

Step-A-Side Care Limited

# Step-A-Side Care Limited (Domiciliary Care)

## Inspection report

29 Market Place  
Coleford  
Gloucestershire  
GL16 8AA

Tel: 01594501230  
Website: [www.stepsidecare.com](http://www.stepsidecare.com)

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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

Step-A-Side Care Limited (Domiciliary Care) is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to younger disabled adults. At the time of our inspection visit the service was supporting two younger adults.

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. In this report we refer to Step-A-Side Care Limited (Domiciliary Care) as Step-A-Side.

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

Why the service continues to be rated 'Good'.

Improvements had been made to the recording of assessments of people's capacity to consent to the care and support provided to them. 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.

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.

People were protected from harm and abuse through the knowledge of staff and management. Robust staff recruitment procedures were followed. Staff were supported through training and meetings to maintain their skills and knowledge to support people.

People received support from caring staff who respected their privacy, dignity and the importance of maintaining their independence.

There were arrangements in place for people and their representatives to raise concerns about the service. Effective quality monitoring systems were in operation. The registered manager was approachable to people using the service and staff.

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 effectiveness of the service has improved.

Improvements had been made to the recording of assessment of young people's mental capacity to consent to their care in line with the principles of the Mental Capacity Act (2005).

Young people's needs were assessed to ensure they could be met before they received a service.

Young people were supported by staff who had the knowledge and skills to carry out their roles.

### 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.

# Step-A-Side Care Limited (Domiciliary Care)

## **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 28 March 2019 and was announced. We gave the service prior notice of the inspection visit because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started and ended on 28 March 2019. We visited the office location on 28 March 2019 to see the manager, speak with staff; and to review care records, staff records and policies and procedures. Following this visit we received the views of relatives of people using the service and staff through e mail and telephone calls. We also contacted commissioners who confirmed they had no concerns about the service.

We reviewed records for people using the service and checked records relating to staff recruitment, support and training and the management of the service. 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. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

# Is the service safe?

## Our findings

Young people were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff described the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues would be dealt with correctly. Staff had received training in both safeguarding adults and children.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Risks to people were identified and managed. Young people had general risk assessments in place which gave staff information on managing any identified risks such as, transport in vehicles, moving and handling and personal care. A plan was in place to deal with any interruption to the service caused by events such as adverse weather.

Young people were supported through sufficient levels of consistent staff support. The registered manager explained how the staffing was arranged to meet the needs of young people using the service. Continuity and consistency of staff was important for people and so no agency staff were used. A young person's relative told us "They don't send anybody who doesn't know (the person)". Young people's relatives felt assured young people would receive their care with staff described as being "reliable and flexible".

Young people were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Young people's medicines were managed safely. Care plans contained information to guide staff on how to support people to take their medicine. Audits of people's medicine administration records were carried out to reduce the likelihood of medicine errors. Staff received training and competency checks for supporting people with their medicines.

Young people were protected by the prevention and control of infection. Staff had received infection control training and demonstrated a good understanding of the potential effect of an infection on one young person. Flexible staffing ensured the young person was not supported by staff when they were suffering from an infection or a virus. Spot checks on staff included checking personal protective equipment such as disposable gloves were being used where appropriate.

A system was in place to investigate and learn from accidents and incidents. Although no accidents or incidents had occurred with young people currently using the service.

# Is the service effective?

## Our findings

The Mental Capacity Act (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.

At our inspection of July 2016, we found there was no recorded evidence that young people's mental capacity had been assessed to establish if they could consent to the care and support provided by Step-A-Side. At this inspection we found improvements had been made and assessments had been made of young people's capacity to consent to decisions about aspects of their care and support.

Young people's needs were assessed to ensure they could be met before they received a service. Information was gained from commissioners as well as an assessment of needs with the person and their representatives. Technology was used to monitor visit times in conjunction with people receiving care funded by the local authority. This supported the registered manager to ensure people received their care as planned. Electronic communication was used to enable staff groups to communicate with each other to ensure consistent support was provided to young people.

