

Steps 2 Limited

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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

The inspection was announced and took place on 6 November 2018.

Steps 2 Limited provides personal care and support to people in their own homes. It covers the geographical area of the Worthing and surrounding area. Personal care is provided to people with a learning disability, people with mental health needs and people living with autism. As well as providing personal care to people the provider supports people with social, recreational activities. At the time of the inspection five people were supported with personal care.

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 said they felt safe with the provider's care workers who had a good awareness of the importance of protecting people. Risks were assessed and there were clear procedures for care workers to follow to ensure people were safely supported. Medicines were safely managed. Checks were made on the suitability of new care workers to work in a care setting. Care workers followed procedures to prevent the spread of infection. Reviews of care and incidents took place.

Care workers were supported well and had access to a range of training courses including nationally recognised qualifications in care.

People's nutritional needs were assessed and people were helped with food and drinks. Health care needs were assessed and the provider made referrals to health services where this was needed. People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider had a good knowledge of the Mental Capacity Act 2005 and made appropriate referrals to the local authority when people did not have capacity and whose freedom was restricted for their own safety.

Care workers treated people with kindness and respect. People were involved in decisions about their care and their independence was promoted. Care workers ensured people's privacy was upheld.

People's needs were comprehensively assessed and care plans were of a high standard reflecting people's needs, preferences and choices. Health and social care professionals viewed the service as providing person centred and responsive care. People's communication needs were assessed and pictures, mood boards and signage was used to involve people in decision making.

The service was well led and was responsive to the challenges it faced. The registered manager and provider had a clear vision of the service provision as well as plans to develop it. The provider ensured care workers

were supported to develop their skills and knowledge. There was a system of checks and audits regarding the safety and quality of the service provided.

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 Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Steps 2 Limited

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 was 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 6 November 2018 and was announced. The inspection was carried out by one inspector. We gave the service 48 hours notice of the inspection visit because we needed to make arrangements to visit people in their own homes and to ensure care workers and the registered manager would be at the provider's office.

Before the inspection we checked information that we held about the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited two people in their homes accompanied by care workers. We spoke with both these people regarding the care and support they received and observed care workers providing assistance to people. We spoke with a relative of one person. Prior to the inspection we sent survey questionnaires to four people, four relatives, six care workers and six professionals to ask them for their views on the standard of care provided. We received responses from four people, four care workers and three professionals. We also spoke with two care workers and the registered manager.

We looked at the care plans and associated records for three people. We reviewed other records, including the provider's internal checks and audits, care worker training records, care workers rotas, accidents, incidents and records of medicines administered to people.

Is the service safe?

Our findings

Care workers were trained in safeguarding procedures and had a good awareness of the principles of this guidance and legislation. People and their relatives told us they felt safe with the care workers. Health and social care professionals said care workers protected people from possible abuse. Photographs and names of care workers were provided to people with contact details of who to contact in an emergency. The risks of possible abuse were assessed for each person and included the risks of abuse regarding discrimination on the grounds of race, gender, age or disability. We observed care workers checked people were safe. Care workers had a good knowledge of the risks and vulnerabilities of people.

Risks to people and care workers were assessed and covered a range of needs and scenarios. For example, there were lone working assessments for care workers, assessments of risks to both people and care workers when in people's homes, moving and handling assessments and independent living risk assessments. Risks of falls were assessed and records maintained to monitor the frequency of falls to determine any patterns. Care records showed incidents, falls and accidents were recorded, reviewed and appropriate action taken when needed.

People, a relative and health and social care professionals told us a reliable service was provided, that care workers arrived on time and stayed the agreed length of time. The provider organised the allocation of care workers to the times care was to be provided to people on a rota. Care workers confirmed their work schedule was organised so they arrived on time and stayed the agreed length of time with people.

Checks were made that newly appointed care workers were suitable to work in a care setting. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual care workers to work with people in a care setting. People were involved in the recruitment of care workers and took part in the interview and selection process.

Medicines were safely managed. Care plans set out the support each person needed with their medicines. Records were kept when care workers supported people to take their medicine.

People said care workers followed procedures regarding infection control such as using hand gels and gloves. Care workers were trained in food hygiene and infection control.

Is the service effective?

