

Steps 2 Limited

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Inspection report

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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 took place on the 1 March 2016 and it was announced.

Steps 2 Limited is a small domiciliary care service providing support to people in their own homes in Worthing and the surrounding area. The service supports people with a learning disability, people with mental health needs or people on the autistic spectrum disorder. At the time of our visit, they were supporting four people with personal care.

The service had a registered manager in post who is also the registered provider. They had been registered since October 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt Steps 2 Limited provided a safe service. Staff understood local safeguarding procedures. They were able to speak about what action they would take if they had a concern or felt a person was at risk of abuse. Risks to people had been identified and assessed and information was provided to staff on how to care for people safely and mitigate any risks.

People and relatives spoke positively about the support they received from the service and records reflected that there was sufficient staff to meet people's needs. The service followed safe recruitment practices. People's medicines were managed safely.

Staff felt confident with the support and guidance they had been given during their induction and subsequent training. Staff also told us they were satisfied with the level of support they were given from the management team. Supervisions and appraisals were consistently carried out for all staff supporting people.

People were encouraged to be as independent as possible and to be involved with determining the care they received. Staff understood the requirements under the Mental Capacity Act 2005 and about people's capacity to make decisions.

Staff spoke kindly and respectfully to people, involving them with the care provided. Staff had developed meaningful relationships with people they supported. Staff knew people well and had a caring approach. People were treated with dignity and respect.

People received personalised care. People's care had been planned and individual care plans were in place. They contained information about people's lives, including their personal histories. They provided clear guidance to staff on how to meet people's individual needs. Relatives were involved in reviewing care plans with the management team.

Staff were vigilant to changes in people's health needs and their support was reviewed when required. If people required input from other health and social care professionals, this was arranged. Staff often supported people with their healthcare appointments.

People's views about the quality of the service were obtained informally through discussions with the registered manager and formally through satisfaction surveys. Relatives were also asked for their feedback and this was positive.

During the inspection we found the registered manager open to feedback. People, relatives and staff told us how the management team were open and approachable and quick to respond to any requests.

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 and their relatives felt the service was safe. Staff were trained to recognise the signs of potential abuse and knew what action to take.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's care needs were managed effectively by a knowledgeable staff team that were able to meet people's individual needs.

People received support with food and drink and made positive comments about staff and the way they met this need.

Staff understood how consent to care should be considered.

The service made contact with health care professionals to support people in maintaining good health.

Is the service caring?

Good ●

The service was caring.

People were supported by kind, friendly and respectful staff.

People were able to express their views and be actively involved in making decisions about their care.

People were complimentary about the staff and said that their privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care from staff.

Care plans were personalised and individual to the person being written about.

People knew how and who to complain to if there was a concern about the care they received.

Is the service well-led?

Good ●

The service was well-led.

The culture of the service was open, positive and friendly. The staff team, including the registered manager, cared about the quality of the service care they provided.

People knew who the registered manager was and felt confident in approaching them.

An overview of the quality of care provided was being managed by the registered manager. Actions were taken when the need was highlighted and improvements implemented.

Community links were maintained with external agencies.

Steps 2 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.

This inspection took place on 1 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Before the inspection, the provider completed 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 reviewed the Provider Information Return (PIR) and other information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

On the day of the inspection we visited three people in their own homes and observed how they were supported by staff. We looked at their home care files. We spoke to them and one relative about their views of the care they received. We visited the office where we met with the registered manager and a provider representative who helped managed the service. We looked at two care records, three staff records, staff training and supervision records, medication administration records (MAR), complaints, accidents and incidents record, surveys and other records relating to the management of the service.

After the inspection we spoke to one relative by telephone to ask them their views of the service. In addition we carried out four staff telephone interviews. We also received information from the local authority about their views of the care and support provided to people.

The service was last inspected in March 2013 where there were no concerns.

Is the service safe?

Our findings

People confirmed that they felt safe when staff were in their homes and we observed people looked at ease with the staff who were supporting them. One person spoke positively about the care they received and said, "I feel safe". Another person told us that they felt safe and said, "They are very good", when referring to the staff. A third person said, "I like them". One relative described how their family member felt, "Comfortable" with the staff.

