they are walking that they might trip or fall." Risk assessments had been documented by the management team and the new lead care worker told us they would be taking on this role in the future.

People received their medicines correctly and from staff trained to administer them. Staff supported one person with all their medicines, and other people with medicine only to be given for a certain health condition in an emergency. All staff completed training for managing medicines and had competency checks. One care worker told us, "My medication training has been re-done. I am fully confident with it. If I had any concerns I would talk with the managers." An incident had occurred where there had been a medicine error and we saw the management team had taken the appropriate action in addressing this.

Staff knew how to support people with their medicine. At times, one person could store a tablet in their mouth and care workers were aware that if they raised this directly with the person, their anxiety levels would increase. Therefore, staff offered them a drink or food and this helped them to take this. Some people had medicine 'as required', known as 'PRN' for example when they were in pain and guidelines were in place to tell care workers when this was required for people.

Records of accidents and incidents were completed. Where incidents had taken place, such as the medicine error, it was documented the action taken in response and to prevent further incidents occurring if possible.

The provider supported staff to keep people safe. Care workers had been given a mobile phone to use in an emergency when they were supporting one person who had a serious medical condition. This enabled them to request additional support or emergency assistance if required.



# Is the service effective?

## Our findings

Relatives told us care workers had the skills and knowledge to meet their family member's needs. One relative told us, "The service is absolutely fantastic." Another relative told us, "I think the staff are very honest and professional, I was 'taken' by them when I first met them."

Staff received training considered essential to meet people's care and support needs. One relative told us, "We are aware when there are training courses. [Person] had a wheelchair assessment and staff had training about using this." Another relative told us, "I think they have had good training and experience in the past of people with autism." They explained that their family member 'picked up' on the confidence staff displayed. One professional told us, "They are very well trained, confident and experienced staff."

One care worker told us that they had recently been given 'refresher' training by a healthcare professional in how to use some equipment to move a person, they were less familiar with. Some staff had completed specialist training in February 2016 which was around techniques to keep themselves safe in challenging situations. The management team monitored training, so staff remained up to date with their skills and knowledge.

Two new care workers were completing the 'Care Certificate'. The Care Certificate assesses care workers against a specific set of standards. As a result of this, they have to demonstrate the skills, knowledge, values and behaviours expected within a care environment, to ensure they provide high quality care and support. One care worker told us, "I have just finished my Care Certificate this week, I have learned all sorts, such as about mental capacity and first aid."

Staff used a communication diary kept in people's homes, to enable them to provide consistent and effective care. Care workers passed on important information in this diary about the care or any changes in people's needs. The management team also contacted care workers when they finished their shift for an informal 'de-briefing' and to ensure there were no queries or concerns.

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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty (DoLS) were being met. The provider understood the relevant requirements of the Mental Capacity Act (2005). No one at the service had DoLS authorised. One care worker told us, "Mental capacity is about the ability of the person to understand a decision fully." Another care worker told us about one person, "Their ability to understand can change with their anxiety levels, then they are less able to make choices, visual aids can help them to do this. We encourage them to

be independent, but it can differ depending on the time of the day."

All of the people at the service were able to make some day to day decisions for themselves, and were supported by the people closest to them with more complex decisions. The managers were aware of when a best interest meeting may be required and told us that they would involve other professionals such as the social worker or advocate in these meetings. A speech and language therapist had been involved in helping some people to make decisions, using symbols and pictures.

Staff had received training in the area of mental capacity. One care worker told us, "It is in the pipeline for us to do much more training for MCA, we have a mental health nurse coming to do this."

People's nutritional needs were met by care workers if this was identified as a need in their care plan. One relative told us, "I buy the food and get the staff to do this for them, there are no problems." One care worker told us, "[Person] can fluctuate, at times they can be a really good eater, we know what they will eat and they can say." Staff used specialist equipment to assist another person with their food and fluid needs and had received training in how to do this. Care workers prepared meals for people or sometimes took them out to eat. Staff were aware of the foods people did not like and foods to avoid for health reasons.

People were supported to manage their health conditions and to access other professionals when required. One care worker told us, "We have had the physio come out to show us how to do stretches of [Person's] hands, they used to be more clenched, and this helps with hygiene." Staff had made a referral for one person to the wheelchair services as they felt they may not be comfortable in their wheelchair due to their body language. Staff had been concerned about another person's health, so had raised a concern with the family who had arranged for their doctor to assess this further.

