

CareTech Community Services Limited

One Step Domiciliary Care

Inspection report

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09 July 2019
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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

One Step specialises in providing personal care and support for people who live with a learning disability, in their own home and when out in the community. At the time of the inspection there were four people receiving support with their personal care.

The service has been developed and designed 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 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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were all provided with an excellent person-centred service which was very responsive to their needs, wishes and preferences. Management and staff had an extremely positive impact on people's lives and went above and beyond to understand and respond to people's needs and preferences. When planning people's care, staff supported people to express themselves. Staff also helped people to fulfil their wishes and aspirations.

People were supported by sufficient numbers of staff who were recruited following a robust recruitment process. People felt safe and staff were aware of how to keep people safe from avoidable harm. Staff reflected on errors to ensure they learned lessons from incidents. People received their medicines when the prescriber intended and they were protected from the risk of infection.

Staff felt supported by all levels of management and were able to develop their skills to meet the needs of people. Staff received appropriate training and could develop within their role. People's nutritional needs were assessed and supported, and people were encouraged to make healthy meal choices. People were all able to see healthcare professionals when needed, and staff worked collaboratively and in partnership with other agencies.

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

People told us staff were caring and sensitive to them and they had formed meaningful relationships with staff. People and their relatives told us they felt involved in reviews of their relatives care and were listened to. People's dignity and equality was maintained.

There was strong sense of leadership in the service that was open and inclusive. People benefited from a robust professional management framework that helped care staff to understand their responsibilities so that risks and regulatory requirements were met.

Regular feedback from people who used the service, relatives, care staff and professionals were gathered through questionnaires, regular face to face meetings and at staff team meetings. People knew how to raise any concerns or complaints and their feedback was used to make improvements to the service. People were introduced to lay advocates if necessary. Regular quality assurance checks were in place to monitor the quality and safety of care that people received.

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

Rating at last inspection

This service was registered with us on 08/06/2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

One Step Domiciliary Care

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

This inspection was carried out by one inspector.

Service type

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. This was also because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We spoke with two healthcare professionals as part of our planning for this inspection to seek their views on the quality of care

provided. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and visited one person in their home. We spoke with two people's relatives about their experience of the care provided. We spoke with six members of staff and the registered manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager. We also sought further evidence from people's relatives and health professionals on 02 and 09 July and 23 July 2019 to validate the evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People and staff told us there were enough staff to meet people's needs. Staff supported people 24 hours a day. One person said, "I like it because I know the staff, they are the same and there are enough to look after me."
- People were supported by a consistent staff team and assigned key workers which helped to ensure continuity of care.
- People were only supported by staff who had undergone appropriate recruitment checks. These included an application form with work history and verified references, evidence of identification and a criminal records check (DBS). Staff confirmed they did not start work until these checks were complete, and they had undergone a thorough induction.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe. One person said, "I'm safe, I'm very happy, I like everyone a lot."
- Staff were able to identify the different types of abuse and when a person may be at risk of harm. Staff had received appropriate training and were aware they could report their concerns both to the registered manager or to the local authority. Staff were aware they could raise concerns anonymously, both to the provider and the local authority or us
- Where safeguarding concerns were raised, the provider was open and worked with the local authority safeguarding team to ensure people were kept safe from harm.
- Staff said they regularly reviewed incidents where things went wrong. They said they discussed these in supervisions, handovers and team meetings.
- Staff understood their responsibility to report concern promptly. When things did go wrong, the registered manager conducted an open and frank investigation into the incident. The outcomes of these, including areas such as complaints, was shared with the staff team to support improvements.

Assessing risk, safety monitoring and management

- There were appropriate procedures and records in place to monitor and manage risks to people and the environment.
- Risks to people's safety and welfare were identified, documented and responded to. Risk assessments were developed, and risks were mitigated through effective care planning. For example, where people had behaviour that could be seen as challenging, there was guidance in place for staff to refer to. This included strategies that worked, those that didn't work and possible triggers for a person getting distressed. Staff were aware of how to support people safely, and in line with their care plans.
- Staff were aware of how to evacuate people's homes in an emergency and how to safely support people

to do so. Regular checks were undertaken of equipment people needed to remain independent.

