

## One Step (Support) Limited

# One Step Domiciliary Care

### Inspection report

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11 May 2017

23 May 2017

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was carried out between 24 April 2017 and 23 May 2017. We carried out a visit to the main office on 24 April 2017 and from 11 to 23 May 2017 we visited people supported by the service. The inspection was announced. The service provides a supported living service to adults who have learning disabilities and/or autistic spectrum conditions, and live in their own homes. At the time of the inspection, 32 people were being supported by the service across several locations throughout a wide geographical area.

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 service had systems and processes in place to protect people from the risk of harm. People's support plans and risk assessments were detailed, person-centred and reflective of their changing needs. The provider had safe recruitment processes in place to ensure people were supported by suitable staff and there were enough staff with the right skills and knowledge to meet people's needs. Medicines were managed and administered safely.

Staff underwent training which was relevant to their role and received regular supervision and support. Interactions between people and staff were positive and friendly and staff were knowledgeable about the people they supported. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and associated regulations.

People had enough to eat and drink. People did their own meal planning, shopping and cooking with support from staff. They were supported by caring staff, who understood their needs, promoted their rights, encouraged their independence and respected their privacy and dignity.

People had opportunities to contribute to their care and support and were included in reviews and meetings. People had plans and aspirations for the future and were supported to work towards these. People also had active social lives and participated in many community activities. There was a complaints policy which detailed how people could make a complaint if they wished.

The service had robust quality assurance systems in place and held regular audits to identify any areas that required improvement.

## 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.

Staff had an understanding of processes to safeguard people from harm and how to report any concerns.

People were involved in deciding what risks they wished to take and measures were in place to keep people safe whilst promoting their independence.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

Systems were in place to ensure people's medicines were managed in a safe way and staff were competent to administer medicines where people required this support.

### Is the service effective?

Good ●

The service was effective.

Staff training was up to date and staff were able to explain how training developed their skills to support people well.

Consent was obtained before support was provided and the requirements of the Mental Capacity Act 2005 were met.

People had enough to eat and drink and were supported to maintain good health.

### Is the service caring?

Good ●

The service was caring.

Staff interacted well with people and respected choices they made, supporting independence and their right to make decisions about their life.

People's privacy and dignity were respected.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in assessing their needs and planning their care.

People were supported to follow their interests and to have aspirations for the future.

People received personalised care that was responsive to their needs.

People were aware of how to make a complaint and systems were in place to enable people to do so.

### **Is the service well-led?**

.The service was well-led.

The registered manager and the management team supported staff well and promoted an open and person centred culture within the service.

People were able to share their experiences of the service and their views were acted on.

There were audit systems in place to support the service to deliver good quality care and these were used to make improvements.

**Good** ●

# One Step 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 announced inspection took place between 24 April 2017 and 23 May 2017. We gave the service 48 hours' notice because we needed to be sure the manager was present and that all the required documentation was available for us to review. The inspection was carried out by three inspectors; one inspector carried out the visit to the main office and visited people in their own homes. The other two inspectors visited people in their own homes.

Before the inspection the provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we visited the registered office and met with six people who used the service. Where people were unable or did not wish to speak with us about their experiences of the service, we observed the interaction between them and staff to help us understand. We also spoke with the registered manager, two team leaders, a deputy and three care staff. We looked at the support plans and associated records for four people. We also looked at records for four staff and those relating to the provision of support and the management of the service.

# Is the service safe?

## Our findings

One person said, "Yes I am safe. This is my home." People told us they felt safe and protected from possible harm and staff told us they had been trained to recognise signs of potential abuse and how to keep people safe. The provider had up to date safeguarding and whistleblowing policies that gave guidance to the staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace.

Staff we spoke with demonstrated a good understanding of different types of abuse and the signs they should look for which may indicate that someone could be at risk of possible harm. They were able to tell us about external organisations they could report concerns to and were confident that if they reported any concerns to the management team they would take appropriate action. One member of staff said, "I wouldn't hesitate to report concerns and I know this organisation would take it seriously." Records showed that the correct systems were being followed and the local authority and the Care Quality Commission were notified of any safeguarding matters as required by law. We saw that people who did not wish to speak with us were at ease in the company of staff which indicated that they felt safe in their presence.