Staff had been trained to recognise the signs of potential abuse and in safeguarding adults at risk. Staff explained how they would keep people safe. They could name different types of abuse and what action they would take if they saw anything that concerned them. All staff told us they would go to the registered manager and provider manager with any concerns. One staff member told us they saw their role as, "Looking out for anything wrong...always report back to the managers". Another staff described how they would keep people safe by, "Keeping communication open, if they (people) report anything to us-tell somebody-we have to report to the manager". The service worked in accordance with their safeguarding adults at risk policy which provided information and guidance on keeping people safe.

Care records found in people's homes and the office contained risk assessments. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Risks were managed safely for people and covered areas such as how to support people to move safely, the risk of fall related accidents, how to support people from potential abuse and epilepsy. We found risk assessments were updated and reviewed regularly and captured any changes. For example, one person had experienced a fall the previous year. The person told us they had told the registered manager and other named staff about the fall. This was reflected in the risk assessment which had been reviewed regularly since. Information in risk assessments was then transferred into other service delivery documents including task sheets. These were used by staff and monitored at the office. The risk assessment and task sheets gave direction to staff to enable them to carry out their responsibilities safely. Staff told us they were involved in developing risk assessments and how important they were in ensuring practices were safe.

Accidents and incidents were reported appropriately and documents showed the action that had been taken afterwards by the staff team and the registered manager. This included events that related to the well-being of people. Records showed the relevant professionals and relatives had been contacted. All accidents and incidents were discussed at the monthly 'Director meeting'. Actions taken by the office helped to minimise the risk of future incidents.

People told us there were sufficient numbers of suitable staff to keep people safe and the records we checked reflected this. One person described how a staff member had recently got, "Stuck in traffic", and telephoned them to say they were going to be late for the visit. One relative told us staff arrived on time and there had been, "No missed calls" and said, "They liaise with us well". Another relative also said there was, "Enough staff" and they had no concerns as staff were, "Usually always on time". One member of staff who had worked for the service for three years told us, "I think it works quite well. Nobody has been left without

support". The registered manager and provider manager covered staff sickness by working the shift themselves. Both managers shared the on call duties. This meant there was a consistent approach to the care provided to people.

Staff recruitment practices were robust and thorough. Staff were only able to commence employment upon the office receiving two satisfactory references, including checks with previous employers. In addition staff held a current Disclosure and Barring Service (DBS) check. Certificates of qualifications staff had listed on their application forms were held on file, this showed that the authenticity of qualifications had been established. Recruitment checks helped to ensure that suitable staff were supporting people safely within their own homes. The service worked hard to promote continuity in the care it provided by regularly sending the same and preferred staff on visits to people. The service had eight staff providing care and support to people, this included the two managers.

Some people received support from staff with their medicines. People's medicines were managed safely. People and their relatives did not express concerns over how staff supported them. The recording system included information that was pertinent to each individual. The Medication Administration Record (MAR) held information on each prescribed medicine and the time it had to be administered. The MARs were completed on behalf of each person who required support in this area, by the staff member who attended the visit. This evidenced that people received their medicines as prescribed.

We observed staff administer medicines to one person in their own home in a personalised and professional manner. Staff had recently become more involved with the administering of their medicines. This change was reflected in the person's care records. This included details and pictorial images of the prescribed medicines to support staff with the change and to administer the prescribed medicines safely. Staff told us they felt confident when administering medicines. They shared how they valued the administering medicines training and medicines support from the management team they had received. The service worked in accordance with the West Sussex County Council Medicines policy. During the inspection it was noted that the policy was not downloaded and accessible for all the staff team. We discussed this with the registered manager. They told us they would ensure that all staff were aware of the contents of the policy and how it reinforced safe practices when administering medicines to people.

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People and relatives told us of the confidence they had in the abilities of staff and they knew how to meet their needs. One person told us how the staff knew how to help them and said, "[named staff] helps me I wouldn't know what to do". One relative said the, "Carers are great" and continued to say, "They are professionals in their own right...we have confidence in them". Another relative told us the staff had good communication skills and they received, "Enough training".

People received support from staff who had completed a thorough induction process and attended training with regular updates. The induction consisted of shadowing and working alongside both managers, the reading of relevant care records and service policies and procedures. Staff were allowed to have additional shadowing shifts with more experienced staff if they were new to working in health and social care. Staff records showed observations were carried out to assess their competency before performing their tasks independently. One person explained how new staff were introduced to them and said, "[the registered manager] brings them to introduce new staff, we meet for a coffee". One relative told us how their family member required two staff to support them and said the service, "Never sends in two new staff".