Our findings

People received effective care from well-trained care workers. People and their relatives said the care workers had the skills and knowledge to meet people's needs. For example, a relative told us the care workers were very good at interacting with people and dealing with behaviour. This relative also said the service was good as the care worker team was consistent and reliable, which enabled people and care workers to get to know each other. Health and social care professionals confirmed the care workers were competent in providing care and support. Care workers told us they were always introduced to people before working with them and that a consistent team of care workers allowed them to get to know people's needs well, which in turn was effective in supporting people.

The provider had good working links with educational establishments. The service was accredited with a local university to take occupational therapy students on placements. This enabled the service to be open to new ways of working. A care worker said occupational therapy students would often undertake specific work with people. The provider also had links with local authority training forums for the care workers. A range of training was provided for care workers, including courses which were considered mandatory for care workers to attend and refresh at intervals in subjects such as first aid, moving and handling, medicines management and competency, food hygiene, contamination by substances hazardous to health (COSHH), care of people who were living with a learning disability, specific mental health conditions, communication methods such as Makaton, health and safety and infection prevention. Completion of the courses was monitored by the provider. Care workers were supported to attain nationally recognised qualifications in care and in management.

Equality and diversity training was provided to care workers who demonstrated their commitment to promoting people's rights to a good standard of care, independence and treating people with respect. Care workers were motivated and enthusiastic about their work with people.

Care workers received regular supervision, felt supported in their work, and, considered the standard of training to be good.

Care workers confirmed they received an induction to prepare them for their job and this involved an assessment of their competency to work effectively and safely with people. The induction included enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.

People's nutritional needs were assessed and records showed this was monitored by care workers. People's weight was also monitored to check for any weight loss or gain. A relative commented that the support of care workers was effective in promoting a healthy diet and achieving a healthy weight. We observed a care worker supporting a person with their breakfast. This involved supporting the person to eat health food.

The provider worked with other organisations to deliver effective care. This included local authority social

services teams and health care services. People's health care needs were monitored and referrals made for assessments and guidance, such as to the speech and language therapy services, when needed.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA and whether the correct action was taken where people's liberty was restricted. Care records showed people were consulted about their care and we observed care workers consulted and involved people when they supported them. Care workers were trained in the MCA and the registered manager had a good knowledge of the legislation. Where people did not have capacity, this was assessed and recorded to a good standard. The registered manager made appropriate referrals to the local authority where people did not have capacity to consent to their care and treatment and where their liberty was restricted for their own safety.

Is the service caring?

Our findings

People said care workers were caring and kind and treated them with respect and dignity. For example, one person told us how fond they were of the care worker who supported them and another said, "They are kind and helpful. I have made lots of friends." Health and social care professionals also confirmed care workers were kind and caring.

Care workers demonstrated they promoted values of compassion and ensuring care and support was person centred and based on people's needs and preferences. For example, one care worker said, "The ethos of Steps 2 is to be kind, compassionate. To treat people with respect and dignity. To live independently in the community like everyone else." Another care worker said, "Everything we do is putting the client at the centre." We observed care workers had good working relationships with people who they knew well. Care workers were patient and kind and spoke to people calmly and in a friendly manner. People, in turn, responded to the care workers. A relative told us care workers were skilled in dealing with mental health needs and the provider confirmed future training for care workers will include supporting people with emotional needs. Care records showed people were supported with personal relationship issues.

Care plans were person centred and showed people's care reflected their preferences and choices. People were consulted about their care and involved in decisions. Communication tools were used to consult people about what they wanted. We observed care workers and people discussing and agreeing plans for the day as well as more long term support people requested. One person told us the care workers consulted them about what they wanted adding that they were able to make choices in how they were supported.

People were supported to be independent and care plans demonstrated this. For example, one person told us how the care workers supported them to live independently by facilitating them with domestic as well as personal care. Care workers knew the importance of ensuring people's privacy was upheld and gave us examples of how this was done. For example, one care worker said the importance of promoting privacy was covered in their training and said they always ensured people's privacy was upheld when providing personal care.

Is the service responsive?

Our findings

People received a responsive service. Community health and social care professionals were very positive about the standard of care provided to people. One professional told us, "In my experience Steps 2 are a professional, person centred service who respond quickly and effectively to changes in service user's needs and to emergencies affecting their lives. They are flexible in the service they provide." Another professional commented, "I would personally rate this service very highly. They have been very effective working with people I have referred to them achieving goals I wouldn't have expected they would be able to. They are proactive and helpful and benefit from their very knowledgeable and expert managers. They are my preferred service." A recent audit by the local authority identified the service as having evidence of high quality care.