Staff provided full time care for one person 24 hours a day. Clear guidelines had been developed for care workers alongside a psychologist to enable them to support this person effectively.

# Is the service caring?

## Our findings

People told us care workers were very kind, caring and supportive. One relative told us, "The staff are absolutely brilliant, we have the most amazing worker, I can't fault them." They went on to say, "You can tell when [Person] is happy, and they are, they have a lovely bond with (staff)." Another relative told us, "The staff seem caring with [Person]; you have to have a calming approach." They went on to say that one care worker had a particularly good relationship with the person and made them laugh.

Some relatives told us how they also felt supported by staff, "It's a blessing, the more we can leave with them, the better. A lot of pressure has come off us and we have never been able to do this before." They went on to say they now felt confident to go out and leave their relation in the care of staff knowing they would be well cared for.

Staff told us what being 'caring' meant for them. One care worker told us, "We have a staff member who is passionate about doing the job the right way, the way they are with [Person] really relaxes them." They described other staff as 'patient' and 'gentle' and praised the way they interacted with people.

Staff told us how they ensured people were cared for maintaining their privacy and dignity, "[Person's] room is at the front of the house and they like the blinds open and having the light, so we always do personal care in the back room with curtains shut, I cover them with a towel and make sure I shut the door."

People were supported to increase their independence. One relative told us care workers had enabled their family member to go out to visit some new places in the community which the previous care provider could not manage. They told us, "They are gradually trying to build this up."

Care workers told us how they encouraged people's independence. One person had relied on staff support with their continence needs and staff had successfully helped them to manage this more independently, whilst working closely with their relative and a health professional. This had also helped to promote their dignity. The person had further goals in being independent with their living arrangements and staff were supporting them to achieve these.

Care records contained information about people's goals for the future. One person's goal was to start going on public transport again and staff were working to help build up their confidence to do this.

Staff were flexible to people's needs. One person required prompting with personal care, and on some days they could be independent however on other occasions they required staff support. Staff were aware of this and were guided by the person.

People were encouraged to maintain relationships with family members. One person stayed with their relative every fortnight and staff supported them to do this.

The management team and staff knew when to offer people additional support to help them make

decisions if this was required. Some people had the services of an advocate to support them with decisions around their care. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision.

## Is the service responsive?

### Our findings

People told us staff support was centred around people's needs and preferences. One relative told us, "I think they do very well, they give [Person] what they need." Another relative told us, "I am quite impressed with them." One professional told us, "I have nothing negative to say, if they say they will do something, they will."

Prior to coming to the service people were assessed by the management team to ensure the service could meet their needs. One relative told us, "The care package is based around what [Person] wants and that they will see the same staff over and over."

One professional told us that the 'transition' to the service for one person was 'excellent,' and the management team took time to ensure they had the right staff to support the person and this was in place before the care started. Another professional told us, "They have demonstrated a person centred approach throughout. They have listened to the parent and acknowledged their role in all of this." One person had used a different care provider before, and the care workers had worked alongside the existing staff first, to get to know the person better and how best to support them.

The management team ensured that people received care from consistent care workers who they had a relationship with. The registered manager told us it had to be regular support for one person as they would not tolerate changes of staff. They told us how they had supported another person, "We have tried to build a rapport with them. We have been learning from [relative] how best to interact with them." After each staff changeover they would discuss with the relative to assess how this went.

Staff gave relatives photos of themselves so they could show their family members who was coming in to support them. One relative told us, "They seem to be able to communicate and interact with [Person]. They are doing what [Person] wants to do." One professional told us, "There is a change in [Person's] anxiety in general, they are a lot less anxious."

Staff knew the people they supported well. One person went shopping sometimes and staff were aware they were only able to do this for a short period of time. Staff had learned that although one person required two staff to support them, they responded better with one care worker and the second member of staff close by, to offer support if needed. For another person, staff had learned when this person made a certain noise, this meant they were unhappy.

Relatives told us care workers arrived on time and were flexible to people's needs. One relative told us, "They are very prompt and we have a lot of hours. They are very flexible and come in later and then leave later if we ask."

