

Positive Steps Shropshire Limited

Louise House

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

This inspection took place on 7 and 9 September 2016 and was announced.

Positive steps Shropshire provides personal care for people as part of a shared lives and domiciliary care scheme. A shared lives scheme support a variety of different arrangements where families and individuals in local communities can offer accommodation and/or support for people. At this inspection they were providing care and support for 85 people.

A registered manager was in post and present during our inspection. 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.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. Environmental risk assessments on individual properties were completed and actions undertaken to reduce the risks to people. Staff had access to care plans and risk assessments and were aware of how to protect people from harm.

The provider completed appropriate checks on staff before they started work to ensure they were safe to work with people. People received help with their medicines from staff who were trained to safely administer these and who made sure they had their medicine when they needed it.

People received care and support from staff that had the skills and knowledge to meet their needs. Staff attended training that was relevant to the people they supported. Staff received support and guidance from a management team who they found approachable. People had their rights upheld by staff who knew the appropriate legislation which directed their roles.

People's likes and dislikes were known by staff who supported them in a way which was personal to them. People had positive relationships with the staff members who supported them. People had their privacy and dignity respected and information personal to them was treated with confidence. People had access to healthcare when needed and staff responded to any changes in need promptly and consistently. People were supported to maintain a diet which promoted well-being.

People were involved in decisions about their care and had information they needed in a way they understood. When people could not make decisions for themselves staff understood the steps they needed to follow to ensure people's rights were upheld.

People and staff felt able to express their views and felt their opinions mattered. The provider and registered manager undertook regular quality checks in order to drive improvements. The provider engaged

people and their families and encouraged feedback. People felt confident they were listened to and their views were valued.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risks of abuse as staff were trained and knew how to recognise and respond to concerns. Risks associated with people's care had been assessed and actions taken to minimise the risk of harm. People received assistance with their medicines by trained and competent staff members.

Is the service effective?

Good ●

The service was effective.

People were supported by trained staff members who had the skills to meet their needs. People's rights were upheld by staff members who were aware of guidance informing their practice. People had access to healthcare when they needed.

Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with those who supported them. People had their privacy and dignity maintained. People's personal information was kept confidential by staff members supporting them. Information was shared with people in a way they understood.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their own care and support. The provider responded to people's changing needs. People were able to raise any concerns and were confident any issues would be addressed to their satisfaction.

Is the service well-led?

Good ●

The service was well led.

The management team was accessible to those they supported. The provider and staff members had shared values regarding the support they provided. The provider had systems in place to monitor the quality of service provided and made changes when needed.

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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.

This inspection took place on 7 and 9 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a shared lives and domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection.

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 used this information to assist in our planning of the inspection.

We spoke with ten people receiving support, three relatives, six staff members, the registered manager, the nominated individual and one advocate. We looked at the care and support plans for two people. We also looked at records of quality checks, risk assessments, incidents and accidents, client surveys and feedback, medicines and details relating to staff recruitment.

Is the service safe?

Our findings

We looked at how people were kept safe from abuse. People told us they felt safe and protected when assisted by staff members from positive steps. One person told us, "I feel very safe with them (Staff) they have my interests at their heart." Staff we spoke with had an understanding of the different types of abuse and what to do if they suspected something. One staff member told us, "I would report anything immediately and complete an incident form to record what I saw." We saw one staff member raising a concern regarding one person they supported. They informed the registered manager. The registered manager had made notifications to the local authority when abuse or ill treatment was suspected in order to safeguard the individual.

The provider had systems in place to monitor any concerns raised and reviewed these on a regular basis as part of a management team. This was to identify any common themes or issues which could affect others. For example, following one concern the provider had accessed a "staying safe on social media and on-line" training programme for people and staff members. This was to minimise the risk of exploitation when using the internet and social network sites.

People told us they felt safe when receiving support from positive steps. People we spoke with told us they had individual assessments of the risks they encountered. For example people had assessments to minimise the risk of harm for mobility and falls, road safety and risks around the home. One staff member told us they had a full home environment risk assessment completed by positive steps. As a result a recommendation was for an additional fire extinguisher which was provided. Staff understood how to minimise the risks of harm for those they supported whilst still engaging in activities people enjoyed. One person told us how they cooked their own meals but with a little help. A staff member told us, "[Person's name] does struggle around the cooker. We support them to use other kitchen utensils like the microwave so they are still involved but in a way that is safe." The registered manager had systems in place to monitor any incidents or accidents and to investigate when required. For example, following an incident and a concern raised by the fire service the provider accessed training on fire awareness and prevention. This training was aimed at people using services and staff members. One person told us they went on this training and found it really useful as they now know how to prevent fires.

