

Step Ahead Care Services Ltd

Step Ahead Care Services

Inspection report

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Date of inspection visit:
29 August 2019

Date of publication:
24 October 2019

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Step Ahead Care Services provides support to adults who have a learning disability. At the time of this inspection there were two people using the service.

The service was not working in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service did not always receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were not supported by staff who were appropriately recruited, and unsuitable staff may have been recruited as a result.

Staff rotas were not clear or accurate to ensure there were enough staff, in sufficient numbers, that had the right mix of skills, competence or experience to support people safely.

There was a lack of effective audit systems to ensure the safety of people using the service. The provider had not identified concerns regarding unsafe staff recruitment practices, potentially unsafe staffing levels and insufficient risk assessments.

Risks to people were not always being identified and there was conflicting information about some of the risks people faced.

Staff understood their responsibilities to keep people safe from potential abuse.

Staff understood people using the service had different likes, dislikes, needs and preferences.

Staff had been trained in the management of medicines and suitable policies and systems were in place.

Staff told us they felt supported and found the management approachable. Staff said they liked working with the provider.

The provider worked with other healthcare professionals to enhance people's experiences.

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 Good (published 30 October 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and staff recruitment. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Inadequate. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Step Ahead Care Services on our website at www.cqc.org.uk.

We have identified four breaches in relation to safe care and treatment, staffing, good governance and fit and proper persons employed at this inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

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 was carried out by two inspectors.

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

This inspection was unannounced.

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 who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We met both people who used the service and observed care and interactions they had with staff who were supporting them. We spoke with three members of staff including, the nominated individual and two care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medication records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including staffing rotas and staff signing in sheets were reviewed.

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 rated as Good. At this inspection this key question has now deteriorated to Inadequate.

Inadequate: This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

- The provider was not ensuring safe deployment of staff to meet people's needs safely.
- The nominated individual informed us that two care staff worked a twelve-hour shift from 8am to 8pm and one staff member worked from 8pm to 8am. We were told that the service employed three full time staff and another three part time staff who also worked in services run by the nominated individual in the same street.
- We saw records of daily staff signing in sheets that showed the dates and times when staff arrived or left the service. These were not always being completed by staff and there were no records of any signing in sheets between the 3 July 2019 and the 1 August 2019. One staff had marked some of the dates but had not put any times of arrival or departure and it was unclear if they had worked at all on those days. These signing in sheets were not consistent with the printed staff rota for July and August 2019. This meant we could not be sure how many and which staff supported people during the months of July and August 2019.
- On the day of this unannounced inspection, we were informed that one staff member, who was recorded on the staff rota as being off that day, was actually working the morning shift and had taken one of the people living in the shared house out. Although we were told this staff member would be coming back, we did not see them during the inspection.
- The night staff member who was recorded as working that evening from 8pm to 8am had arrived at the shared house at 2pm. They could not provide us with an explanation of this extended shift. We saw from the rota that they were recorded to be working six twelve hour shifts in a row with one day off before they worked another six waking night shifts.
- We asked staff if they felt there were enough staff on duty. One member of staff told us, "Yes, because this care home has a lot of care homes round here. If needed I call them. If we need anything we call them. If a resident is unwell we call them. They send staff, they have them in these care homes they send staff here to work."

The provider did not deploy staff appropriately which put people at risk of harm. The above issues were a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff files did not contain all the appropriate recruitment documentation required including valid references, past working history and information about the experience and skills of the individual. We requested a recruitment file for one member of staff who was working at the time of our inspection. Although we repeatedly requested this file, it was not provided to us. This meant that unsuitable staff may

have been recruited as a result.

- The provider did not follow safe recruitment procedures to ensure people were supported by staff who were safe, of good character and skilled.

The above issues were a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Not all risks to people's safety were being assessed and recorded in relation to their care and support needs. We met one person who had mobility problems and spent long periods in bed. There was no risk assessment in place to assess the risk of them developing pressure ulcers.
- We were informed that this person was taken out of bed regularly to sit in a chair. We noted that this person was in bed during the time of our inspection from 10:30 am to 2.30pm. As there was only one staff member present during the inspection, this person was provided with meals in bed. The nominated individual told us they would make sure a pressure ulcer risk assessment was completed.
- One person had a risk assessment in place for potential risks when out in the community. This risk assessment had been recently reviewed and dated. One staff member told us that the risk identified in the assessment was no longer relevant to this person. Another staff member we spoke with was not aware of this risk or the risk assessment. This inconsistent approach to assessing people's risks and poor communication meant that people were put at avoidable risk of harm.
- The service had policies and procedures in place for reporting and recording of accidents and incidents. We saw a report where police had been called and someone who used the service had been admitted to hospital for mental health support. Following this incident, we could find no evidence of a corresponding risk assessment in relation to any future potential aggression. This meant people's risk assessments were not reviewed following incidents and staff were not provided with up-to-date information to provide safe care.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse.