Using medicines safely

- People received their medicines as prescribed by staff who were trained to do so. Staff supported people to take their medicines on time and as the prescriber intended.
- People's medicines were regularly reviewed by the GP or relevant health professional regularly.
- Medicines administration records (MAR) were completed when medicines were administered and regularly checks of safe storage, stocks and recording were carried out. Where audits identified an error may have been made the registered manager carried out a full review.

Preventing and controlling infection

- The service that we visited was clean. People told us that staff helped them to clean their flats, and most people had cleaning schedules in place to follow.
- Staff were aware of good infection control practice and supported people to follow safe and hygienic practise also. When staff needed to use personal protective equipment (PPE) they told us this was available to carry out personal care tasks.
- Training records showed that staff received training in areas relating to infection control.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 physical, mental and social needs were holistically assessed before they received support from the service. This ensured the registered manager was confident they could meet people's needs.
- Care and support plans were outcome focussed and reflective of best practice guidelines when supporting people with a learning disability. Care plans detailed people life history, current needs and what people could do independently and where they needed support.
- We observed staff supporting people to be independent and to exercise their rights.

Staff support: induction, training, skills and experience

- Staff told us they felt supported by both the registered manager and team leaders. They told us managers were approachable and supportive. Staff received regular supervision and annual appraisal of their performance. One staff member said, "I feel supported, supervision is a time to talk about how things are going and look for ways to try different things with [Person]. Personally, I have also felt very supported both with work and my own life."
- Staff told us they received training to support them in their role. They said the training received was relevant and informative. One staff member said, "We have both e-learning and face to face. We did the mandatory induction, 'maybo' [conflict management] medication and autism. We have mental health and substance misuse training coming up." We identified important area that staff did not receive training on, for example end of life. However, the registered manager immediately booked this. This did not at the time of inspection impact on people's care.
- The registered manager told us they were continually reviewing their training to develop staff further. They said, "Champions is something we are working on. We also have a 5 week course that service leads complete, but I have booked two support workers to start in July. These are staff that we think can develop and be service leads."

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

- People were supported to eat and drink enough. Where possible, people were encouraged to prepare their own meals, shop and clean up after they have cooked. People were able to make their own choices about what they ate and staff supported them to make healthy choices.
- Risks relating to people's dietary needs such as diabetes, or risks of choking were known and assessed. Where people required assistance, staff provided this.

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

- Staff worked well with external organisations when supporting people. In addition to health care this included working with colleges, day services and community healthcare teams to ensure people's needs were met.
- Appropriate and timely referrals to professionals were made when this was needed.

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

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

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

- Staff were aware of the importance of seeking consent from people before supporting them and they gave us a number of examples of how they did so every day when supporting people with medicines, meals, personal care and their choice of activities.
- Care plans recorded whether people had capacity to make decisions about their care or treatment. Decisions were then only taken for people who lacked capacity following a best interest process, which involved staff, relatives, and where relevant health and social care professionals.
- The 'Registering the Right support' national best practice guidance for supporting people with a learning disability and autism, was fully adhered to.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The providers values centred around their statement that, "Adults in our care will be at the centre of all planning processes and decisions about their lives." We found staff embraced this philosophy.
- The service enabled people to express their views so that staff and the managers at all levels understood their decisions.
- People told us they had seen their care plans and were involved in decisions about their care.
- Relatives told us they were invited to reviews of the care provided and felt their views were listened to. One relative said, "We have combined reviews, they listen to us, it is a meeting where it is very much about what we want (for our relative). It is an open discussion."
- Care plans clearly described how people were given information in a way they could understand and the level of support they required with their communication needs.

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

- We observed staff demonstrate a real empathy for the people they care for. When staff spoke about people they did so with a passion and energy that conveyed a sense of care and commitment to the people they supported.
- People told us staff were caring and we observed the kind interactions between people and staff when we visited. One person said, "All the staff care for me a lot, I do to for them." One relative told us, "They are all such a good group, so caring and kind, when I need caring for I would happily have them look after me."
- Relatives told us how extremely caring staff were. One relative told us, "The staff are so caring and wonderful, if I could give them all a place in my family I would."
- The registered manager and staff ensured that staff focus on building and maintaining open and honest relationships with people and their families.

