Step Ahead Care Homes

Step Ahead Home Care Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 16 and 22 May 2017 and was announced. The provider was given 48 hours' notice of the inspection because they provide domiciliary care and we needed to be sure someone would be in the office to facilitate the inspection.

There was a registered manager in post. 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 service had systems and procedures in place which sought to protect people who used the service from abuse. The service had a safeguarding and whistleblowing policy in place and this told staff what action to take if they had any concerns.

We found the care and support records of people who used the service lacked detail and were not person centred. Care documentation was poorly organised and it was difficult to understand all the paperwork. We saw risks had been identified with information about how to minimise additional risk. However, some risk assessments had not calculated levels of risk appropriately. Despite the service having a quality assurance system, this had failed to recognise concerns we raised at the time of the inspection.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure that people who used the service were safe. We looked at the Medicines Administration Records (MAR) for people when we visited them in their own homes and found that these had all been completed correctly and were up to date. There was an appropriate up to date accident and incident record in place.

We found there were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service. People who used the service told us they felt that staff had the right skills and training to do their job. New staff were given induction training at the start of their employment which identified the principles and values of the service.

Staff had access to a copy of the organisation's policies and procedures which were available electronically or in paper format and staff knowledge of these policies and procedures was tested at supervision meetings and as part of the process of induction.

Staff told us they felt they had received sufficient training to undertake their role competently. Records showed staff had completed training in a range of areas, including dementia, safeguarding, first aid, medicines, the Mental Capacity Act 2005, food hygiene and health and safety. Some staff had not always received supervision and appraisal from the registered manager. Records were maintained of staff supervisions that had taken place.

Before any care and support was given, consent was obtained from the person who used the service or their representative. People who used the service and their relatives told us that staff were kind and treated them with dignity and respect. People told us they knew how to complain. Complaints had been recorded and responded to in line with the provider's policy.

We found two breaches of regulation. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People we spoke with told us they felt safe using the service.

Each person's care file contained a variety of risk assessments, however risk assessments had not always been fully completed

Suitable arrangements were in place to ensure the safe administration of medicines.

There were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service.

Is the service effective?

Good

The service was effective.

There was a staff induction programme in place which staff completed when they first began working for the service.

Not all supervisions were adequately recorded.

Staff had an understanding of the Mental Capacity Act 2005 and how it affected their roles.

People received support from health care professionals when they required it.

Is the service caring?

Good

The service was caring.

Care plans were in place identifying people's care and support needs. Staff were knowledgeable about the people they supported in order to provide a personalised service.

People who used the service and their relatives felt that staff and the registered manager were approachable and very caring.

People were involved in the care planning process.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans in place identified people's care and support needs. However, records were not person centred and did not always identify areas of people's life they required support with.

People who used the service and their relatives felt that there were regular opportunities to provide feedback about the quality of the service.

There was a complaint policy in place and people who used the service and their relatives knew how to use it.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service had quality assurance systems in place although these had failed to identify the concerns we raised during inspection.

The staff we spoke with told us they enjoyed working at the service and felt valued, were able to put their views across to the management and felt they were listened to.

The service had a registered manager and policies and procedures in place.

Step Ahead Home Care Services

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.

The inspection took place on the 16 and 22 May 2017 and the inspection was announced. We last inspected Step Ahead Home Care Services in April 2016. At that inspection we rated the service 'requires improvement' overall. At the time of our inspection there were 40 people who used the service.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams and reviewing information received from the service, such as notifications. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at four care records for people that used the service and four staff files. We spoke with three people, three relatives and three support workers as well as the registered manager and office manager. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

Requires Improvement

Is the service safe?

Our findings

Each person's care file contained a variety of risk assessments. We saw risk assessments which included the physical environment in the person's own home that helped to identify any hazards to the person themselves and the staff member providing support. Care files also contained risk assessments including those for falls, bathing, showering, nutrition and medication (where applicable). Assessments identified various risks and the action required to minimise the risk, for example a manual handling risk assessment covered bed manoeuvers, transferring, standing, bathing, general movements and using the toilet. However, we found some risk assessment paper work was being used as a dependency tool. Other risk assessment paperwork indicated a risk rating when it deemed there was no risk and some documentation did not give a risk rating when it deemed there was a risk. For example, we saw one person's risk assessment asked if the person was deaf, this was answered 'no' and so there was no risk but it had a risk rating of 'low'. We also saw a person's risk assessment indicated they had paralysis and this increased the risk with moving and handling but there was no risk rating. This showed us the service had risk assessed areas of potential risk but had not used the documentation so staff would struggle to understand the level of risk. We spoke with the registered manager who agreed to review all the risk assessment paperwork being used.
We recommend that the risk assessment paperwork is reviewed to ensure it is effectively completed and used when planning support for people. In addition, each person's dependency was assessed using a dependency tool included as part of a person's assessed needs or a review which included areas such as communication, breathing, bathing/washing/dressing, eating and drinking, continence, pressure care, moving and handling, mood and sleep. It was clear from the conversations with the registered manager and office manager they had detailed knowledge of each person using the service without the need to refer to care records.