Individualised risk assessments were in place to give guidance to staff about how any identified risks to people's health and wellbeing could be minimised. The balance between the benefits of any activity to the person and the steps put in place to minimise the risk of harm were clearly documented. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them. Staff told us how they kept themselves updated about the identified risks for each person and how these should be managed. This included talking to people and looking at their support plans, using the provider's reporting system, and talking amongst the team about any changes in people's support needs. This provided staff with up to date information that enabled them to protect people from the risk of harm while restricting their freedom or control over their own life as little as possible. Records of incidents and accidents were kept and the management team reviewed these on a regular basis to identify any trends so that action could be taken to reduce the chances of reoccurrence.

One person told us there was enough staff to support them safely, and that they were usually supported by staff they knew. We saw there was enough staff to support people to participate in their chosen activities on the day of our inspection. Where vacant posts or staff absence was covered by agency staff, we saw that this was usually done by regular agency workers or the provider's own relief staff who knew the service and people's needs well.

The provider had effective recruitment processes and systems to complete all the relevant pre-employment checks, including references from previous employers, proof of their identity, and confirmation of the right to work in the country and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People's medicines were managed and administered safely. People were assessed to establish if they were able to manage their own medicines and where this was not possible or where they did not wish to, then the

staff administered them. The system used was robust and enabled a full audit of the administration of medicines to be undertaken. Storage of medication was in line with current good practice. Staff's training was kept up to date to ensure they understood and were competent to administer medicines safely to the people who required them. Staff sought consent from people before medicines were administered and ensured that they took their medicines as prescribed. Where people were prescribed 'as needed' medicines (PRN) protocols were developed to ensure people received these as intended by the prescribing physician. Medication administration records (MAR) we reviewed were completed correctly with no unexplained gaps.

# Is the service effective?

## Our findings

Staff had the right skills and knowledge to meet people's needs. One person told us, "Staff are good." We saw that staff had a very good knowledge of the people they worked with and understood that each person required individualised support based on their needs and preferences. They had a good understanding of their role as enablers, supporting people to be as independent as possible and communicated with people skilfully. For example, when we arranged to visit one person in their home, the staff requested that a photograph of the inspector was sent in advance so that the person would feel more comfortable when we visited as they would know what the inspector looked like. This showed staff had a good knowledge of the person.

Staff we spoke with told us they had received a good range of training and felt they were supported well by the provider to carry out their roles. One member of staff said, "The training is great. The induction when you start is really thorough." Records for staff showed that training was kept up to date and covered topics that were relevant to the needs of the people using the service, such as; autism awareness, safeguarding, Mental Capacity Act 2005 and Deprivation of Liberties safeguards. New staff received thorough induction which involved face to face training for up to ten days, depending on which people they were going to support. The manager told us that new staff never worked with people who were the most complex to support without completing specialised training and shadowing more experienced staff.

Staff confirmed they had supervision including direct practice observations to support them in their role. They confirmed that supervision supported them to do their job well, to identify their training and development needs and to share issues connected to their work. Records showed that supervision was regular and a yearly appraisal was completed to support staff development.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). 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.

Team leaders we spoke with were very clear about the need to assess people's capacity to make decisions for themselves. They understood that it was staff's responsibility to ensure that every effort was made to support people to have the right information to understand and make decisions. Staff also understood this and clearly respected people's right to make decisions. One member of staff said, "We help people make choices by making sure they have information they can understand. They don't always make the choices we would make, but that is their right." People were asked for their consent before any support was provided. There was evidence that where it was thought a person may lack the capacity to make a specific decision about their care, a capacity assessment was carried out, and where appropriate, a decision was made in their best interest.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests



and legally authorised under the MCA Deprivations of Liberty Safeguards (DoLS). Under DoLS arrangements, when it is assessed that a person's freedom may need to be restricted to keep them safe, providers of supported living services are required to submit applications to the Court of Protection. The registered manager was aware of this requirement and we saw evidence that work was underway to complete this for each person it applied to.

People received good support to eat a nutritionally balanced diet and to have enough to drink. People planned, shopped for and cooked their own meals with as much or as little support as they required. For some people, this meant staff provided meals based on the preferences of the person, for others it meant the task was shared between the person and staff.

