

Footsteps Care Outreach Limited

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Inspection report

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Date of inspection visit:
25 February 2019
11 March 2019

Date of publication:
24 April 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

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

Not everyone using Footsteps Care Outreach Limited 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. At the time of this inspection, two people were receiving a regulated activity.

People's experience of using this service:

- People were protected from avoidable harm and abuse.
- People's risks were assessed, and plans were in place to minimise the risks.
- The provider recruited staff safely.
- Staff were supported to carry out their role with training, supervision and appraisals.
- People were supported with their healthcare needs and their medicines were managed safely.
- The provider carried out an assessment of people's care requirements before they began to use the service to ensure they could meet their needs.
- Relatives and other relevant professionals were involved in decisions about care.
- Staff understood how to meet people's equality and diversity needs.
- People's privacy and dignity was promoted, and they were encouraged to increase their level of independence.
- People received personalised care which included their preferences and choice of activities.
- People's communication needs were met.
- Complaints were dealt with appropriately.
- People and staff were asked to provide feedback about the quality of the service.
- Quality checks were carried out to identify areas for improvement.

Rating at last inspection:

- Good (report published on 10/08/2016).

Why we inspected:

- This was a scheduled inspection based on the previous rating.

Follow up:

- We will continue to monitor the service through the information we receive.
- For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Footsteps Care Outreach 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 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.

Inspection team:

- Our inspection was completed by one inspector.

Service and service type:

- This service provides care and support to people living in a 'supported living' setting.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- We gave the service 24 hours' notice of the inspection visit because it is a service for people living in a supported living setting. We needed to be sure that someone would be at the office location. We visited the office location on 25 February and arranged to visit the supported living service on 11 March 2019.

What we did:

- Before the inspection we reviewed the information we held about the service including notifications the provider had sent to us. A notification is information about important events which the service is required to send us by law.
- We contacted the local authority with responsibility for commissioning care from the service to seek their views about the service.
- During the inspection, we spoke with the registered manager and the floor manager.
- We reviewed two care records for people using the service, including risk assessments.

- We reviewed three staff files including recruitment and supervision.
- We looked at records relating to how the service was managed including staff training, medicines and quality assurance documentation.
- The provider sent us documentation we asked for following the inspection.
- After the inspection, we spoke with two relatives and two care staff.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Relatives told us they felt their family member was safe at the service. One relative told us, "I would not send [person] if they wasn't safe."
- The provider had a comprehensive safeguarding policy which gave clear guidance to staff about how to protect young adults and children from the risks of being harmed or abused.
- The service had a system in place to log and learn lessons from safeguarding incidents and to report to relevant authorities. There had been no safeguarding incidents since the last inspection.
- Staff received training in safeguarding adults and children.
- Staff knew what actions to take if they suspected a person was being abused or harmed. One staff member told us, "I would go to my manager or the borough or the police." Another staff member said, "I would report to my manager or the director. We have the whistleblowing number in the office or I can whistleblow to CQC."

Assessing risk, safety monitoring and management:

- People had risk assessments which gave clear guidance to staff about how to reduce the risks of harm people may face. Risk assessments included behaviour management plans, using public transport, fire evacuation and medicines.
- Each person had a missing persons profile with their photo which staff could pass onto the police or relevant authority in the event the person was missing.
- The provider had a clear policy and procedure in place which gave guidance to staff about supporting people to manage their finances. Staff were required to record all transactions and provide receipts when handling people's money.

Staffing and recruitment:

- The provider had a safe recruitment process in place. Relevant checks were carried out before someone was employed which included staff providing proof of identification, details of their employment history and their legal entitlement to work in the UK.
- New staff had undergone criminal record checks to confirm they were suitable to work with vulnerable people. The provider had a system to obtain regular updates to the criminal record checks to confirm the continued suitability of staff.
- New staff completed a six-month probation period before being confirmed in post.
- Relatives told us there were enough staff on duty to meet people's needs.
- Records showed where required, people had dedicated one to one or two to one staffing during the day and a dedicated night staff.
- Staff told us there were enough staff at the service. A staff member told us, "My manager always makes sure we have enough staff."

Using medicines safely:

- The provider had a comprehensive medicines policy which gave clear guidance to staff about the storage and safe disposal of medicines, how to record medicine administration, using over the counter medicines, prescribed 'as required' and variable dose medicines.
- People had a general medicine care plan and also a risk assessment for each individual medicine they were prescribed.
- Records showed the provider carried out a monthly medicine check to ensure people received their medicines safely. One person's medicines were checked before they left the service to go to their family's residence each week.