All the people we spoke with who used the service and their relatives told us they felt safe using the service. One person said, "I trust them completely." A second person told us, "I look forward to them coming; they always make sure I'm safe." A relative commented, "I can't fault them [the staff] at all."

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. The service maintained a safeguarding policy and associated procedures which were up to date. Staff we spoke with demonstrated a good understanding of local safeguarding procedures and how to raise a concern. All care staff had undertaken safeguarding training as part of the induction process and continued development.

We asked one member of staff what they would do if they suspected signs of abuse against people who used the service and they stated they would alert the registered manager or the local authority. If it was urgent they said they would call the police and make sure the person was safe. This showed us staff had a good understanding of what action to take following a potential safeguarding concern.

The service had a whistleblowing policy in place and this told staff what action to take if they had any concerns. Staff we spoke with confirmed they were aware of the policy, one staff member told us, "I know I can speak anonymously if it's about keeping people safe."

We found there were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service. Personal details had been verified and at least two references had been obtained from previous employers. Disclosure and Barring Service (DBS) applications had been obtained. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. There was also evidence of identity and address checks. In addition the values and beliefs of any new job applicant were tested out as part of the interview process. It was clear from discussions with the registered manager and staff that only people who shared the same values as the organisation or that demonstrated they genuinely cared about the role applied for and for people who used the service were recruited. This showed that staff had been recruited safely and consideration had been given to their suitability to the role.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure people were safe. There was an appropriate and up to date medicines administration policy in use. We found that the registered manager did not routinely supervise the administration of medicines, which was in most cases the responsibility of the person receiving the service or their relative. However, we looked at the medicines administration record (MAR) charts for people when we visited them in their own homes and found that these had all been completed correctly and were up to date.

All staff administering medication had received training, which we verified by looking at training records. A relative of a person who used the service told us, "[Person's name] always gets their tablets; I can rely on the staff. They sign it after too." A person who used the service who self-medicated said, "Staff always ask if I have taken my medicines when they come."

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe in their own home. We found people were receiving care from a small group of care staff who were deployed consistently in a way that ensured familiarity with the person receiving support. This contributed to the building of good relationships and safe working practices. The registered manager also carried out regular care visits as part of the established rota. This was because the service was very small which allowed the registered manager to have constant contact with people in order to ensure care was being delivered safely. People we spoke with told us they valued seeing the registered manager on a regular basis.

We looked at how the service managed accidents and incidents. There was an appropriate up to date accident/incident policy and procedure in place. We found a number of accidents and incidents had taken place which matched our expectation for this type of service. All the accidents and incidents had been documented correctly and reviewed by the registered manager.

We saw that adequate supplies of personal protective equipment (PPE) were available in the home including gloves and aprons. This assisted with minimising the potential spread of infections. People told us that staff always wore PPE when supporting them.

Good

Is the service effective?

Our findings

People who used the service told us they felt staff had the right skills and training to do their job. One person told us, "They are all great, they are so good at what they do, they deserve medals." A second person said, "I wish I came to them a long time ago, they do everything I need." A third person told us staff were, "Faultless."

Some staff received supervision and appraisal from the registered manager in accordance with the provider's policy. These processes gave staff an opportunity to discuss their performance and identify any further training they required. We found that staff were actively encouraged by the registered manager to share their views and opinions through the mechanism of supervision. Staff told us they received supervisions in accordance with the schedule identified in the supervision policy. One staff member said, "I have plenty of chance to give feedback." A second staff member said, "We have regular meetings with management." We found that there were no records of supervision discussions for three members of staff. The registered manager confirmed that they had met with those staff and had completed spot checks as part of the supervision process. The staff informed us that they met regularly with the registered manager. The registered manager told us that they would ensure all discussions were recorded in the future. Staff informed us that they regularly met with the registered manager.