Records were kept of people's food intake. We saw that people were encouraged to consider healthy options along with favourite meals to ensure their diet was balanced. This was done with consideration and respect for people's right to make decisions about what they chose to eat. Where there were concerns about a person's eating or nutritional wellbeing, referrals were made to dietitians or speech and language therapists as appropriate.

People had access to a range of health and social care professionals and services which included GPs, mental health practitioners, opticians, and dentists. We saw from records that people received appropriate support to access health care which was appropriate to their needs. Staff updated records to include the outcomes of any appointments appropriately.

## Is the service caring?

### Our findings

One person told us that staff were "Good, understanding and kind." Although other people who used the service did not tell us about the staff, they appeared at ease in their company. We observed that staff engaged skilfully with people, showing warmth and genuine interest in them. Conversations were light hearted and friendly demonstrating that people were clearly comfortable and that staff knew them well and were able to discuss issues that interested people. Staff spoke about people with admiration and respect. One member of staff told us that one person had worked extremely creatively in the green house and said, "They are so green fingered, they just have a gift in the garden and they are so knowledgeable about plants."

Staff we spoke with understood the importance of promoting people's independence and this was documented throughout the care records. We saw that people were involved with preparing and cooking food, going shopping and completing household tasks with as much or as little assistance as they required. One person was supported to manage their money as independently as possible. They had their own bank account and regularly made trips to the local branch of their bank, where they had developed positive relationships with the staff. Although this person sometimes found visiting the bank challenging, their relationship with the bank staff meant they were more able to accomplish this task successfully.

People were encouraged to make plans and have dreams and aspirations for the future. A team leader told us about one person who was hoping to become a support worker in the future. The team leader said, "It's entirely possible, and we will support [them] to get there. At the moment they are going to college and pursuing other interests, but this is all experience and if they still want to take up a caring role, I am sure this will happen."

Staff told us that when they supported people they ensured the individual's privacy and dignity was respected and gave examples of closing doors, pulling curtains, seeking people's consent and explaining what they were doing. People confirmed that staff were respectful when assisting them with any care, including, personal care or with any other aspects of life that were private.

The registered manager and staff understood the need to ensure people's personal details and records were kept confidential. Staff told us that any sensitive issues were always discussed in private so that conversations were not overheard. During the inspection we observed staff respecting people's privacy and confidentiality, speaking to them privately about issues rather than in front of others.

Information about the service and the support provided was available to people in an accessible format. This supported people to be involved in planning care and making choices about the support they wished to have.

Relationships that were important to people were respected and where support was required to assist people to maintain them this was in place. People were supported to meet up with family members and friends, to go out together, have visits to their family home and to arrange holidays. For those people who did not have family, one team leader told us how the service ensured that important dates such as birthdays

and Christmas were made special. They said, "At Christmas we have a big table for everyone who is here. We try to make a real effort for those who don't go home."

## Is the service responsive?

### Our findings

An assessment was completed before each person received a service to ensure their needs could be appropriately met. People were clearly involved in the ongoing assessment and planning of their support. Support plans were personalised and detailed to enable staff to provide support based on the degree of assistance they required to achieve tasks as independently as possible. Where people were less able to clearly state their needs and preferences, support plans offered detailed information about the person, how they communicated their needs, what was important to them, how they liked to be treated and what they did not like or found difficult to accept from others.

For example, the care plan for one person stated, "I am not a great fan of eye contact and don't like to be stared at. When talking to me you may want to look away and not directly at me for long periods of time as this makes me uncomfortable." Respect for the individual and a commitment to empowerment clearly underpinned the way in which support plans were written, and this was also reflected in the approach taken by staff on the day of our inspection. Some support plans had been written in an accessible format to enable people to understand the contents. They were regularly reviewed to keep them up to date.

We saw that, where a need had been identified, people had individual positive behaviour support protocols in place which detailed how the person might display behaviours which could have had a negative impact on others. This included their triggers, how to identify any escalation of behaviour and ways in which staff could support the person to manage any difficulties appropriately. These were regularly reviewed and updated following any significant incidents within the service. This and a thorough training programme for staff in relation to positive behaviour support meant that people were supported by staff who understood how to meet their needs in relation to their behaviour.