Young people using the service were supported by staff who had received training for their role. Records showed staff had received training such as moving and handling, fire safety, first aid, health and safety and epilepsy. Induction was provided when staff joined Step-A-Side and where appropriate staff were required to complete the care certificate qualification. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life.

Staff had regular individual meetings called supervision sessions with senior staff as well as annual performance appraisals. Staff told us they were well-supported. A member of staff who was new to working in care told us how they received a week's training and 'shadowed' other staff before they worked alone.

One young person was supported by staff to take meals through an enteral feeding tube. Staff had received training from a community nurse and further training was planned. The young person's relative was confident about how staff managed this.

Young people's care plans described their healthcare needs for staff reference although staff were not involved in supporting young people with health care appointments. Staff supported one young person to use a hydrotherapy pool for their specific health care needs.

## Is the service caring?

### Our findings

Positive relationships were developed between young people and staff. The Provider Information Return (PIR) stated, "All staff know the clients really well and have warm and positive relationships with them". A young person's relative told us, "The staff are trustworthy and friendly and (the young person) gets on well with all the people that come in to help him." Another relative told us staff were "wonderful" and "put their heart and soul" into supporting the young person and ensured they "put (the person's) needs first".

When one young person was in hospital staff volunteered to provide support to enable the young person's relatives to have a break despite the fact this was not part of staff's paid employment.

Young people and their relatives were involved in reviewing their care and support. At the time of our inspection people had not been identified as having a need to use an advocacy service, although the registered manager was aware of how to contact these services. Advocates help people to express their views, so they can be heard.

People's privacy and dignity was respected. A young person's relative confirmed this. Young people's care plans included actions for staff to follow to preserve their privacy and dignity and included guidance for staff on how to provide emotional support. Where young people were able to maintain their independence, this was highlighted in their care plans.

## Is the service responsive?

### Our findings

Young people received care and support which was personalised and responsive to their needs. This included information for staff reference about people's likes and dislikes and their preferences for how they liked to be supported. Young people's support plans included guidelines for staff to follow to provide care and support in an individualised way. These had been kept under regular review.

Plans were in place for staff to follow to support young people to manage their behaviour. To promote effective communication, communication passports were in place to guide staff. When we spoke with staff they were able to describe how young people received their individual care and support. Care plan documents included areas to record religious and cultural needs where appropriate.

Where it formed part of their care provision, staff supported young people to take part in activities and interests such as walks, and visits to attractions such as a cathedral and a wildlife park.

There were arrangements to listen to and respond to any concerns or complaints. No complaints had been received about people receiving the regulated activity since our last inspection. The Provider Information return (PIR) stated, "We will remind clients about our 'Comments, Compliments and Complaints' procedure and encourage them to use this if they had a concern or issue".



## Is the service well-led?

### Our findings

Staff were positive about how the service was run and the approachability of the management. Out-of-hours support was provided by an on-call system. Staff told us the registered manager was "always on the end of the telephone". Staff were positive about their role and described good team working.

The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and completing and forwarding all required notifications to support our ongoing monitoring of the service.

The vision and values of the service were described in the ethos and philosophy of the service and included the belief that each person had the fundamental right to "Be regarded as an individual and be given our special attention, be cared for by people who are capable of understanding their needs and competent to meet those needs". Throughout our inspection we found examples of the service supporting people in accordance with this approach. The registered manager described one of the current challenges to be working within the constraints of commissioned support hours. Developments included providing a service to more people.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). A plan was in place to deal with any service disruption caused by the UK's exit from the European union.

There were effective systems in place to monitor the quality of services and care provided. The Provider information return (PIR) described these as "Observations during support visits, supervisions and appraisals with staff, contact with family and other professionals, review of care packages, feedback from quality assurance surveys". Audits were also completed on a regular basis on documentation and records such as support plans and medicine administration records. These checked that safe practice and processes were followed and ensured the service remained compliant with necessary regulations. Spot checks enabled the provider to ensure staff were supporting people in line with their needs and staff were working to expectations.

A survey of the views of people using the service and their representatives and other stakeholders had been carried out in 2018. Results of this survey had been a new electronic communication application for staff teams and addressing issues raised by a person about their care plans.