Staff members told us before they were allowed to start working with people they had to go through a safe recruitment and selection process. They told us this was to ensure they were safe to work with people. The registered manager described the appropriate checks that would be undertaken before staff could start working. These included satisfactory Disclosure and Barring Service (DBS) checks and written references. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. We saw records where these checks had been completed.

People told us they thought there were enough staff available to meet their needs. The provider had systems in place to ensure people received the correct amount of support in order to meet their needs. One relative told us, "We had a bit of an emergency and needed extra support. We contacted positive steps and they did all the arranging for us and got us the extra support we needed." The registered manager told us their initial

assessment was essential to ensuring the correct amount of support is provided from the start of their involvement. If changes in need are later identified they will arrange additional support to ensure they continue to meet the person's needs.

We looked at how people were supported to take their medicines. People told us they were prompted by staff members to take their medicines or assisted when they needed. One person said, "They [registered manager] did a check to make sure I could do my own medicines." We saw assessments for people and their ability to understand and to take their own medicines. When they needed assistance or prompts this was done by staff members trained and assessed as competent to assist. The provider had records of all medicines taken by people which also included side effects. Staff we spoke with knew what to look for if they were concerned about any side effects and what action to take if they suspected an adverse reaction. One staff member said, "We have regular checks to make sure we are following the right processes and to make sure those we support are safe."

Is the service effective?

Our findings

People we spoke with believed the staff supporting them had the right skills and training to assist them. One person said, "[Carer's name] has been on some recent training. They did first aid and health and safety. I know because we always talk about what they have done." Staff members told us when they first started training they were provided with an initial training programme which equipped them with the skills to fulfil their role. Staff members also accessed additional training relevant to those they supported. One staff member said, "I wanted more training on dementia awareness, what to look for and how to seek support. This was provided and I now feel I have a greater understanding of the condition."

People we spoke with and staff members told us they attended training events together. One person said, "I go where [staff member's name] goes and we learn together." One staff member said the benefits of attending training courses with the person being supported is that they can then discuss the course together. One person told us they attended an exercise, health and wellbeing event along with a staff member. They told us they really enjoyed it and were looking at making some lifestyle changes, along with the staff member and felt they could motivate one another."

Staff members told us they felt supported in their role and that they always had the opportunity to seek advice and support. One staff member said, "[Registered manager's name] comes out and sees us at home. We have the opportunity to talk about anything we like and seek any advice. It is informal and relaxed and this helps us to raise anything we want."

People received assistance from staff members who felt supported and motivated in their roles. Staff members told us they have the opportunity to attend social events as well as training sessions with other staff members. One staff member told us, "It is good to meet up with others and talk with new staff members as well as those who have been around for a while. It is an opportunity to share ideas, experiences and learning and to support each other."

People were supported to make their own decisions and were given choice. One person said, "It's all about me and what I want." One relative told us, "[Person's name] has a full choice of what they want to do, eat, and wear when they go to stay with positive steps. They can take their personal possessions and make their room their own whenever they go." Another relative told us when their family member first stayed with positive steps they went on a couple of trial stays. They were then able to decide if they liked it or not and if there were any changes they wanted to make.

People were supported to make decisions for themselves. When this was not possible staff understood current guidance which was followed in order to protect people's rights. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interest decision-making.

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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. The registered manager had made appropriate applications to the court of protection to ensure people's rights were upheld. At this inspection the decisions were still pending but the provider had taken action to ensure the least restrictive interventions were in place to maintain people's best interests. The provider had trained and prepared staff in understanding the requirements of the MCA.

People were supported to have enough to eat and drink and to maintain a healthy diet. One person told us, "I love to pick the tomatoes and have them for my tea. I can always ask for more if I want or just get it myself." One staff member told us, "We do have to promote people's healthy choices. Sometimes someone makes a decision which we cannot support as this would potentially damage their health. However we try and educate people and present opportunities for them to make positive changes to their diet." People received assistance to eat and drink enough to maintain well-being.

People had access to healthcare services and were supported to maintain good health. One person told us, "If I am feeling poorly I will just say to [Staff member's name] and they will sort it for me." Staff members we spoke with told us if they had a concern about someone's health they would always seek advice from a medical practitioner. We saw records outlining people's health needs and guidance for staff members informing them what to be aware of and what to do if they had a concern. One person told us about their ongoing medical issues. They said they had assistance from a staff member to help manage it and to keep well.

