

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

Date of inspection visit:
04 July 2016
05 July 2016

Date of publication:
10 August 2016

Ratings

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

Summary of findings

Overall summary

This inspection took place on 4 and 5 July 2016 and was announced. Step-A-Side is a domiciliary care service which provides personal care and support to people of all ages with physical needs as well as people who have learning disabilities, mental health problems and sensory impairments. The service provides care and support to people who live in their own homes. The level and amount of support people need is determined by their own personal needs. We only inspected parts of the service which supported people with the regulated activity of personal care. At the time of our inspection there were only three people receiving support with their personal care.

A registered manager was in place as required by their conditions of registration. 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 and associated regulations about how the service is run.

People's individual needs had been assessed before they started to use the service. People, their relatives and significant health care professionals had been involved in planning for their care.

People and their relatives were introduced to staff members before they assisted them with their personal care. Their support plans included information about how they preferred to be supported. People's risks, support preferences and independence levels were recorded. However, where best interest decisions had been made there was no clear assessment of the person's inability to make a decision for themselves.

Appropriate referrals were made to specialist services and health care professionals if people's needs changed. Systems were in place to support people to administer their prescribed medicines if required.

People were visited by staff who had been trained and checked before they started to support people. Relationships between staff and people who use the service were friendly and warm.

People's concerns were listened to and acted on. Where complaints had been received they were investigated and responded to in a timely manner in accordance with the provider's complaints policy. The registered manager monitored the service and valued people's feedback.

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.

People's individual risks were assessed and managed. Staff understood their role to monitor and protect people from harm and abuse.

People's medicines were administered in line with their care needs.

People received support from familiar staff who had received robust recruitment checks before they could support them.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Decisions about people's care and support were being made in their best interest; however, the assessment of people's mental capacity to consent to their care in line with the principles of the Mental Capacity Act was not always recorded.

People were supported with their personal care by staff who were trained and supported.

People were referred appropriately to health care services if their care needs changed. People were supported to eat a healthy diet.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the care and support they received.

People were treated with dignity and respect. Staff were kind and caring. They received care which focused on their needs and were encouraged to be independent.

Is the service responsive?

Good ●

The service was responsive.

Staff approach was centred on the people who they cared for. People's care and support needs had been assessed and recorded.

People and their relatives knew how to make a complaint and were confident they would be listened to.

Is the service well-led?

Good ●

The service was well-led.

Staff and people were positive about the management of the service. They felt that the management team was supportive and approachable.

Systems were in place to monitor the quality of the service being provided. Incidents and concerns were reported and reviewed by the registered manager.

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 checked 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 4 and 5 July 2016 and was announced. 48 hours' notice of the inspection was given because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection, the provider completed a provider information return (PIR). The PIR 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 have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

On 4 July 2016 we visited the main office for Step-A-Side and spoke to the registered manager and a director of the service. We looked at the support plans of three people as well as records which related to staffing including their recruitment procedures and the training and development of staff. We also looked at the most recent records relating to the management of the service including accident and incident reports.

On 5 July 2016, we spoke to one person, two relatives and four members of staff by telephone. We also looked at information we received about the service from five health care professionals.

Is the service safe?

Our findings

People benefited from a safe service where staff understood their responsibility to safeguard people from abuse and harm. Staff had been trained in safeguarding vulnerable adults and children. They were clear about the actions they would take if they suspected a person was at risk of harm. Staff explained when and where they would report their concerns and knew how to find the contact details of external safeguarding organisations. One staff member explained, "If I thought for one moment someone was being abused, I would report it immediately. I would not hesitate." The provider's website stated that 'Step-A-Side is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff to share this commitment'. This commitment was recognised and followed by staff. People were provided with additional information on how they should keep themselves safe such as information about anti-bullying, safeguarding themselves from abuse and actions the service would take if a person went missing.

People and their relatives told us they felt safe with staff. One person said, "I feel very safe with the staff, they are very kind." Some people with complex needs and limited communication were supported by Step-A-Side. Their family members told us they would pick up changes in their relatives behaviour if they were unhappy with the staff who supported them with their personal care. One family member said, "I know (name of the person) is happy with all the staff. I would know if she wasn't happy, she would let me know in her own way."