Respecting and promoting people's privacy, dignity and independence

- Respect for people's privacy and dignity was at the heart of the service's culture and values. One relative told us, "[Person] loves the staff. They are comfortable around them and if staff have to help them they do so sensitively. When they go out, they are dressed for the weather and staff take care of the little things to maintain their dignity."
- People told us they were comfortable with staff assisting them with personal care and felt they were supported in a dignified way. One person said, "[Staff member] showers me and gives me a shave. I am comfortable with them doing it and feel good when they do."
- Staff received training around privacy and dignity and were aware of how to ensure this was met through

practise. One member of staff said, "I treat people how I want to be treated, with care and compassion. It's not just what we do, but how we do it. How we help them feel they are the most important person at that time. Dignity is a fundamental value that must be respected."

- Care staff understood the importance of promoting equality and diversity at the service. People were supported to maintain positive relationships with family and friends. Staff supported them to maintain regular contact, planning family visits and during regular social events.
- Advocacy support was available through local independent advocacy services and staff ensured people's confidential information was stored securely.
- When we visited people in their home we saw people and staff happily talking and laughing with each other. The atmosphere was homely and very friendly.
- Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual relationships. Staff shared cultural backgrounds with people they supported and encouraged them to explore their faith and culture. People's relationships were discussed and staff sought to help people understand their feelings, particularly where people may be seeking a relationship of a close friendship with another.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had gone the extra mile to find out what people had done in the past to develop a personalised approach that made a real positive difference to people's lives. One person said, "I like what I do, [Staff member] does what I tell them. They [staff] like what we do and want to come. It's good to do things with staff, it's like being friends."
- When we visited people in their home we saw people and staff happily talking and laughing with each other. Discussions were taking place about what was taking place that day and people were clearly excited about their plans. The atmosphere was homely with friendly banter being shared between people and staff. One person's relative said, "They have helped [Name of person] tremendously. They actually now have their own car now. Since they got that [Person's] life has been turned round. They go out on adventures in the car, doing things [Person] loves. It is wonderful to see them to laugh, sometimes now, his confidence has grown so much [Person] will even now say a few words to us. It's just wonderful."
- The registered managers' ethos to supporting people was to ensure people were provided with ordinary life principles. These were enabling individuals to develop and maintain personal independence and choice around how they spent their day, people they met and lived their lives.
- People chose to take part in a wide and varied range of local activities as well as further afield. Staff supported people to go to disco's, social events, college, day services, major events and regular holidays and day trips. People really enjoyed this additional support to enable them to develop their interests and expand their social networks. All the people and relatives spoken with told us the variety of everyday activities people were encouraged and supported to attend had positively impacted upon their confidence, wellbeing and enabled them to develop social and communication skills.
- People's relatives told us they were confident how the staff supported people individually to meet their needs. One person's relative told us they were nervous when the person moved in as there was a busy road nearby. They said, "We feel very lucky to have got [Person] in. When we were looking for a placement it had to be a place that resembled where they were. It's not exactly next to the main road but met all the requirements. We were worried about the road and their safety, but we needed not worry. The way they look after [Person] and engage them the road has never been an issue. That is why we thought it was the most appropriate place, and it was, they have just grown."
- All staff spent time understanding people, their needs, preferences and personalities. This enabled them to support people to achieve outstanding personalised outcomes. For example, one person required regular blood monitoring. They were fearful of the GP surgery and refused on numerous occasions to have their bloods taken. The key worker spent months with the person, walking to the surgery first, then entering the

doors, then sitting in the waiting room, all with the goal of being able to see the GP. During this time they purchased a toy doctors kit, and pretended to take blood, listen to the heartbeat and so on. This dedication by staff eventually resulted in the person consenting to seeing the GP and an overall improvement in their wellbeing.