Is the service caring?

Our findings

People we spoke with described the staff who supported them as fantastic, lovely and great. People regarded those who they lived with or stayed with a great deal of personal regard. Staff we spoke with talked about those they supported with warmth, kindness, and a mutual respect. One person told us, "They (staff) are brilliant, fantastic in fact." A relative said, "At first I was a little apprehensive but then I saw just how well they (person and staff) got on together. It was lovely and gave me a great deal of reassurance."

Staff took the time to reassure people at times they felt worried or scared. One person told us, "I didn't like something and it made me feel a little scared. I told [staff member] and we made it better together." One staff member told us they noticed a change in one person's behaviour and that they were acting differently. They told us they allowed the person the space to physically express how they were feeling and when they were ready the staff member approached them to see if they could help. The staff member said, "I didn't anticipate how they were feeling but once they told me we were able to work through it together. However, what they needed at that point was space and time and when they were ready we could be there for them."

People told us they thought staff members communicated with them appropriately and in a way they understood. Staff members we spoke with told us they would adapt how they spoke with people depending on the person's personal styles and preferences. Some people were able to maintain a conversation when others needed other adaptations to prompt their understanding. We saw information was given to people in pictures when they wanted as a visual guide for what was being said. We saw a talking book provided by positive steps which gave people the information they needed in a way they could understand.

People were involved in making decisions about their own care and support. These decisions were recorded and staff were aware of how people wanted to be supported. One person said, "I met with [Registered manager's name] and I told them what I wanted. They listened and I can change my mind. They told me that was not a problem."

People receiving support were encouraged by positive steps to access advocacy services. One advocate told us, "Our role is to help those receiving support to have a free voice. To be able to be heard and to build relationships with people so that we are able to help them express themselves." The registered manager told us they promoted the use of advocates and regularly arrange coffee mornings and drop in sessions for people to attend. This is so people are able to express themselves in an environment they felt comfortable in. One advocate told us, "If someone feels safe and comfortable they are more likely to talk to you and express what they want. This is supported by positive steps who I believe are eager to get it right for people."

People told us their privacy and dignity was respected by staff providing support. One person said, "I get my own room and my own space." One staff member told us, "We recognised someone would become embarrassed at times they needed assistance. We had to go slowly with them and take personal care at a pace that they decided. Our assistance is now minimal as they have got the skills to help themselves and we are just there in case we are needed."

People were supported to develop their existing skills to maintain their independence. One relative told us, since [relative's name] has been going to positive steps they have really come out of their shell. I have noticed just how independent they are becoming and I believe this is because they are exposed to greater life experiences with the support of the staff members."

Staff members we spoke with understood the need for confidentiality and told us they never discussed anyone's private information with anyone who wasn't entitled to it. If information needed to be disclosed the staff member would seek the permission of the person or encourage them to share the information themselves.

Is the service responsive?

Our findings

People told us they had care plans which were personalised to them. We saw information contained in the care plans detailed what people thought staff members needed to know in order for them to do their job. One person said, "I met with [registered manager's name] at the start. We talked all about what I liked and what I wanted." One relative told us how their family member was very resistant to change and new experiences would cause stress and anxiety. They told us the registered manager came out on three separate occasions and built a relationship with their relative before they even started to discuss a placement. This relative said, "They took to time to get to know us all and this really helped the transition to accepting their help and support. I think if they didn't do this it would have failed."

We saw records of people's likes, dislikes, personal histories and social interests. When people first received support from positive steps they would be matched with a staff member most appropriate to assist them. One family member told us, "After they (positive steps) found out all about [relative's name] they identified the most appropriate match for them. Someone who would not only support them but who would share the same interests in life. They would then have the opportunity to have a trial stay with them before any permanent decision was made." One staff member said, "When first supporting someone we will always meet in a safe natural place and have a chat over a coffee. It is a good starting point to get to know someone."

People, and when needed family members, were involved in regular reviews to ensure they were receiving the right support to meet their needs. One person told us, "They [registered manager's name] comes out once a month. We can have a chat and they ask me all about my support and if I need any changes." Relatives we spoke with told us they felt included in the planning of their family members support and that their opinions mattered to positive steps. One relative told us, "We were a bit anxious that we would be told how they were going to care. The reality is that [relative's name] tells them how they want their support. We were not expecting that."