Staff told us they felt they had received sufficient training to undertake their role competently. We reviewed staff training certificates which showed they had completed training in a range of areas including training in Mental Capacity Act 2005, behaviours that challenge services, safeguarding, food safety, medicines, moving and handling, equality and diversity and health and safety. Training for new staff members was also linked to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We found there was a staff induction programme in place, which staff were expected to complete when they first began working for the service and were given a handbook which helped to track their progress against the required competencies. The induction covered areas such as safety and security, service user rights, organisation rules policies and procedures, choice, personal care, assisting with meals, care planning, medication, infection control, safeguarding, moving and handling, protection of vulnerable adults, food hygiene, mental health and confidentiality.

We spoke with three care staff who confirmed the induction process they had undertaken. Comments included, "All the training is really very good. I find it really useful to understand and do my job better," and "We have lots of different training, it really helps me."

We saw staff were shown a copy of the organisation's policies and procedures which were available electronically or in paper format and staff knowledge of these policies and procedures was tested at staff meetings. This meant that staff were clear about the standards expected by the service and how the service expected them to carry out their role in providing safe care to people in their own homes.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We checked whether the service was working within the principles of the MCA and found no restrictions in place. The registered manager assessed people's mental capacity to ensure that they were able to make appropriate decisions and where needed, supported them to do so. They understood the principles of the MCA and the importance of making decisions for people who lacked capacity in their best interests by liaising with people's representatives and other relevant professionals.

We noted staff had received training in the MCA and on what deprivation of liberty safeguards meant to their role. Staff were aware of what to do to ensure people's rights were protected. This involved supporting people to make decisions for example of what they would like to wear or to eat. They would support people to make choices if the person had capacity.

We looked at the way the service managed consent for care and support provided. Before any care and support was provided, the registered manager obtained consent from the person who used the service or their representative. We were able to verify this by speaking to people who used the service, checking people's files and speaking to staff. We asked a member of staff how they would ensure a person had provided consent to care and they told us consent was recorded and they would always respect a person's wishes.

Due to the small nature of the service which supported 40 people at the time of the inspection, a formal electronic staff call-monitoring system was not used; however detailed records were kept of each home visit for each person, each day. We saw that there had been no missed or late visits but some calls had been cancelled by the person who used the service. For example, if a person had a hospital appointment or did not require the scheduled call to take place. People told us the staff were very flexible even with short notice. No one we spoke with had any concerns around call times.

We looked at how the service supported people to maintain good health and to access healthcare services. We found that each person who used the service had a health assessment which was accessible within their individual care and support plan. This gave information and appropriate guidance about people's individual health needs and how best to manage their on-going health issues, if this was part of the agreed care and support package. People who were assisted with meal preparation told us that staff always did this after asking them what they would like and always wore personal protective equipment (PPE) when preparing meals. One person said, "If I need anything else they make sure they sort it before they leave. They got the doctor for me once as they were concerned."

Good

Is the service caring?

Our findings

People who used the service and their relatives told us that staff were kind and treated them with dignity and respect. One person told us, "They always treat me well and look after me. They cover me up when I get washed." A second person told us, "They are all so nice, I have no complaints. They are excellent." A relative commented, "I couldn't ask for a better service for [person's name] and all the staff are fantastic. The manager came out to see us at the beginning and we haven't looked back since then. I'd recommend them to anyone."

Involvement of people who used the service was embedded into everyday practice. The views and opinions of people were actively sought and information was presented in a way that enabled people who used the service to fully participate and make informed changes. People who used the service and their relatives told us they were involved in developing their care and support plan. They were able to identify what support they required from the service and how this was to be carried out. A relative told us, "The manager stays in contact and comes round to make sure we are happy with everything." A second relative said, "The manager comes every day, it's great."

People who used the service and their relatives told us that staff promoted their independence. One person said, "They get me doing what I can, I know it helps in the long run." Staff told us of a person who struggled to maintain their own health and environment. Staff had since worked with this person so their house was clean and the person was interacting more with visiting professionals in a positive way.

It was clear from conversations between the registered manager and office manager that they had a detailed knowledge of each person using the service, without the need to refer to care file information. During the inspection the registered manager received several calls from staff or people using the service and was able to provide immediate advice or information as necessary. When we spoke with care staff they also told us specific information about individuals which showed us they had a good understanding of people and their needs.

The service had a service user's handbook which was given to each person who used the service in addition to the Statement of Purpose, which is a document that includes a standard required set of information about a service. These documents provided a wide range of information such as the care philosophy; principles and values that the service followed; the standards of care that people should expect; details of the registered manager; a description of the services and facilities provided and how to make a complaint.