Assessments of people's needs and care plans were comprehensive and detailed. The care and support people received was holistic and included social, recreational and occupational needs as well as personal care.

Copies of assessments and care plans were held at people's homes and were in a format for easier understanding by people and their relatives. The care plans were thorough and demonstrated people's needs were assessed to an exceptional standard. For example, a document entitled 'Personal and Intimate Care Assessment,' used pictorial diagrams for easier understanding by people with prompts on how to support people also in pictorial format. These showed care workers whether people were independent or could be prompted to complete a task independently by showing them a pictorial sign, or if physical assistance was needed or a full physical assistance. The level of detail in the care plans showed care needs were extensively assessed and that there was attention to detail. For example, the range of tasks for supporting someone to dress included assessment and planning for each individual item of clothing. Another example included details of how many towels were needed to help someone with a shower, and, which towel was used for specific tasks. Details were recorded of what care workers should say to people, such as, 'It's time to get undressed for a shower. Would you like a hand?' This level of detail was included in care plans for other care and social needs. There were care plans for behaviour needs which were comprehensive and gave care workers clear guidance on how to respond and engage with people. The care records demonstrated attention to detail when any incident or accident occurred. A review of the situation took place and consideration was given as to whether any changes were needed or onward referral to other agencies such as social services. There were comprehensive details about mental health needs, such as what symptoms to look out for and how care workers should respond. Health care assessments were included with care records so these could be used in planning people's care; these included multi-agency mental health planning meetings called the Care Programme Approach.

Care workers said the care plans gave them the information to be able to provide the right care to people. Meetings with care workers and the registered manager also took place every two months where people's needs were discussed.

The provider facilitated social and recreational activities for people who received personal care as well as

helping people with domestic matters such as bills and liaising with landlords. People were able to attend a social group and cookery sessions provided by the service, which people said they enjoyed and helped them make friends. One person told us the care workers were assisting them to seek employment.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. This was an area the provider achieved good outcomes for people as the assessment of communication needs and the use of specialist signs empowered people to be independent and involved in decisions about their care. The registered manager told us how they and the care workers evaluated the effectiveness of how they worked with people. This included the registered manager reviewing the way care workers asked questions to one person, which resulted in a change of approach which was more effective. This showed the provider used reflective practice to achieve better outcomes for people. Each person had a Communication Passport with details for care workers and others to speak to and communicate with people. Records showed referrals were made to speech and language therapy services for people to get specialist advice.

People said they knew what to do if they had a concern. For example, a relative said they felt able to raise any issue or concern with the registered manager who dealt with and resolved any matter discussed. There have been no complaints made to the provider.

Is the service well-led?

Our findings

The service was well-led with a clear strategy to deliver person centred care. In addition, the provider supported people with other aspects of their life such as social and recreational needs as well as housing and employment.

The provider supported care workers to enhance their skills and knowledge as well as their professional development. The performance of care workers was monitored by direct observation. Care workers said the culture of the service was to be led by people's needs and to provide person centred care. Equality and diversity training was provided to care workers who said this integral to the way they worked. The provider confirmed they were committed to promoting the rights of people who had a disability and advocated for people regarding access to community facilities where disabled access was limited as well as supporting people to have adaptations made to their accommodation.

Care workers said they felt supported and able to raise any queries or concerns with the registered manager. There were forums for care workers to discuss the care of people and the operation of the service. Care workers and relatives spoke highly of the registered manager as being approachable, friendly and responsive. Health and social care professional also said the registered manager was accessible, responsive and worked hard to continually improve the service.

The views of people and professionals on the standard of care provided were obtained using a survey questionnaire. These were in pictorial format for easier understanding by people. The feedback from these was very positive. People were also empowered to have their voice heard by an advocacy group facilitated by the provider and attended by people if they wished. People were also involved in the recruitment of care workers.

The service had a registered manager. 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.

A number of systems and processes were used to audit and check the quality of the service including a self-assessment tool, a medicines audit, care worker files and training audit as well as care plan checks.

Records were well maintained. The provider was aware of the need to protect information on both care workers and people and the guidelines as set out in the General Data Protection Regulation (GDPR), which was effective from 25 May 2018.

The care workers worked well with other agencies to provide coordinated care to people. This included the attendance at provider and manager forums run by the local authority.