Preventing and controlling infection:

- Relatives told us staff kept the premises clean and tidy.
- The service had an infection control policy which gave clear guidance to staff on how to reduce the risks associated with the spread of infection.
- Staff confirmed they were provided with adequate amounts of personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong:

- The provider kept a record of accidents and incidents.
- The registered manager told us about one person who had behaviours which may challenge the service and after an incident the person was given reflective time. They explained the staff team reflected on these incidents to see if there were any lessons to be learnt. The registered manager told us staff were now exploring ways the person could be left on their own to reflect and still be safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Relatives told us they were happy with the care provided to their family member. One relative said, "[Person] is okay down there. [Person] is happy there." Another relative told their family member indicated to them they were happy in the service.
- People's needs were assessed before they began to use the service to ensure the provider could meet their support needs effectively.
- Assessments included information about which aspects of daily living the person needed support with.

Staff support: induction, training, skills and experience:

- Relatives told us they felt staff had the skills needed to provide their family member with care.
- Records showed staff were supported with regular supervision meetings and staff confirmed they found these useful. Topics discussed included teamwork, training, activities, risk assessments and achievements over the last month.
- Staff were given an annual appraisal where they were able to discuss their achievements over the past year, any difficulties or concerns they had and set objectives for the forthcoming year.
- New staff received an induction when they began employment. They were given an induction handbook which they had three months to complete. The registered manager and floor manager told us new staff shadowed experienced staff between three and five shifts depending on previous experience.
- Training records showed staff received training in topics relevant to the people who used the service including learning disabilities, diabetes, epilepsy and managing behaviours that challenge services.
- Staff confirmed they had opportunities for training. One staff member told us, "We get online training as well as face to face training and then we have to do a test." Another staff member told us, "The company is very good at that [training]."

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

- People were supported to eat a nutritionally balanced diet. Relatives confirmed this.
- Staff supported people to go shopping for the food they wished to eat.
- Staff confirmed they supported people with meal preparation. One staff member told us they were about to support one person to make a chocolate cake and explained how they catered for people's cultural dietary requirements.
- Care records contained guidelines for the support people needed to eat their food and whether special eating utensils were required.

Staff working with other agencies to provide consistent, effective, timely care:

- Guidelines for health specific conditions and health equipment were in place so staff knew how to support

people safely with their health needs.

- The service maintained a record of healthcare appointments and the outcomes. Records confirmed people had access to nursing, psychiatry, speech and language therapy, psychology, the GP, dentist and the dietitian as required.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to maintain their health.
- Care records contained a health action plan.
- Staff were knowledgeable about supporting people to maintain their health.
- One staff member told us, "We try to encourage [people] to drink water. If they won't we encourage [them] to use sugar free squash. We offer salad with every meal and yoghurts. We try to go out for a walk [with people who used the service]."

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In community settings, including supported living, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS) which are made through the Court of Protection.

- At the time of this inspection, people using the service were awaiting the outcome of their DoLS applications through the Court of Protection.
- Staff were knowledgeable about the MCA and DoLS. One staff member told us, "[MCA] is about the decisions people can make and can't make. We always have to assume that they have capacity until they have been assessed. DoLS is when they take someone's liberty away. The door is locked because it is safer."
- Staff understood the need to obtain consent before delivering care. One staff member told us, "Yes, 100%. Even when we enter their [people's] rooms, we knock. We always ask. Communication is the key." Another staff member said, "We have to get consent anytime. I will knock the door and ask if I can come in. I will let them know what I am coming to do."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives told us staff were caring. One relative told us, "I believe staff are caring. My [family member] seems really happy."
- People had an allocated keyworker. This meant a named care worker followed up on healthcare referrals and check-up appointments and was responsible for overseeing the person's wardrobe and toiletries.
- Keyworkers wrote a monthly summary about how the person had been over the past month and what activities they were involved in.
- Staff knew people well including their preferences. One staff member told us, "I've been here for quite a bit of time. When I first came here, I spoke to keyworkers and staff members. I spent a whole day reading care plans."
- The registered manager told us, "Staff have to go on equalities training and recognise they are there to support [people] with all aspects of their lives. They have to complete an assessed module." The registered manager said the service had previously supported somebody who liked to dress in clothing of the opposite gender but did not wish their family to know.
- The provider had an equality and diversity policy which gave clear guidance to staff about providing an equitable service.
- Staff demonstrated they knew how to provide an equitable service. Comments included, "All of them [people who used the service] have got different needs and we try to give them options. We know their routines as well" and "With all the training I had, I have to treat [people] equally."
- Staff explained how they would support people who identified as lesbian, gay, bisexual or transgender. One staff member told us, "I would try to broaden my knowledge and respect them. I would support them to go to gay places if that is what they want. We would have keyworking sessions to talk about it."

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

- One relative told us staff kept them updated on their family member's well-being. They said, "I phone them up every single day to see how [person] is doing."
- Another relative told us they used a communication book to pass any messages to staff about any changes in need for the person. They said, "If I've written in the communication book about any changes, like to the medication, they [staff] will ring me to double check."
- The registered manager told us they had systems in place to ensure effective communication with family members which included telephone conversations, face to face meetings and a communication book.
- Staff confirmed that families were updated. One staff member told us, "Families are involved as much as the [person using the service] wants them to be. Some [relatives] are on the phone to us every day."