Staff we spoke with knew the individual needs and preferences of the people they supported. Personal likes and dislikes were recorded and staff could tell us what people's preferences were. For example, one staff member said, "[person's name] has a great love of all things chocolate. We do need to help them make positive choices but this is something they truly love." Another staff member told us, "[Person's name] has limited experiences of different foods. They tell us they want to keep trying different foods and so we do this all the time with them. They still can't handle the spicy foods just yet. But they are working at it."

People felt comfortable about raising any concerns or complaints with staff members or the registered manager. One person said, "If I am worried I will just go straight to [staff member's name] and they will help me." We saw people had access to the complaints policy and information in an easy to read and follow format. No one we spoke with told us that they had ever had the need to raise a concern. All those we spoke with told us should they feel the need to make a comment they felt it would be responded to appropriately. They had confidence it would be addressed sensitively and efficiently by positive steps. The registered manager had processes in place to respond to any concerns raised.

Is the service well-led?

Our findings

People told us they felt involved and informed about the service that was provided. People knew who the management team were and told us they saw them regularly. People told us they met with the registered manager individually once a month or whenever they wanted to see them. People and staff members told us that they can contact the positive steps office at any time and they felt their contact is always welcomed. One staff member told us their preferred method of contact is by email and they always receive an immediate response.

People and staff members told us they are informed about developments within positive steps by regular news letters. We saw newsletters which contained information regarding training and social events as well as general guidance to support people and staff. The registered manager told us they hold regular training events and social occasions as well as drop in advice sessions for people and staff members to attend. It is during these events people can discuss aspects of the support they receive as well as just having a good time.

People and staff told us they believed the provider created a culture that was open and transparent. One staff member told us they received praise and a thank you when it was appropriate but also constructive criticism when direction is needed. They gave us an example when they changed how they approached the advice they had given someone they supported. The staff member told us, "In hindsight I recognised what was said had been inaccurate and this was constructively pointed out by the management team. I learnt from it and correct any mistakes I had made." Staff members used feedback they received constructively in order to make positive changes about how they worked with people. People were supported by staff members who worked transparently and who were open to direction by a supportive management team.

We asked staff members what they believed the values of positive steps were. One staff member told us, "It is always about putting the person first. Making sure they are appropriately placed with the right person so the experience is positive and fulfilling for all those concerned." People we spoke with told us they found their placements had a positive impact on their lives and personal development.

Staff members told us they felt valued by the provider and any ideas or suggestion were appreciated and actioned if necessary. One staff member told us they believed as an organisation they needed different recording methods for those they supported. They said, "These systems have now been introduced and it feels like a breath of fresh air. Information can be easily accessed if needed meaning people receive a more efficient service."

Staff members told us there were appropriate policies in place to guide their practice including a whistleblowing policy. Staff understood the whistleblowing process and felt they would be supported by the provider should they ever need to raise a concern. Staff understood what was expected of them and were supported to complete their role. Staff told us they felt the management team was supportive and approachable for advice and guidance when they needed.

People were regularly asked for their feedback on how their care and support was provided including any recommendations for change. One person said, "We receive questionnaires in the post along with a stamped addressed envelope which encourages us to fill it in and send it back. To be honest everything is great and I have no recommendations for improvement." Other people and relatives told us if they did have a recommendation they would raise it at a social drop-in event or just phone and talk to the registered manager. All those we spoke with told us they felt any comments would be welcomed and actioned by the provider.

At this inspection there was a registered manager in post. The registered manager maintained their personal and professional development by attending regular training and support sessions appropriate to their role. Any learning or changes to practice were cascaded to staff members through regular team meetings or one to one sessions. The management team understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. Following quality checks and feedback the registered manager identified some of their social events and support sessions were not being accessed by people. They identified this was possibly because of the rural location of some of the placements. As a result they rotated the social events so that they took part in people's home towns and villages. At this inspection we saw details of the next social event taking place in a rural village which was more accessible to people in that area.

The registered manager told us they utilised the services of an external organisation to complete a mock inspection to identify any areas they could improve. We saw details of this mock inspection report and the actions completed as per its recommendations. We saw the management team had identified what changes needed to be made and then individualised these to those they supported. The provider and management team had a clear plan for the development of service they provided. This was split into six monthly achievable targets which was reviewed and included the progress made and what was still required. The registered manager told us that in addition to the expansion of the service they were also looking at expanding on people's experiences of work to increase social and vocational skills for people. People were supported by a provider and management team who had quality systems in place and made changes for improvement when required.