- People's relatives and health professionals all confirmed staff went the extra mile to meet people's needs and preferences. One relative commented, "The patience and care shown is exceptional. [Person] is growing every time I see them and that is because the staff don't just help them cook, clean, wash and so on. They build them up, they give them a life, I am so thankful." One health professional said, "The wellbeing is key to the support staff give, they spend so much time on developing people's social, emotional needs, building resilience. Staff see the people they support as equals and treat them that way, it means with the individual care given, people only grow."
- People and relatives told us they were supported to attend family get together's, celebrations, parties and so on. One staff member told us about one person who had a difficult relationship with their relative. Staff supported them to attend a social event, and just before they left to go home, staff observed this person dancing along to favourite music with their relative. Staff approach to care was to support people wherever possible to build and maintain relations and enjoy moments together with their relatives that created lasting memories.

Meeting people's communication needs

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

- Staff supported people to access and create a variety of assistive communication aids to express themselves which enabled staff to support people effectively to meet their needs. Examples included Makaton [sign language, picture cards, personalised signs and gestures along with assistive technology software.
- We observed one member of staff talking with one person using bespoke designed pictorial cards. These had been developed over a period of time to reflect their likes and dislikes, feelings, interests, and important people to them. They also told us the person understood them better if they sung words and used music to communicate. Staff had purchased musical equipment and used all of these to communicate with the person. This personalised approach had a significant impact on reducing their anxiety and frequency of challenging behaviour. This positive outcome on their life was also evident across the service to the support offered to all people.

Improving care quality in response to complaints or concerns

- People using the service, their family, friends and other carers felt confident that if they complained, they would be taken seriously, and their complaint or concern would be explored thoroughly and responded to in good time. No complaints had been received in the previous 12 months.
- Copies of the complaint's procedure were available and explained to people in a format they could understand. Staff regularly reviewed this with people.
- One person told us, "[Staff member] would help me complain if I wanted. But I don't want to and never have." A relative said, "If I raise a bit of a moan they clear it up really quick. I haven't ever needed to go down the formal route because they deal with things long before it reaches that point."

End of life care and support

- At the time of the inspection the service did not support people at the end of their life. We discussed with the registered manager how people's needs over time may change. People's preferences and choices in

relation to end of life care because a sudden death may occur, had not been fully documented, however staff were well aware of their preferences and cultural decisions.

- The registered manager immediately sought training for staff in relation to end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred 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 an open culture within the service of responsibility and accountability. This helped ensure staff and management acknowledged when an error occurred and reviewed practise in an open and transparent manner.
- The registered manager clearly was aware of their responsibilities under the Duty of Candour. The Duty of Candour ensures providers must be open and transparent, and sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The provider's vision and values were explained to staff during their inductions which underpinned how staff ensured openness and honesty were at the core of the care provided. These included promoting independence, developing partnerships with people and relatives, underpinned by a person-centred approach. Staff reflected these and demonstrated how they worked to these principles when we spoke to them.

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

- The registered manager understood their legal responsibilities and their obligation to send CQC notifications of significant events or incidents that occurred. However, they were reminded to only notify CQC of events where relevant.
- The registered manager carried out regular audits to ensure they provided high quality and safe care. These included finance sheets, care records, environmental checks, incident and accident analysis and medicines audits.
- The registered manager reported regularly to the provider key areas of risk for them to monitor. For example, complaints, incidents, injuries, and concerns reported to CQC or the local authority. The provider ensured they regularly carried out their own reviews of the service, based on the registered managers findings and their own. From this, a management improvement plan was developed that contained all areas noted for development.

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

- People were supported to complete quality assurance surveys about the quality of care they received. The registered manager also regularly visited people to informally check they were happy with their care.

- Staff meetings were held for each service, where the core team were able to get together and discuss people's care and support. Staff told us they were also able to raise their own ideas, concerns and suggestions and they were listened to.
- Resident meetings were regularly held alternating between the other supported living schemes the provider operated. This was to encourage people to socialise, but also to hear ideas, suggestions and thoughts from people across the organisation. This would enable people to create and develop a robust counsel of people who could hold managers and the provider to account about how the service is managed.

Working in partnership with others

- The registered manager was open to working collaboratively with community healthcare teams and other organisations such as colleges and day services to meet people needs. They also worked with a wide variety of organisations to support people's social needs. One healthcare professional said, "Working with One Step can be a joy as they do not operate a closed ship and want the help and support from everyone."
- Staff invited day services and local colleges where they had supported people to be included in people's reviews, and regularly shared information.