

Footsteps Care Outreach Limited

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Footsteps Care Outreach Limited provides care and support to young people with learning disabilities or autism. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection there were two people receiving a personal care service.

People's experience of using this service

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This was a targeted inspection that considered staffing levels, training, activities, nutrition and how people were supported and communicated with. Based on our inspection of these areas the service demonstrated how they were meeting the underpinning principles of Right support, right care, right culture.

Staff were given training opportunities. However, the provider did not document the dates each staff member completed each training course. We have made a recommendation about this.

People were offered a variety of nutritious food and snacks and their preferences were respected.

Staff knew the procedure to follow if they suspected somebody was being abused. People had risk management plans to keep them safe from harm. There were enough staff on duty to meet people's needs and keep them safe. People were protected from the risk of the spread of infection.

People were supported by staff who knew them well. Relatives and people were involved in making decisions about care.

Staff knew how to meet people's communication needs. People had access to a variety of activities that interested them.

The provider had a system of carrying out quality checks to identify areas of improvement. The provider understood their responsibility to report incidents and safeguarding concerns to relevant authorities.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25/02/2019).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service in relation to staffing levels, training, activities, nutrition and how people were supported and communicated with. A decision was made for us to inspect and examine those risks.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our safe findings below.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our effective findings below.

Inspected but not rated

Is the service caring?

At our last inspection we rated this key question caring. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our caring findings below.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our responsive findings below.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we

Inspected but not rated

only looked at the parts of this key question we had specific concerns about.

Details are in our well-Led findings below.

Footsteps Care Outreach Limited

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to follow up on specific concerns we had received about the service. The inspection was prompted in part due to concerns received about the general level care given to people using the service. The concerns raised were around staffing levels, training, activities, nutrition and how people were supported and communicated with.

Inspection team

Two inspectors visited the service and were supported by another inspector to analyse the evidence. The inspection team included an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in the community. Some may be living at home with their family. Some live in one '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.

Notice of inspection

This inspection was announced.

We gave the service 18 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be at the office location to support the inspection. We also needed people to consent to us visiting them in the supported living location. We visited both the registered location and the supported living location on the same day during the inspection.

What we did before the inspection

We reviewed the information we had received about the service. This included details of its registration, previous inspection reports and any notifications of serious incidents the provider had sent us. We sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the scheme manager, one member of care staff and a member of office staff.

We reviewed a range of records. This included two people's care records in relation to risk assessments and behaviour management. We observed care and support provided in communal areas. We spoke with one person who used the service.

After the inspection

We spoke with one member of care staff. The registered manager sent us documentation we requested including rotas, training records and quality assurance documentation.

Is the service safe?

Our findings

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

We have not changed the rating of this key question, as we only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check on specific concerns we had in relation to staffing levels. We also looked at safeguarding arrangements, risk assessments and infection prevention and control.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their family member was safe at the service. Comments included, "I think [person] is safe because they do a good job" and "[Person] calls me any time, so that is another way of knowing [person] is safe because [they] can tell me."
- Staff understood the procedure to follow if they suspected somebody was being abused. One staff member told us, "I would speak to the manager. If my problem is with [them] then I would go above. We learn about that on training."

Assessing risk, safety monitoring and management

- People had risk assessments in place. These included living in a secure environment, stranger danger, understanding finances and accessing the community,
- People who had behaviours which may challenge the service had a positive behaviour plan in place. These detailed the behaviours, early signs the behaviour is happening, advice for staff about how to react and how to support the individual afterwards.
- Staff completed incident forms whenever a person displayed behaviours that may challenge the service. The provider held a debriefing session with people after an incident. The form used was pictorial and easy read.
- Staff were trained to use physical intervention using the Protecting Rights in a Caring Environment methodology (PRICE training). This methodology focuses on supporting care staff to respond positively to behaviours that may challenge services. Records showed physical intervention was only used with one person and as a last resort to keep them and other people safe.
- People were kept safe from the risks of harm they may face.

Staffing

- Relatives told us they thought there were enough staff on duty to meet people's needs. One relative said, "I think there is enough staff because all of the people there get one to one."
- Staff told us there had been recent issues with staff leaving so they were relying on agency more than usual. One staff member said, "The floor co-ordinator would come in early or stay later. We managed well." They also confirmed new staff had been recruited.
- The registered manager told us they occasionally used agency if short staffed but this was not a regular occurrence.
- Records confirmed there were enough staff on duty to meet people's needs.

Preventing and controlling infection

- Staff confirmed they were provided with adequate amounts of personal protective equipment and they had regular tests for COVID-19.
- One staff member told us one person using the service did not react well to staff wearing masks and could present with behaviour that could challenge the service. They explained for this reason, not all staff wore masks while on duty.
- Cleanliness of the environment was discussed at staff meetings. Records confirmed this.
- People were kept safe from risks associated with the spread of infection.

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.

We have not changed the rating of this key question, as we only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check on specific concerns we had in relation to staff training and people's nutrition.

