

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

About the service: Steps to Independence Limited is a small Care at Home service supporting people to live independently in their own homes. At the time of inspection, the service was providing personal care and support to five people with complex learning or physical disabilities in their own homes.

People's experience of using this service: The registered managers and staff successfully ensured people received high quality, person-centred care. They ensured people received a high quality of care from staff who knew them well.

The registered managers had been in place for several years and were supported by a small team of dedicated staff who were well trained and understood their roles. People's relatives spoke highly of the registered managers, as did staff. They had backgrounds and experience relevant to the service.

Staff turnover was low and morale high. Staff had developed strong bonds with people and confirmed they were able to spend time getting to know people rather than focussing on tasks. All staff shared the provider's vision of enabling independence for people in their own homes.

Staff received a range of relevant training, specific to people's needs. They were supported by regular discussions with their manager and more informal support.

Records were accurate, up to date and person-centred. Oversight of these records and processes was strong and consistent. The registered managers demonstrated sound management of the service and clear plans in place to monitor and continually improve service provision.

People were supported to attend or take part in a range of activities and to try new things. Staff proactively encouraged people to live full lives and to maintain and develop their independence.

Medicines administration was safe and staff had the appropriate skills and knowledge. People were kept safe and staff were suitably trained in safeguarding principles and practice.

People's capacity was assumed and staff acted in line with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Appropriate training was in place.

The registered managers responded to any concerns or complaints and had appropriate policies and procedures in place.

Staff at all levels worked in line with the company ethos of promoting independence wherever possible.

The care service was managed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Rating at last inspection: We last inspected the service in June 2016 and rated the service good.

Why we inspected: We inspected the service in line with our scheduled programme of inspections.

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

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 remained safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-Led findings below.

Steps to Independence Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector.

Service and service type: Steps to Independence Limited is a small Care at Home service, registered to provide personal care to adults who live in their own homes. At the time of inspection, the service was providing personal care to five people with complex learning or physical disabilities in their own homes.

Not everyone using Steps to Independence receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had two managers 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.

We gave the service 48 hours' notice of the inspection visit because it is small, and the managers were often out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity started on 28 March 2019 and ended on that day. We visited the office location to see the managers and to review care records and policies and procedures.

What we did: Before our inspection we reviewed all the information we held about the service, including changes, events or incidents that the provider is legally obliged to send us within the required timescales.

We contacted professionals in local authority commissioning teams, healthcare professionals and safeguarding teams.

Before the inspection the provider completed 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 reviewed this in advance of the inspection and used it to inform the inspection.

We spoke with four relatives over the telephone. We spoke with two members of staff: both registered managers.

We looked at two people's care plans, risk assessments and medicines records. We reviewed staff training and recruitment documentation, quality assurance systems, a selection of the service's policies and procedures, meeting minutes and maintenance records. Following the inspection, we contacted two members of support staff and one external healthcare professional.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were well understood by staff. Regular refresher training took place to ensure staff were confident in identifying and acting upon concerns.
- Incidents and accidents were recorded, analysed and acted on but these had been few and minor in nature. The culture was open and any queries or concerns were well managed in an accountable manner to ensure people were happy with the service and felt secure.

Assessing risk, safety monitoring and management

- Risk assessments were detailed and clearly in line with people's aspirations for independence.
- Risk assessments helped keep people safe but did not restrict people's opportunities. They were completed from a person-centred perspective and were well informed by external professional input, such as physiotherapists or the speech and language therapy team.

Staffing and recruitment

- Pre-employment recruitment checks continued, such as Disclosure and Barring (DBS) checks and references. Relatives all confirmed staff were on time when supporting people. The rota and staffing levels were well managed, with agency staff never used. One relative said, "I don't know where we'd be without them – they are so reliable and dependable."
- Staff had received breakaway training but the registered managers were able to demonstrate that people were proactively supported to ensure instances of them becoming anxious were minimised. The need for staff to use breakaway techniques was rare and there was a focus on finding positive strategies to help people lead full lives through engaging in positive activities.