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was promoted, and relatives confirmed this.
- Staff gave examples of how they promoted people's privacy and dignity. One staff member told us, "They all have their own room with their own bathroom. Sometimes [person] doesn't dress appropriately so staff will remind them. Personal care always happens privately in the bedroom." Another staff member said, "[Person] will be in the bathroom first themselves and we make sure we knock before we go in to help wash their back and their hair."
- Staff described how they promoted people's independence. One staff member told us, "We try to encourage them to do as much themselves as they can." Another staff member said, "We allow them to do everything independently but we will stay by their side to check what they are doing."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans were personalised and contained people's likes and dislikes. This included their choice of activities. For example, one person's care plan included ball games, bike riding, singing into a microphone and running in open spaces.
- Staff understood how to deliver personalised care. One staff member told us, "It's about [people's] choices and preferences. We always ask what they would like." Another staff member said, "In the care that we give [people], we have to respect their wishes and what they want."
- The provider completed an independent living skills assessment tool to show the level of independence people had for each daily activity.
- Staff wrote daily reports for each person on an electronic system using a tablet or laptop which could be filtered down into topics such as personal care, health and activities. This made it easier for information to be quickly gathered to update relevant representatives.
- People's communication needs were met. One person's care record noted they communicated by Makaton, pointing, eye contact and pictures.
- The provider understood their responsibility in meeting the requirements of the Accessible Information Standard (AIS). The AIS requires providers to evidence that they record, flag and meet the communication needs of people using the service.
- Care plans were pictorial to make them accessible to people. People using the service had an easy read tenancy agreement with guidance on understanding it. The fire evacuation procedure used symbols to help people to understand. Staff had been trained in Makaton which is sign language for people with learning disabilities.
- The registered manager described what they could do to help somebody understand information if they had a hearing or sight impairment. They told us, "We will provide training to staff in the particular need."

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy and procedure which advised staff about how to handle complaints.
- Relatives we spoke with told us they had not needed to make a complaint. One relative told us if they needed to complain, "I would probably ring the manager or phone my continuing care lady."
- We reviewed the record of complaints and saw these were dealt with appropriately to the satisfaction of complainants.

End of life care and support:

- The provider had an end of life care policy and procedure which gave guidance to staff about providing sensitive and appropriate care to a person at the end of their life.
- At the time of this inspection there was nobody using the service who required end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Relatives gave positive feedback about the registered manager. One relative told us, "[Registered manager] was very nice and was very accommodating."
- Staff told us there was effective communication within the team which ensured they were kept up to date with changes in people's support needs. One staff member told us, "We have handover, so any changes gets handed over. We have to read the communication book. If it's serious, we have a staff meeting."
- The registered manager understood their responsibility to be open and honest including around incidents. Relatives confirmed this was the case.
- The registered manager spoke about their plans to develop the service to be more inclusive and demonstrated their willingness to make any changes necessary to ensure they continued to meet the regulations and were correctly registered.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The provider had submitted relevant statutory notifications as required. A notification is information about important events which the service is required to send us by law.
- The registered manager explained how they ensured staff were able to voice their views or concerns about the service. They said, "We have staff meetings and supervisions. There is a six-monthly staff survey."
- Staff spoke positively about the leadership in the service. One staff member told us, "I think the good thing is [registered manager] is very approachable. I would say if I have any questions, someone will always help me." Another staff member said, "[Registered manager] is very good and a very good listener. A thousand per cent."

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

- Staff told us they were treated equally. One staff member said, "Footsteps is definitely fine with equality."
- The provider sought feedback from people who used the service. The survey was provided in an easy read pictorial format to make it easier for people to complete.
- The analysis of the most recent survey carried out in 2018 showed that overall people were happy with the service provided.
- The provider sought feedback from staff. The most recent survey carried out in 2018 showed that 90% of staff were very satisfied with their employment.
- The provider held staff meetings. We reviewed the minutes from a recent staff meeting. Topics discussed

included appointments, record-keeping, life skills and behaviour.

- Staff confirmed they attended staff meetings. One staff member told us, "They are useful because we get to discuss things."

Continuous learning and improving care:

- The provider had a system of carrying out quality checks in the service.
- We reviewed the quality checks conducted in June and November 2018 by an independent agency commissioned by the provider. Actions identified for making improvements were documented and noted when completed. For example, one recommendation in the June audit was for staff to have a meeting prior to moving to the new premises. It was noted during the November audit that two meetings had been held in October and more were planned for November.
- The floor manager carried out regular health and safety checks. We reviewed the checks done in September 2018 and January 2019 which included checking the flooring and lighting in all areas. It was noted during the checks in January that testing of portable electrical appliances was booked to take place in March.

Working in partnership with others:

- The provider worked in partnership with other agencies in order to improve the service.
- The registered manager told us they attended the providers forum in two local authority areas.
- The registered manager described how they had worked jointly with healthcare professionals to enable one person to access art therapy.