

Step-A-Side Care Limited

Market Place

Inspection report

29 Market Place
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Date of inspection visit:
22 October 2018

Date of publication:
09 November 2018

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

Market Place is a small home divided into two flats which provides care and support for two adults with learning disabilities. The care service had been developed and designed in line with the values that underpin the 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.

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.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they felt safe. Staff understood their responsibilities to keep people safe from harm. Risk assessments were in place and these promoted people's independence when at the service and when accessing the community. Medicines were managed safely. Incidents and accidents were reported and lessons learned were shared with staff. Safe recruitment practice was followed and there was enough staff on duty to meet people's needs.

Staff were trained and supported to carry out their roles. People were supported to have enough to eat and drink. 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.

People using the service said staff were kind and caring and that staff respected their privacy and dignity.

Care and support plans were person centred and detailed people's personal goals. Staff knew people well and understood their needs. People confirmed that staff supported them as they wanted. Complaints were reported, investigated and resolved. Feedback from people and their relatives was sought.

There were robust quality assurance processes in place. Staff spoke highly of the registered manager. The provider's values were embedded in the day to day support of people.

Further information is in the detailed findings below.

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 remains Safe.

Is the service effective?

Good ●

The service remains Effective.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Responsive.

Is the service well-led?

Good ●

The service remains Well-led.

Market Place

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 was a comprehensive inspection. The inspection took place on 22 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed other information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the 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.

During the inspection one person living at the service chose not to meet us and the other person was out, although both provided us with feedback after the inspection. During the inspection we spoke with four members of staff and the registered manager. We reviewed both people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints. After the inspection we received feedback from one person's relative and two health and social care professionals who had worked with the service.

Is the service safe?

Our findings

The service remained safe. People said they felt safe. One person said, "Yes, I'm a lot less anxious living at Market Place." Another person said, "[Names of staff] look after me."

Staff had been trained to keep people safe. One member of staff said, "Any concerns, like bruising, I would document it on a body chart, write it in the notes and report it to [registered manager]." Another said, "I'd report anything I was worried about. We've got safeguarding procedures to follow." Staff also said they felt confident to report any concerns about poor care. Another member of staff said, "I'd report it and would be happy to go higher, or to care quality commission. Poor care is just not acceptable."

Care plans contained risk assessments for keeping people safe whilst also maximising their independence when at the premises and when accessing the local community. For example, the risks had been assessed for one person to use public transport on their own and to go to the local pub. One person was at risk of seizures and the plan informed staff how to keep the person safe whilst also maintaining their dignity when they were bathing. People were supported to prepare meals and risk assessments had been carried out to ensure people stayed safe in their kitchens. For example, one member of staff said, "[Person's name] can make a cup of tea on their own, but they might need help if the kettle is too full." People living at the service had been provided with a 'health and safety guide.' This was in easy read format and included information such as how to cross the road safely, the importance of hand washing and kitchen safety.

The provider had procedures in place to ensure that only suitable staff were recruited. These included inviting them for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with adults. People were involved in the recruitment process. The registered manager told us, "Potential new staff come and do some shadow shifts after interview. We then ask for feedback from the people living here."

There was enough staff on duty to meet people's needs. One person's relative said, "There has always been sufficient staff when I have visited and the manager or other senior is available for review as necessary." The registered manager said, "Staffing is based on people's needs. When both people are home, they have one to one staffing."

Medicines were managed safely. Medicine administration charts had been signed in full to indicate people received their medicines as prescribed. One person was self-administering their medicines. The registered manager said that previously staff had been administering them, and that they had supported the person to challenge this process. Risk assessments had been carried out and the person was now able to do this independently. Staff regularly monitored the person's stock balance to ensure the correct number of tablets had been taken. When people went out for the day or longer, there was a process in place for counting medicines out and back into the service. Some people had been prescribed creams or lotions and in these

cases there were clear instructions in place for staff to know when and how often these needed to be applied.

People were supported to carry out household chores to keep their own flats clean and tidy. Some people were happy with this; others preferred not to keep their personal space tidy. Staff had worked closely with the person and a member of the psychology team in order to promote a clean environment for them to live in. Staff were aware that going into the person's flat to clean could cause anxiety for them. Therefore, in order to minimise any distress the staff had considered other options such as cleaning the flat with the person if they agreed to this or for a member of staff of the person's choice to clean it for them. The registered manager told us staff would vary their approach depending on what the person wanted.

Incidents and accidents were reported. When incidents had occurred, lessons had been learnt and shared with staff in order to avoid recurrence.

The premises were well maintained and safe. Safety reviews and regular servicing of utilities such as electrical checks, regular fire alarm testing and drills were carried out.

Is the service effective?

Our findings

The service remained effective. People's needs and choices were assessed and regularly reviewed. This included input from a psychologist from pre-assessment through to when people moved to the service.