Staff support: induction, training, skills and experience

- Relatives thought staff had the skills needed to provide people with care. One relative said, "Staff are very good at supporting [person] with [their] learning disability."
- The registered manager told us staff were provided with a mixture of online and face to face training. Training in autism and behaviour management was provided externally.
- The training matrix confirmed staff had received training in a variety of courses including fire safety, behaviours that challenge, first aid and medicines. However, the records did not indicate when each staff member had completed each training course. This meant the provider would not know when training needed to be refreshed.

We recommend the provider seeks advice and guidance about supporting staff with regular training.

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

- One person told us they liked the food and confirmed they had a choice. They told us "[I like] having fish and chips, bolognese, cakes. Like fruit and veg, like blueberries." This person also told us their favourite cake was chocolate and they liked to drink red wine.
- A relative raised concerns about their family member losing weight. They told us, "[Person] was getting thinner but [staff] say [person] is okay. I am still a little bit worried but [staff] say [person] has a dietician and [person] is eating normally."
- Staff said people had a choice of food they wished to eat. One staff member told us, "We try to make the same [dinners] but some days [if a person] has a preference then we cook that. [There is] a new menu every Sunday. Breakfast and lunches are different based on preferences."
- Staff told us shopping was delivered weekly and if supplies ran short in between they would go to the local supermarket. We saw people had access to adequate supplies of nutritious food and snacks in the kitchen.
- People's nutritional needs were met. People had their own menu which included their food preferences and choices. Menus contained a variety of nutritious meals including vegetables and snacks including biscuits, fruit and yoghurt.

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.

We have not changed the rating of this key question, as we only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check on specific concerns we had regarding how staff treated and supported people.

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

- Relatives spoke positively about the staff. One relative said, "Staff are always kind and respectful to us both. Always helpful when I arrive." Another relative said, "Staff are kind and caring, yes they are."
- Staff were knowledgeable about the people they supported and explained how they got to know them. One staff member said, "[We have a] communication book with the school we both fill out. We try to learn from each other [and our] own experiences what we see from [person]."
- People were supported by caring staff who they felt comfortable with.
- We observed caring interactions between staff and people using the service. For example, we saw one staff member engaging a person in a movement to music activity. The person was singing, laughing and smiling during the activity showing they were enjoying it.

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

- People were supported to express their views. One person confirmed staff were good and gave them choices. We observed people were given choices.
- Relatives told us the scheme manager kept them updated about their relative. Comments included, "The [scheme manager] calls me to tell me what's going on and what's happening. I would call if I was not happy but I haven't had to" and "[Scheme manager] calls us to tell us what's going on."
- The registered manager explained how people and their relatives were involved in decision-making about care from the time of admission to the service. They said, "Families are very involved in support and care."

Is the service responsive?

Our findings

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

We have not changed the rating of this key question, as we only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check on specific concerns we had in relation to communication and activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Relatives told us people's communication needs were met. One relative said, "Staff have been helping [person] with speech and it is improving. [Person] does sign and most of the staff also use signing with [them]. [Person's] communication is a little better."
- Staff explained the different methods of communication they used with people. One staff member described how they would show a person a few items so they could choose what they wanted and how they used facial expressions and gestures which the person understood.
- People had a section in their care plan about their preferred way to communicate. This included how the person communicated if they were in pain or if there was something they wanted. This meant people's communication needs could be met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to take part in activities that interested them. One person told us about the activities they enjoyed doing. They said, "[I] went for a walk yesterday. Saw a cat, a black cat [and] stroked it. Like to stroke dogs when out."
- A relative told us, "[Person] never used to like going out, [they] stayed in [their] room but now is joining the others in the lounge to watch TV. [Care staff] have taken [person] food and clothes shopping. I really don't know how they have got [person] to go out. I used to worry but not now."
- People had an activity plan which showed what activities they engaged in. Activities included, swimming, trampolining, cooking, visiting the library, local shop or café, yoga, arts and crafts, day centre and family visits.
- The above meant people's social needs were met and their mental well-being was supported.

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.

We have not changed the rating of this key question, as we only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check on specific concerns we had in relation to how the service was managed in relation to the concerns raised around staffing levels, training, activities, communication and nutrition.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour. They said, "If [there is] an error or oversight, mistake, an investigation, we should inform all stakeholders, firstly next of kin, other professionals, GP, CQC [and say] what actions were taken to put right any issues and recommendations."
- Further discussion established the provider also understood their responsibility to apologise to those affected when something went wrong.

Continuous learning and improving care

- Staff were kept updated with developments or changes within the service through staff meetings. Topics discussed at a meeting held in April 2021 included supervisions, timekeeping, handover, agency staff, and care record completion.
- The provider had a system in place to carry out regular quality checks every eight weeks using an independent service. We saw a copy of the most recent independent monitoring visit report completed in April 2021.
- Areas covered in the independent quality visit included staff knowledge of people using the service and observations of care. The report included recommendations at the end for the manager and staff to work on before the next visit.
- The registered manager told us there was also an internal quality monitoring system. Records showed areas covered included medicines, visiting arrangements, health and safety and coronavirus information.
- The provider's above systems of checking the service's quality meant areas of improvement could be identified and actioned.