People's health and well-being risks were assessed, monitored and regularly reviewed by staff. People were supported in accordance with their risk management plans. Staff knew people well and told us they were able to determine people's mood or if they were unwell or in pain by their facial expressions or through their own unique way of expressing their emotions. They explained how they observed for changes in people's behaviours or triggers which may cause them to become anxious. People's care records gave staff clear guidance of the triggers which may cause people to become upset such as noisy environments and how they should be supported. Relatives explained that staff were very receptive to changes in people's behaviours and mood and always reported any concerns to them. Good communication between staff and relatives as well as the completion of daily session notes helped staff to monitor people's well-being.

A small staff team supported people with their personal care needs as required. People and their relatives told us they were supported by a familiar and consistent staff team. They were provided with a booklet which contained photographs of the all the members of the staff team. One person said, "The support worker shows me the photograph of the next worker who will visit me so I know who to expect." People and their relatives told us staff always arrived on time and stayed for the full amount of allocated time. The registered manager had worked with the local authority to introduce a 'phone tracker' system which monitored the start and end times of staff visits for people. This helped to monitor staff visit times and ensured people were receiving their full allocated support hours.

Systems were in place to ensure people received their visits when there were unplanned staff shortages. For example, staff who worked in other parts of the service were offered additional shifts where there had been a

shortfall in the staffing numbers. When required, the registered manager also carried out additional care duties when there were staff shortages. The registered manager said, "Occasionally I carry out some support hours as well if we are short of staff. This also helps me to keep up to date with people's needs."

An on-call and out of hours system was available for staff at weekends and in the evenings if staff needed urgent advice or there was an emergency. One staff member said, "There is always someone we can ring to get support even when it is late at night or over the weekends." Information about the out of hours service was also available to people and was to be used in the event of an emergency.

People were cared for by suitable staff as safe recruitment practices had been followed. Records relating to the recruitment of staff showed that relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service checks. The checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. Where there had been any discrepancies or gaps in staff's employment history, this had been discussed at interview and recorded.

At the time of our inspection, nobody required regular and continual support with the ordering, management and administration of their medicines. People's abilities to manage their own medicines had been reviewed and risk assessed. Information of who was responsible for the ordering and management (including the storage arrangements and disposal) of people's medicines was clearly documented. The registered manager described the processes if people required continual support by staff to manage and administer their medicines in the future. They told us about staff training and the monitoring arrangements they used to ensure staff were competent to manage and administer people medicines if required. Records showed all staff had been trained to support people with their medicines.

However, some people required the occasional support with their medicines. People's care plans gave staff guidance of how their medicines were to be managed either by relatives or by themselves. Records showed where staff had supported people with their prescribed medicines as required. The records were checked monthly by senior staff to ensure people were receiving the medicines as prescribed.

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any condition on authorisations to deprive a person of their liberty were being met. 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.

Some people who were supported by staff from Step-A-Side with their personal care were able to consent to the care being provided and make day to day decisions for themselves. They had been involved in the planning of their care and had agreed to the level of care and support they received. Staff told us how they encouraged people to make choices about their daily activities and offered them support when needed. The registered manager and staff had a good understanding of the MCA. One person who received support with their personal care did not have the mental capacity to make significant decisions about the care and the support they received. Staff explained how they supported people to make decisions such as offering them choices and respecting their decisions, including the refusal of their care or support. They told us how they supported people in their best interests such as providing support based on their known background or preferences. Families and significant people had been involved in making decisions for people who were unable to make decisions for themselves. The registered manager told us that the care provided by Step-A-Side was always discussed and arranged with the involvement of people's family and significant health care professionals to ensure the support they delivered was in their best interest. Records showed that Step-A-Side staff members had attended meetings with people's relatives and their relevant, health care professionals to discuss the support they required in their best interest.

However, there was no recorded evidence that people's mental capacity had been assessed to establish if they could consent to the care and support provided by Step-A-Side. This meant that a person's best interest was being determined without an assessment of the person's mental capacity to make decisions about their own care and support. However we found no impact on people using the service as all people were cared for in line with their care plan and people who had attended the best interest meetings had considered all relevant factors concerning the person. This was raised with the registered manager who told us they would review and document people's mental capacity assessments and best interest decisions in line with the principles of the MCA.

People were supported by staff that had been trained to carry out their role. People and relatives were positive about the knowledge and skills of the staff. One relative said, "The girls are great, they are trained well and know what they are doing." Staff had received regular training to update their skills and care practices such as manual handling, behaviour management and safeguarding vulnerable adults and children as well additional courses such as epilepsy management awareness. Systems were in place to manage and monitor the training requirements of staff. All staff were positive about the training they received. One staff member said, "I've worked in care for a long time, the training is really good at Step-A-Side. It has certainly taught me new things even after all this time." Staff were required to read and be

familiar with the organisation's policies such as lone working and code of conduct. They had been supported and encouraged to undertake national vocational qualifications in health and social care.