Staff had been trained to carry out their roles. There was a plan in place which showed which training staff had completed and when refresher training was due. One member of staff said, "The training is very good, it's a mix of on-line and face to face." Another member of staff said, "All my training is up to date. We cover all aspects of the role, such as positive behaviour management, communication, equality and diversity. There is honestly no part of my job that I've not been trained for." One health and social care professional said, "[Registered manager] is happy to agree training as and when required if this fits the needs of the staff team and the individuals they are supporting. This demonstrates a level of commitment to developing quality skills within the team."

Staff had regular supervision sessions with their line manager. This meant there was an opportunity for staff to discuss their performance, their training needs and access support in their roles. Regular staff meetings took place and annual appraisals were also undertaken. All of the staff we spoke with said they felt supported. One member of staff said, "I don't have to wait for supervision. I know I can go to [registered manager] anytime. [They] are very good if I've got a problem." Another member of staff said, "I feel really well supported working here."

People were supported to plan and prepare food and drink. One person said, "[Staff name] helps me cook dinner." Another person said, "I order a takeaway on the phone and go and collect it." One member of staff said, "[Person's name] enjoys healthy food. We plan the weekly menu together and then we cook together and eat together. We made a cottage pie the other day." Care plans detailed the level of support people needed. For example, in one person's plan it was documented the person, "Needs support to follow recipes and to measure ingredients."

People had access to ongoing healthcare. Hospital Passports and Health Action Plans were in place. Staff supported people to attend appointments. One person had previously refused to see a dentist, and with staff support they had attended appointments and undergone dental treatments. In this person's 'achievement book' staff had written, "Cleaned teeth with new toothbrush. First time in ten years – an absolutely huge achievement. Well done, we're all proud of you." The same person was now going to the GP surgery alone. People attended annual health check-ups and the registered manager said staff worked closely with the community team for learning disabilities for specialist advice and support. One health and social care professional said, "Staff listen and take everything on board that you are saying and write everything down so they have a record of what is being asked. If there is an issue or there is something they are not 100% sure about then they are quick to ask and don't leave it until we have left."

People living at the service had their own flats. These were decorated and furnished to people's own personal taste. One person said the best thing about living at the service was "My big bedroom."

Staff remained knowledgeable about the principles of the Mental Capacity Act. Some people using the service had the capacity to make their own decisions and staff supported them with this. Other people lacked the capacity to make some decisions about their care and support needs. Mental capacity assessments had been carried out and there was documentation in place to show how best interest decisions had been reached. People had access to advocacy services. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was meeting these requirements.

One member of staff said, "I always ask people, speak to them, rather than assume. We can use pictures if people can't read or don't understand. The best thing is to ask people what they want." Another member of staff said, "I took [person's name] shopping for clothes the other day. I suggested a shop and they said yes. We walked around the shop and they picked out things they liked, and I showed them things I thought they'd like. I did remind them the weather was getting colder and so they should probably look at warmer clothes. They chose to spend their money on what they wanted."

Is the service caring?

Our findings

The service remained caring. One person nodded when asked if staff were kind to them. Another person said staff made them laugh when they [the person] jumped out on staff. One person's relative said, "The staff are as caring as [person's name] will allow them to be. They work very hard to do their job. [Person's name] can be very angry and rejecting; however staff appear not to take the abuse personally and come back for more."

Feedback from health and social care professionals was positive. One said, "The staff who I have had the pleasure of meeting have all been really positive in their manner, and have a positive attitude towards the company and the service users. The team are very motivated with exploring new techniques and new ideas for people. They need little encouragement and they have interest, initiative and enthusiasm towards their job which goes a long way and I find this comforting and it fills me with confidence with the team." Another health and social professional said, "From my perspective, the staff demonstrate a high degree of care for those they support; this is not only illustrated in everyday interactions with individuals, but also through attendance at monthly meetings." One of the compliments we saw read, "Huge congrats to the staff team for all their hard work and commitment in relation to supporting [person's name] to eat more healthily, regularly and consistently. Huge achievement and reflects the teams commitment."

Staff spoke highly of their roles. Comments included, "All the staff here are very supportive and understanding of the people we support. Everything we do is based on the choices of people living here" and "I wouldn't change a thing here. We work hard to promote people's choices and independence."

Staff understood the need to protect people's privacy and dignity. One member of staff said, "I respect the fact that the flat is [person's name] home. I will wait to hear [them] moving around upstairs and then I'll knock the door and call out as I'm walking up the stairs. If I get no answer, I'll come back down and try again later." Another member of staff said one person needed a member of staff with them whilst they had a bath because of the risk of seizures. The staff member said, "I sit and face the shower when [person's name] is in the bath. I'm there if they need me, but they've also got their privacy." One person was going out on the day of the inspection. The registered manager asked them if they wanted to meet us, but the person declined and the registered manager respected their decision.

The atmosphere was friendly and calm. Although only one person was at the service for a short period during the inspection, we heard them laughing and chatting with staff.