People's support plans clearly identified their individual goals, aspirations and interests and we found evidence that staff worked with people to realise these wishes. For example, one person had been supported to enrol on a college course to support them to develop a skill which may lead to future employment. Previously this person had not had the confidence to make plans for their future, but with support from staff was now fulfilling this wish.

We saw that care was organised flexibly in response to the needs of each individual. Some people had support for a few hours across the week, whilst others received 24 hour live in support from a small team of staff to ensure consistency. Where staff lived in, rotas were organised so that the same member of staff stayed for two weeks at a time with support from other staff built in to accommodate breaks. The rota had been adjusted to make staff changes less frequent for one person who found the changeover of staff stressful. This ensured the person received a flexible service that was responsive to their needs.

People were involved in a wide variety of activities within the local community such as social clubs, swimming, art, cookery classes, Greyhound racing, and trips out to shops or local events and day trips. A member of staff told us they had recently supported people to go on a bike ride at a local park which hired out side by side bicycles enabling people to be involved, who otherwise, would not be able to participate in this. They said, "That was brilliant. To watch that freedom is really good." The provider also held events to

support people to build relationships and feel involved in a community. For example, a football tournament had been held recently which supported people to meet up with friends from other parts of the service. People were therefore supported to have a fulfilling social life which reduced the risk of them becoming isolated.

The provider had a complaints procedure and we saw that information about this was available in easy read format. One person told us that they could discuss any issues with staff and they were comfortable about talking to the manager if they had any concerns. They said "[Name of staff] would sort it out, or [team leader]." Staff told us they would assist people to make formal complaints if they wanted to. One team leader told us that they tried, where possible, to resolve any issues before they escalated to a formal complaint. We saw during our inspection that they made time to discuss issues with people and that people appeared comfortable to talk with them. There was a system in place for recording and monitoring complaints which allowed the provider to analyse causes and trends of complaints in order to identify any areas for making improvements to the service.

## Is the service well-led?

### Our findings

There was a registered manager in post who worked across a wide geographical area. They told us they visited each location they had a responsibility for approximately every two to three weeks. They explained that contact by telephone and email was frequent to ensure that team leaders across the area were supported. Each service was supported by a team leader who answered to the registered manager. Team leaders we spoke with confirmed that support from the registered manager was good and that they had very regular contact with them to ensure that good management oversight of the service was maintained. People we spoke with told us they related more to team leaders as managers than the registered manager because they saw team leaders more routinely. However, they were aware of who the registered manager was and said they would be happy to speak with them if they felt it necessary.

One person told us, "I talk to [team leader]. [They] are nice and I know [they] would listen to me if I had problems. So would most of the staff." During the inspection we observed people who used the service interacting with a team leader, a deputy and support staff. It was clear they felt comfortable, and conversations were open and supportive.

Staff told us that the registered manager and the team leaders were approachable and they were confident that they would listen to any concerns they raised and take appropriate action. They understood their role and responsibilities and had a good knowledge of the provider's values, talking with enthusiasm about their role in supporting people to take control of their lives. One member of staff said, "My job is all about choice and giving people what they want and need." Another member of staff said, "We try to give people the best life possible. [The provider] has five values which we aim to uphold; be positive, friendly, empowering, person centred and innovative."

Staff were positive about the support they received from the management team and the provider. One member of staff said, "[Registered manager] is great. This is a really supportive organisation to work for." Another member of staff said, "Team leaders work hard. I see [team leader] a lot and get support and advice when I need it."

Records showed that people were given regular opportunities to provide feedback on the service through a number of means including surveys, care reviews, and both formal and informal one to one meetings. Feedback from people was used to support a service development plan which was used to make continuous improvements to the service.

The provider had effective systems in place to assess and monitor the quality of the care provided. A number of quality audits were carried out by team leaders on a regular basis to assess the quality of the service. These included checking people's care records to ensure that they contained the information required to provide appropriate care. Other audits included checking how medicines were managed, and whether staffing files and training records were well maintained. The management team also conducted practice observations to monitor staff performance, attitude and reactions to the people who used the service. Where issues had been identified from the audits, the team leader took prompt action to rectify these. The

registered manager had oversight of these audits and carried out checks to ensure that action had been taken as required. The provider also carried out quarterly audits based on the methodology used by the Care Quality Commission to support the service to ensure they worked within the standards required by law.