New staff were required to attend an induction training programme within their probationary period as well as completing the care certificate. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. Staff also shadowed experienced colleagues during their induction period so they understood people's care needs and the expected care practices in line with the provider's policies and procedures. One staff member said, "I was allowed to shadow the other support workers for as long as I liked until I was confident in working on my own."

Staff received regular supervisions (one to one private support meetings). Records showed staff and their line manager had discussed the support they provided to people as well as their own personal development needs and goals. Staff confirmed supervisions were carried out regularly which enabled them to discuss any training needs or concerns they had. Senior staff had addressed concerns where staff performance had fallen short of the expected standards including undertaking further training or mentoring by senior staff.

People were supported to maintain a healthy diet. Their care plans gave staff information about their nutritional support including their likes and dislikes. People's dietary needs and likes/dislikes were catered for by staff as required. Staff were aware of people's special diets and those who at risk of malnutrition or choking. Staff adhered to the recommendations made by dietitians or the speech and language therapists and provided people with a meal that met their nutritional needs.

People were able to make their own health care appointments or had a family member who would support them to access health care services if their needs changed. Staff also assisted people to monitor their own health care requirements and referred people to the appropriate services with their consent as required. Health care professionals who were in contact with Step-A-Side were positive about all the services provided. They told us they communicated well with them, people and their relatives and they were responsive to people's needs. One health care professional wrote to us and said, "Yes. I am happy with their services and confident that the work they do with this family has made establishing and maintaining a good, safe home life possible for this young person."

Is the service caring?

Our findings

People received support with their personal care from staff who were passionate about their role. Staff talked about people in a positive and sensitive manner. They gave examples of how they supported people and their families and also stated the importance of respecting people's belongings and their home. One staff member said, "I treat everyone like how I would want my mum to be treated." Another staff member said, "We are in their home, we always remember that and always treat them dignity and respect."

People were positive about the care and support they received from the service. They told us staff were friendly, compassionate and attentive to their needs. People and their relatives told us the approach of staff was consistently caring and they were respected at all times. One person said, "They are marvellous, very patient, kind. I'm absolutely satisfied with them." Relatives were also positive about the caring nature of staff who supported their loved ones with their personal care. For example, we received comments such as "The staff are brilliant, I haven't got any problems with them. If I did, I know they would listen and try to put it right. I have no doubts about that" and "They treat (name of the person) as a young adult. They are like an extended family to us."

People received care and support from staff who knew and understood their history, likes, preferences, needs and goals. People's care plans gave staff guidance on how to communicate and support people. Staff knew people well and were able to adapt their approach and communication in accordance to people's personal needs. Staff were able to describe to us how they cared for people in a person centred manner. One staff member said, "It's about them and what they want. We are in their homes to care for them, they are in charge and we respect their decisions."

People were encouraged to enhance their daily skills and become more independent. They were supported to make decisions for themselves and take positive risks. The registered manager gave us examples of how they had supported people to become independent in their daily living skills and were now living independently in their own property with minimum amount of support. Health care professionals confirmed that staff supported people to learn new skills and become increasingly independent in their daily life skills. For example, one health care professional wrote to us and said, "They have encouraged my service user to achieve his goals ...If there is anything I have asked to be done this has always been done in a timely way."

Staff were mindful of people who may need additional support with their daily lives if they had no family support. People had information available to them including a statement of purpose and service user handbooks which clearly explained the aims of the services as well as information about how to make a complaint or access an advocacy service.

Is the service responsive?

Our findings

Step-A-Side provided support to people who needed assistance with their personal care in their own homes. Their support needs were initially assessed by the registered manager to ensure the service could meet their personal requirements. Where possible, people were involved in their assessment of their needs and developing their care plan. Other relevant information about their support requirements were also gathered from their relatives and significant health care professionals. This information helped to inform people's care records called 'Individual placement plans'. People's records were personalised and reflected their needs and choices. Specific information about aspects of their lives which were important to them such as their likes and dislikes were documented. Details of people's preferred daily routines provided staff with guidance of their choices and support requirements such as information about what people could do for themselves and the support they required. Guidance was also in place for people who had unstable medical conditions such as epilepsy.

A copy of people's care records were kept in their home, in a location of their choice. People and their relatives had the opportunity to discuss and make amendments to the care plan if they felt it did not reflect their needs. People's support needs were reviewed every six months or earlier if required.