Care records were 'person centred' and contained information about people's backgrounds, routines and preferences, so staff could support them in the ways they preferred. For example, on one record it documented that one person's preferred communication style meant they did not like direct eye contact

and staff knew this when supporting them. Care workers completed records daily at each visit, with information about the person, their care and any changes to their needs.

People and their families were involved in reviews of care along with any other professionals who were involved in supporting the person. One relative told us, "We had a review meeting at the house, we talked about anything, what was happening, what could be improved more, it was useful, it was everybody's views." One care worker told us, "We get feedback from the reviews," they went on to say this helped them support people more effectively.

People told us communication between them and the managers was good. One relative told us, "The manager phones me to ask for information. I've no concerns, they do well." The registered manager told us, "We have developed a good relationship with families."

People told us they had no complaints and knew how to complain if they wished to. They told us they would be confident to raise any concerns with the provider or staff if they needed to. One relative told us, "The staff and managers are all very approachable if we had any concerns; but we don't need to complain." Another relative told us, "I've got no complaints, [Person] is happy, we are happy." One care worker told us that people and relatives were given a complaints policy.

No complaints had been received over the last 12 months, however the provider told us they had had some general feedback and also compliments received. One relative had contacted the management team with a compliment because their family member had said a new word for the first time, and they were pleased about this.

## Is the service well-led?

### Our findings

People told us they were very happy with the management of Steps to Independence. One relative told us, "We trust [Provider] and [Registered Manager]. Another relative commented, "It is all good, nothing could be improved, they have been really good." One professional described the service to us as "Absolutely fantastic." They went on to say, "The service is absolutely well led, from the minute they got involved, both the managers came to meetings."

Care workers told us they considered the management to be approachable and available. One care worker told us, "We have a line manager which is great, and [Provider] and [Registered manager] are straight on the phone if we call." Another care worker told us, "It is a very good service, we are well supported. Any concerns are dealt with straight away."

Staff told us they felt the service was managed well. One care worker told us they had lots of new ideas and had made some suggestions and these had been welcomed by the management team. Another care worker told us when they first started, they were told they would get lots of support and they had. Comments from staff included, "I think this is a lovely service," and, "They praise you too, I've never had that before."

The management team consisted of the provider and a registered manager. Both of them were occupational therapists. Occupational therapists are trained to support people to carry out everyday activities which are essential for health and wellbeing. The service covered two geographical locations. A team leader had recently been appointed for one area and in the other area, a service manager and a senior support worker were employed. They knew the people in their areas well.

Staff told us they felt supported by the management team with 'supervision' meetings. One care worker told us, "With supervision I am quite lucky. My first supervision went well. It was a more useful discussion about everything, and it was recorded on a sheet, it was really good." The new team leader was being trained to supervise other staff. The provider told us, "Supervision was three monthly as a 'peer' supervision (with other staff), now [Team leader] is here they will be individual." A staff meeting was held around every month and gave staff a formal opportunity for discussion.

Many staff were new in post and appraisals were being arranged. These gave staff the opportunity to talk about their development and goals. The provider told us, "We have had sessions with some staff to talk about objectives."

The provider told us about their plans for the service, "We are not particularly large and don't strive to be. We provide specialist support and want to embrace that." They went on to say, "We want to make sure all the foundations are in place." They were now planning to possibly support a new person in the future.

The management team told us what they were proud of at the service. The registered manager told us, "I know our service users. I could give anyone a good picture of how and why we provide care." They went on to say, "Also the staff are welcome to call us, we have open relationships with parents and the people we

support. We try to make any difficult conversations smoother."

The provider told us some challenges they faced could be pressure to respond quickly to referrals and timeframes, and they preferred not to do this if possible. They explained that although they were able to assess people who required an occupational therapy service, they were aware that this could be considered 'a conflict of interest' so offered an external referral to a service for this.

The provider used a range of quality checks to make sure the service was meeting people's needs. A relative told us, "I know [Provider] monitors the staff." Another relative told us that staff were guided by the provider and knew they 'listened to them.' We saw an assessment checklist had been completed by the management team to assess a care worker was safe to use a piece of equipment. Also checks of care records and medicines were completed.

The registered manager and provider understood their responsibilities and the requirements of their registration. They were able to tell us which information they were required to tell us, such as changes in management and anything which affected the safe running of the service. This meant we were made aware of any important information about the service.