- Staff told us they had completed safeguarding awareness training and understood the procedures they needed to follow if they suspected abuse. Staff had an understanding of the types of abuse and potential signs that they needed to look out for that might indicate a person was being abused. Staff knew they could report any concerns they had about people's welfare to other authorities including the police, social services and the CQC. One staff member told us, "I report to my manager, police, CQC or social services."

Using medicines safely

- We saw satisfactory records in relation to the receipt, storage, administration and disposal of medicines at the supported living house.
- Staff told us they had medicines training. Staff reported there were no problems with medicines. Staff told us the manager ordered medicines and they were delivered by the pharmacist who checked the boxes with staff and brought the new medicine administration record sheet (MAR). Staff told us they would report a mistake on the MAR or a medicine error to management immediately.
- There was a medicine risk assessment regarding the risk to the person's health and behaviour if they refused medication. There was a plan to mitigate the risk and action staff needed to follow including explaining the medicine administration in 'small sentences' to the person using the service so they understood.

Preventing and controlling infection

- Staff reported they had received infection control and food hygiene training. Staff told us they had enough gloves, aprons and wipes and that they followed hand washing procedures. We observed staff using gloves during the 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 rated as good. At this inspection this key question has now deteriorated to inadequate.

Inadequate: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- There was insufficient monitoring and auditing of risks and quality matters by management who, did not always display an open or transparent approach to running the service.
- When we arrived at the provider's registered office, we were informed that the office was closed, and we would have to wait for the nominated individual to arrive as the registered manager was on holiday.
- We later found out that the registered manager was, in fact working at another service where they were the nominated individual. We were not given any explanation for the inconsistent information about the whereabouts of the registered manager either during or after the inspection.
- Staff did not know where the registered manager was and so it would be difficult to contact them in the event of an emergency. This put people and staff at risk of harm.
- There were no staff or care files, or other important documents held at the office and staff had to find the documents required from other services, owned by the nominated individual, in the same road.
- When we checked the provider's website the address of the head office did not match the address of the head office registered with CQC. This meant people were provided with misleading information.
- The nominated individual told us they carried out regular monitoring checks and audits to ensure the safety and quality of the service. However, these documents were not available for inspection in the office.
- The provider's monitoring and auditing systems were not effective. The provider had not identified concerns regarding unsafe staff recruitment practices and insufficient risk assessments. The staff rotas were not accurate and there were no systems in place to gain learning from accidents and incidents.

There was a lack of effective audit systems to ensure the safety and quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Staff told us the management promoted respect for people using the service. Staff told us they felt

supported and worked well as a team and were treated equally by management. A staff member said, "[The management] are good. They look after the staff."

- We asked staff about the vision and values of the organisation. A staff member told us, "Listen to [people using the service], respect them, anything they need just come to them." Staff understood each person's religious and cultural needs and preferences and were able to explain how they met these needs.
- Staff told us they knew who the registered manager and nominated individual for the service were and they could talk to them freely about the service and people living there. Staff gave examples of when they had spoken with the management of the service to improve the daily lives of the people living there. A staff member told us, "We will ask for furniture if we see it's damaged and they bring it. [The management] do listen." Another staff member commented, "If we need something for [the people using the service] we let them know and they do that."
- Staff told us they had weekly contact with the registered manager and the nominated individual. We spoke with the nominated individual and they had a very good understanding of the needs and preferences of the two people being supported at the service. Staff told us they had meetings with the registered manager and nominated individual. A staff member commented, "At times. Yeah, it's ok. We discuss how to take care of them. If there are any issues or shortages."
- We were informed that there were regular meetings with people using the service and their families. We reviewed notes of one meeting. However, the records were not clear and hence, we could not be sure when the meeting had taken place.

Working in partnership with others

- The provider worked with healthcare professionals such as GPs, social workers, behavioural psychologists and the commissioning team to enhance people's experiences.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people in relation to their care and treatment were not always being identified and there was conflicting information about some of the risks people faced.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of effective audit systems to ensure the safety of people using the service. The provider had not identified concerns regarding unsafe staff recruitment practices, potentially unsafe staffing levels and insufficient risk assessments.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Staff files did not contain all the appropriate recruitment documentation required including references, past working history and information about the experience and skills of the individual.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were not appropriately deployed. This put people at risk of harm.</p>