The registered manager said, "We are in the fortunate position that we can provide a care package that is bespoke to people's needs." We were told that a staff member also accompanied the registered manager on the initial assessment visit. This meant people were introduced to the staff member before they started to assist them with their personal care. The meeting also gave people the opportunity to share information about their needs and ask any questions about the service. People were at the centre of the care they received. One staff member said, "Right from the onset we are involved in meeting the clients, getting to know them and we help to have input into their care plan. The managers involve us in every step of the way." With agreement from people, they were allocated a set time to receive assistance with their personal care. People told us where possible, staff were flexible if they required different visit times or a different day. One person said, "The girls are punctual but if I ever need a later call they will do their best to accommodate me."

After each visit, staff completed daily session notes about the support provided during their visit. However the details of the notes were variable and sometimes only focused on the tasks completed by staff and did not always emphasis people's personal achievements and their emotional well-being. The registered manager told us this would be addressed immediately with staff via training and staff supervisions.

People told us their day to day concerns and issues were addressed immediately by staff or the registered manager. One person said, "I have no worries at all but if I had, I know the girls would sort it out for me." People's complaints had been managed in line with the provider's complaints policy. The complaints log showed that concerns and complaints had been explored, responded to in good time and the outcomes had been documented. Information about how people could make a complaint was made available in their service user handbook. An easy read pictorial booklet helped people who had difficulty with reading to understand the service being provided and actions to take if they were unhappy about the service including

information about advocacy services. Compliments and comments about the service were also logged.

Is the service well-led?

Our findings

The registered manager had worked for the organisation for many years and was knowledgeable about the ethos and culture of the organisation. They explained how the domiciliary care branch of the organisation had developed from their core business of providing care and accommodation to children and young people. They shared with us the challenges they had faced since our last inspection. This included bidding for the new local authority contracts for domiciliary care services across Gloucestershire and the implementation of a 'phone tracker' system which monitored staff visit times.

Staff told us they felt supported by the registered manager and complimented the management team. They told us they were always 'on hand' when they needed support and advice. One staff member said, "Step-A-Side are very family orientated. I can contact any of the staff at any time and I know I will be supported." They went on to say, "I'm really really happy working for Step-A-Side, they are brilliant." Policies were in place which gave staff clear guidance about their expected behaviours and care practices. Health care professionals also praised the registered manager. One health care professional wrote to us and said "She (the registered manager) has been in this position for a long time and clearly cares very much for the people she supports. She regularly goes above and beyond the realms of her job description to support people with their goals and aspirations."

The registered manager was supported by the directors of the organisation. They said, "I see the directors almost daily so I get lots of informal support as well private meetings. They told us the directors helped them with their personal development and supported them to attend further training and local and national events. The registered manager had been nominated as a finalist of the Gloucestershire Care Providers Association (GCPA) Managers Achievement Award. GCPA is an organisation which supports independent providers of social care within Gloucestershire.

The provider ran several services supporting children, younger people and vulnerable adults. There were strong links between the provider's services and their managers. The managers met regularly to share information; good practices and provide peer support. The registered manager said, "The meetings are a good opportunity to discuss any concerns we may have and to learn from each other." The registered manager also held regular meeting with staff teams to discuss concerns and ensure practices were maintained and standardised such as training; the use of personal protection equipment such as gloves and aprons and the management of people's laundry.

The provider valued feedback from people. Systems were in place to ensure the quality of the service being delivered was maintained. The provider sent out bi-yearly questionnaires to people and their families which helped to monitor the quality of the service being provided. The service had recently carried out an additional survey with its stakeholders including people who used the service, their relatives/guardians/family and health care professionals. The director of the service told us they had analysed the results of the survey and developed an action plan to address the shortfalls. For example, poor communication between staff had been highlighted as an issue. Actions had been taken which included the introduction of quarterly senior staff meetings and processes to improve the communication from the office

staff to staff who assisted people with their care and support. These areas of concern had also been discussed at the managers meetings and the annual organisational meeting which staff attended. Staff and relatives confirmed that the communication from the office staff and the management had improved. One relative said, "Yes I think Step-A-Side is well led. The communication from the office is good. The girls turn up on time and let me know of any changes." External monitoring and auditing agencies which were commissioned by the local authority had also visited and reviewed the service.

Staff had recorded any concerns and incidents that had occurred during their visits. The incident reports had been reviewed by the registered manager, and actions such as referring people to an occupational therapist had been taken to reduce the risk of the incident reoccurring.