Requires Improvement

Is the service responsive?

Our findings

People who used the service had a care plan that was personal to them with copies held at both the person's own home and in the office premises. This provided staff with guidance around how to meet their needs, and what kinds of tasks they needed to perform when providing care. However, the care plans lacked details about individuals and some information had been duplicated in other care plans for other people. Information was not always person centred and did not contain details regarding the person's background and life history, interests and social life, any existing support network or spiritual needs. For example, one care plan we viewed referred to another person's name. The registered manager told me about one person's behaviour that challenged but this information was not included in their care records. A further person's initial assessment indicated the importance of being supported with food and nutrition but there was nothing in the care documentation about this part of the person's life. We saw evidence that suggested staff was aware of these areas of support but the documentation was incomplete.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A person who used the service told us, "Staff help me to do more for myself." A second person said, "They helped me access the doctor." A relative told us, "One time we had to change the timings of the visit so we could go out. It wasn't a problem at all."

We looked at how new referrals to the service were assessed. The needs of people were assessed by the registered manager and experienced members of staff before being accepted into the service and thorough pre-admission assessments. These assessments were completed to ensure the service could meet people's individual needs. This included gathering background information from a variety of sources including other health and social care professionals and from those individuals who were important in people's lives. The initial assessments which covered areas such a health, medicines, social history, mental health, preferred activities and interests, moving and handling and the home environment. We saw that prior to a new package of care being provided a pre-assessment was carried out with the person and their relative(s) which we verified by looking at care records.

Regular reviews of care needs were undertaken by the service. The registered manager also visited people in their own homes to deliver care and to identify their views and experiences which was confirmed by the people we spoke with.

There were systems in place to record what care had been provided during each call or visit. Care plans contained a document, which was completed by staff at each visit. This included information on when personal care had been provided, when medicines were given/prompted/checked or any food preparation. We checked these documents and found they were being completed correctly with sufficient detail by staff and were signed and dated. One person told us, "The staff fill in the daily sheets every time they come and always sign and date them."

The service had a complaints policy and procedure in place and information on how to make a complaint was provided to each person who used the service. We noted that the service had received five complaints in the past 12 months. These were all well documented and had been responded to in line with the provider's policy. People who used the service and their relatives told us that should there be a need to complain they felt confident in talking to the registered manager directly and had regular on-going discussions with management as part of the normal process of care delivery.

Requires Improvement

Is the service well-led?

Our findings

The service had a quality assurance process in place to monitor the quality of service delivery. These included observations and spot checks on care staff to verify their competence in providing safe and good quality care. However, the service had no formal way to assess and monitor the quality of care records or medicines. We found the quality assurance policy had not related to the checking and auditing of care records and medicines. The quality assurance system in place had not identified the issues we found during the inspection including care plans with gaps and some supervisions not being recorded.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post. An up to date registered manager's certificate was on display in the office premises in addition to an appropriate certificate of employers' liability insurance. One staff member told us, "She [the registered manager] comes out with us all the time, we always have regular contact. She is very supportive." A second staff member said, "The manager takes a lot of work on but she helps so many people, staff included."

Staff told us they felt they were able to put their views across to the management and felt they were listened to. The staff we spoke with told us they enjoyed working at the service and said they felt valued. They said they thought the management were fair and approachable and also told us the staff team worked well together. It was clear from our observations that the management team worked well together in a mutually supportive way. People we visited all told us that the registered manager had visited them in their own homes.

The service sought the views of people using the service and their relatives through the provision of a satisfaction surveys and regular contact with them. Feedback from people who used the service and their relatives was very positive. Comments included, "They really know what they are doing", "I have full confidence in them" and "I can go to work knowing my mother is in good hands, that means the world to me."

We looked at the minutes from recent staff meetings and discussions included being professional, good practice, training, lessons learnt and feedback from people who used the service. Team meeting minutes and some documentation indicated the service was looking for ways to improve the service offered to people. For example, the concerns we raised on the days of inspection prompted immediate action by the provider to start solving the issues. This showed us they took improvements seriously.

People who used the service told us that they valued the same care staff who were very familiar to them. They said most of the time they get supported from the same staff. The registered manager told us that it was important for them to visit people in their own homes to establish positive relationships, to check on the performance of the staff team and to demonstrate respect for each person who used the service.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users did not always reflect their preferences because care records were not person centred and lacked detail.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established or operated effectively to ensure compliance.