People were encouraged to express their views and feedback was sought. The provider undertook annual surveys across all of their services although the analysis of this was not location specific. However, because the home was small, people had access to the registered manager and staff whenever they wanted. The registered manager said, "People can just come and speak to me if they have a problem. One of the people living here will phone me or text me if they have something to tell me about."

Is the service responsive?

Our findings

The service remained responsive. Care plans were person centred and included information about what was important to people, their goals and things they were good at. People's daily routines, such as the time they preferred to get up and go to bed had been recorded. There was a clear focus on maximising people's independence and promoting their well-being. One person's relative said, "[Person's name] has many opportunities to develop skills for independence within [their] capabilities" and "[They] are supported to shop fairly independently but is reluctant to cook despite plenty of support being available." Another person was being supported to continue their education. The plan for this person detailed how the person set their alarm every evening before going to sleep and that they liked staff to knock on their bedroom door each morning to remind them of the time. One person's 'achievement book' showed they had successfully registered at the local library, helped to change their bed, gone shopping and asked for a receipt.

Plans in relation to personal care needs were also informative. There was detail on the level of support people wanted. For example, one person preferred a wet shave each day and the plan guided staff to support the person with this whilst encouraging them to do as much as possible themselves. Another person was able to dress themselves but needed assistance with belts and zips.

Therapeutic behaviour support plans were in place. These included known cues and triggers and guided staff how to minimise these as well as how to distract people if they became upset or angry. These were regularly reviewed and people were involved in these along with staff members and health and social care professionals. The registered manager said, "[Person's name] had a review recently with the psychologist and we went through all of [their] achievements. [They] loved being praised for what they'd done."

People had a wide and varied social life based on their preferences. People ate out in the local community and went on trips. One person had just spent the weekend with their family. One person worked locally and was in the process of looking for another job in a shop. A member of staff said, "[Person's name] loves watching films. We sometimes end up watching the same film every night for a week because they want to." One person attended a local club regularly and another enjoyed meeting friends at a local pub. The registered manager said, "I've taken people on holiday on my own before. I also took [person's name] to badminton horse trials because they love being around horses so much. This was all in my own time, and I did it because I like to see people happy." A member of staff said, "The list of good things I do with people is endless. Sometimes it might be suggesting to [person's name] that they come and walk my puppy with me. Or it might be going out into the community. If you can get someone to do something they've never done before, it's a great feeling."

Staff we spoke with demonstrated a good understanding of people's support needs. When we asked, people confirmed staff knew them well. One person said staff took them out and cooked their dinner. They smiled as they said this. One person's relative said, "The staff at Market Place know [person's name] extremely well and are very familiar with [their] care needs." One health and social care professional said, "Staff know their service users very well. They are very compassionate, caring and committed to providing the best level of care and needs for people they support. The staff adapt their knowledge and understanding to make sure

they are being person centred."

There was a complaints policy in place and this was available in an easy read format for people. No complaints had been received in the previous twelve months.

There were end of life plans in place. One of these had been completed and included information about how the person wanted to be cared for at the end of their life.

Is the service well-led?

Our findings

The service remained well-led. 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 registered manager was aware of the requirement to notify the care quality commission of important events affecting people using the service and we had been notified of events when they occurred.

The values of the service were embedded. The registered manager said, "I promote young people as much as possible. I get huge job satisfaction when people achieve a little something." One member of staff said, "I see my role as supporting people around the home and in the community, encouraging them to be independent."

Quality assurance processes were in place. Regular audits were carried out, including medicine audits, risk assessment audits and environmental audits. The registered manager undertook 'spot checks' on staff which staff were unaware of. They said, "Staff don't know I'm doing it until we sit and discuss it afterwards."

People and their families were engaged and involved in the service. Regular feedback was sought from people. There were good links with the local community. The registered manager said, "There's a local competition at Christmas for the best window display, so we always get involved in that." They also said they were active in the local council provider's association. Regular newsletters were produced for people and staff. The registered manager said, "One of the directors will interview a member of staff with people from the different services and that gets published in the newsletter. It's a good way of getting people involved."

Staff spoke highly of the registered manager. One staff member said, "I have a great relationship with [registered manager]. [They] are so experienced and really look after the team." Another member of staff told us, "[Registered manager] is amazing. Really understanding and listens to what we say. [They] are also very involved with the residents here. My old manager was always in the office."

The provider sought feedback from staff and acted upon it. We looked at the results from the latest staff survey where some staff had said that change was not well managed or communicated within the provider's services. As a result the provider had implemented a staff application called basecamp. We saw this in use and staff told us it enabled them to receive real time information related to the service as well as provider led communication. For example, training opportunities were announced, as well as staff being informed about the free flu jab programme and Christmas parties. One member of staff said, "I can't think of a better company to work for. I enjoy my job."

Staff told us they were regularly asked for input on how to improve the service. One member of staff said, "We're encouraged to speak up in team meetings and make suggestions for how to do things better."