Using medicines safely

- The registered managers demonstrated a good understanding of people's medicines needs and audited relevant records regularly. They were responsive to feedback about the Stop Over Medicating People with Autism and/or a Learning Disability campaign. We found practices were in line with the principles of this campaign, such as reviewing people's medicines regularly and to try non-medicinal means of helping people manage their anxieties.
- Where people were prescribed specific recovery medicines staff had been well trained by external nursing staff. Staff competence was annually assessed.

Preventing and controlling infection

- People who used the service helped with cooking and cleaning. Staff had received appropriate food preparation and infection control training.

Learning lessons when things go wrong

- The registered managers regularly reviewed survey results to see if there were any concerns or areas for improvement. Recent surveys were uniformly positive. The registered managers had identified ways of improving the survey and had also improved how people could raise complaints or compliments as a result of feedback.

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

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

- People's needs were assessed before they began using the service, using a range of information from health and social care professionals. Staff communicated well with these professionals. One relative told us, "We have complete trust in them and know they're really experienced."
- The registered managers were aware of, and ensured policies had regard to, best practice. For instance, the use of Positive Behaviour Support (PBS). PBS is a person-centred approach to supporting people who display or at risk of displaying behaviours which challenge.

Staff support: induction, training, skills and experience

- Staff training was well planned and relevant to people's needs. Staff received a mixture of face to face and online training and this was refreshed regularly. The registered managers arranged bespoke training where beneficial for people. For instance, Makaton training was planned. Makaton is a language programme using signs and symbols to help people to communicate.
- Staff supervisions took place regularly, as did team meetings. Staff stated they received good levels of support from their managers. New staff received an induction and the provider had an online set of policies which they could monitor when updated to ensure staff had read them.

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

- People were supported to try new, healthy meals. People were also encouraged to be as independent as they wanted to be. They were encouraged to help prepare their own meals by breaking down tasks into small manageable stages.
- Where people had specific dietary requirements through need or religious choice, staff were knowledgeable about this and supported people accordingly.

Staff working with other agencies to provide consistent, effective, timely care

- External professionals were complimentary about the registered managers and staff. One said, "They're a good provider and very supportive of us in terms of meeting people's needs." Relatives were also confident, saying, "Records are always properly completed – I think they excel at attention to detail."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to have access to a range of services that ensured they experienced positive health and wellbeing outcomes. This included primary and secondary healthcare services, such as GP check-ups and physiotherapy involvement.
- People had health action plans in place and hospital passports. A hospital passport provides key information about a person with a learning disability, including personal details, the type of medication they

are taking, and any pre-existing health conditions.

- The registered managers were responsive to feedback regarding the need to more formally plan people's annual health checks.

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

- Consent was evident in care planning and review documentation we saw. People's relatives confirmed they were always involved in reviews of people's needs and decision making.

The registered managers demonstrated a strong understanding of the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA and found no restrictions on people's liberty. Where people may lack the capacity to make a decision, an advocate or person's relative was involved to ensure the person's best interests were represented.

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

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

- People and their relatives were all extremely positive about the support they received. They told us it was always respectful and dignified. One relative told us, "They're always smiling, friendly but always completely professional underneath it all. It comes from the leadership and the ethos of the service."

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

- The registered managers ensured people could fully engage with the care planning process. We saw people contributed to their person-centred care plans, which were written in their style. People were partners in how the service should support them. For example, people were fully involved in deciding which staff would support them, through an introduction and opportunity to ask questions. The registered managers hoped to update their website and include on there, with people's permission, photographs of people and staff.
- Staff communicated well with people. Where people benefitted from easy-read documentation this was used. Where people had difficulties in expressing their feelings or emotions staff used recognised good practice and innovation. For instance, picture software on an iPad for people without speech.
- Good communication contributed to people feeling more at ease and at home, and better able to form strong relationships with staff. One relative told us, "They are good at listening. In the early days they had to take on board a lot and learn about how much we wanted to be involved. They did that really well."

Respecting and promoting people's privacy, dignity and independence

- Staff advocated for people to ensure assumptions about their abilities were not made and that people could live as full lives as possible.
- Where people had religious beliefs these were respected by staff.
- Staff had built long term rapport with people and people had the confidence in them as friends, as well as support staff. Staff had worked with people for several years and had gained the trust of people and their relatives.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported to lead full and varied lifestyles, in line with their preferences and interests. They were encouraged to try new things and to set themselves goals. Staff helped them meet these goals and celebrated with them. One relative told us, "They have really helped them flourish."
- One person's needs and anxieties meant that the environment of the day centre they had been visiting for a long time was no longer appropriate. This presented a concern to them and their family but staff ensured they were able to provide at home support and other activities to ensure they still had access to meaningful pursuits. Relatives told us, "They really understood the need to move things gradually and with our input. It's fantastic now."
- People were achieving good health and wellbeing outcomes due to the focus on independence, such as taking up physical activities and visiting relatives via public transport. People were enabled to have a choice of varied opportunities. One relative told us, "They are doing so much more than they used to and have the confidence to try new things."

Improving care quality in response to complaints or concerns

- People and their relatives fed back that staff at all levels understood the importance of continuity and the need to make sure changes were introduced gradually. This was important for several people who could be anxious about change. Steps to Independence staff ensured people understood the ethos of the service and felt comfortable discussing any concerns they had. One relative told us, "I must say, from the first introductions the staff and the managers have been so approachable and so understanding."
- There had been one complaint since the last inspection. The registered managers had investigated the matter thoroughly and responded in line with their policy. The complainant was satisfied with the response and the registered managers ensured they improved processes in light of the concerns.
- All people and their relatives knew how to raise a concern if they needed to. There were also ample opportunities to raise any issues at the regular review meetings. The service communicated these opportunities well and acted in line with the Accessible Information Standard (AIS). The AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

End of life care and support

- No one using the service at the time of inspection was in receipt or need of end of life care. People were however asked about their preferences should their needs change and should they require this kind of support. Care planning had regard to their beliefs and preferences.

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

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

- Quality assurances processes were clear, simple and proportionate to the size of the service. The registered managers demonstrated a sound oversight of the service, including all systems and processes and each person's needs.
- Record keeping was accurate and up to date whilst policies and procedures were stored online for ease of access and review. Staff could access policies remotely.
- Staff were well supported in their role and demonstrated a consistent understanding of the goals of the service. Staff were passionate about their roles and committed to delivering high standards of care and support.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered managers were approachable, experienced and confident in their roles. They successfully ensured staff delivered care and support to a high standard and were open to feedback, suggestions or questions. One staff member told us, "They lead by example and certainly take on board any advice – they're very open." One relative told us, "They brief their staff well and are responsive to any questions. Phone, text or email – they always stay in touch."
- The registered managers were aware of their responsibilities in terms of notifying CQC of certain events in a timely way. Their approach to the inspection was open and collaborative, with a desire to ensure the service was able to continue delivering high quality person-centred care in line with established best practice. They welcomed being shown new best practice that may in time prove relevant and useful to people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered managers held annual quality surveys with detailed questions aligned to the CQC's key questions. Results were uniformly positive and had been analysed, with action taken after relevant feedback. These actions were then shared back with people who used the service and their relatives.

Continuous learning and improving care

- Training was a key strength of the organisation and was planned with the direct impact on people's wellbeing. The registered managers used mutually open and respectful relationships with healthcare professionals to ensure training packages were as centred on an individual's needs as possible. For instance,

ensuring nurses knew about a person's individualities and preferences before they delivered training to ensure it was as person-centred as possible.

Working in partnership with others

- The registered managers engaged well with external professionals and had built up strong working relationships with several specialists. This meant they were well placed to seek advice when unexpected events or queries arose.