In addition to the service induction the registered manager had introduced the Care Certificate (Skills for Care) for new and existing staff to complete. The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. It provides an opportunity for registered managers to provide knowledge and assess the competencies of their staff. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. Records showed the registered manager and the provider manager facilitated this award to staff. All six staff were working towards completing the Care Certificate.

The training schedule covered various topic areas including moving and handling, medication, learning disability awareness, autism and safeguarding. The service used different methods to train their staff including group training sessions facilitated by the management team and DVD's which covered core subject areas. The registered manager booked new staff on training accordingly and existing staff on refresher training. Opportunities were provided to staff who required additional skills. Staff told us how they valued the training they had received and how it had supported them in their role. One member of staff said, "Everything I have questions on has been covered in training, any additional questions [named managers] have answered". Another told us, "The training and induction was completely thorough, training is on-going".

Supervisions and appraisals were provided to the staff team by the registered manager and the provider manager. A system of supervision and appraisal is important in monitoring staff skills and knowledge. A supervision and appraisal plan showed meetings that had taken place already and those booked up to January 2017. One staff said, "It's great to catch up monthly" when referring to their supervisions they had received. Work related actions were agreed within supervisions and carried over to the next meeting. Both managers observed staff whilst they delivered care. They used this and supervisions to determine how

additional support could be provided to staff to improve the quality of care provided to people.

The staff team were provided with regular staff meeting opportunities. We were told by staff and the registered manager that meetings were used as training opportunities which generated discussions about the care they delivered to people. The agenda and topic areas were recorded however no formal note of the meetings had been kept. This was discussed with the registered manager who planned to take minutes of all staff meetings in the future. This meant they would be able to monitor how the team was developed further.

People were involved in making decisions which related to their care and treatment. When we visited people's homes we saw people offered choices. Consent to care and treatment was sought in line with legislation and guidance and this was reflected in care records. 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 MCA 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 the least restrictive as possible. Best interest decisions made on behalf of people who lacked capacity were made by various health and social care professionals, the registered manager and team and the relevant family members.

The registered manager demonstrated they understood current legislation regarding the MCA and explained both managers were able to assess a person's capacity at the initial assessment stage. Care records showed how consent had been captured. For example, one person was unable to consent to their care and treatment. Their care plan reflected how the service had involved relatives and the appropriate professionals when making decisions about the care delivered. Staff received training on the topic and understood how consent should be considered. One staff member described what MCA was and said, "Puts the client first, and assumes capacity". The registered manager told us they were, "Constantly talking about MCA".

Some people's needs had been assessed with regards to what support they required with food and drink. People spoke positively about the support they received with their diets. One person who was able to cook for themselves told us how staff helped them with meal planning and food shopping. They said, "[named staff] helps with the shopping list". Staff told us how they encouraged people to make healthy food choices. One staff said, "They have their own choices but we guide them".

People felt confident that staff could manage their healthcare needs. The support provided would vary depending on a person's needs. Where healthcare professionals were involved in people's lives, this care was documented in the care plan. For example, we noted that GP's, psychiatrists and district nurses were involved with some people's care. One person told us about a hospital appointment and said, "I have a hospital appointment next week...with [the registered manager]". Another person told us of regular health appointments where staff attend the visit with them. Another person was observed leaving their home with staff to attend a health appointment. This showed how the registered manager and staff were involved in supporting people with their healthcare appointments. Staff told us they would report to the managers if they had any concerns about a person's health. Staff were able to contact health professionals directly if there was a need. However staff also told us they would document any changes and report back to their managers to gain advice and guidance.

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. Staff smiled with people and looked approachable; their interactions were warm and personal. People and relatives spoke positively about the care provided. One person said, "I like them" and continued with, "Fun to be with...I get on with these alright" when referring to staff. Another person said, "They are very good to me". Relatives also told us their views on whether the service was caring. One relative said, "They do care...they work well together". Another relative told us, "We feel fairly fortunate with the care received".

We observed three people supported by staff in their own homes. Staff were polite and relaxed in their approach and allowed people to speak freely for themselves. We heard staff talking about topics of interest to the people they were supporting. For example, one person had a toy animal who was important to them. We saw staff use the toy animal as a way to engage with the person and put them at ease. Another person told us how they regularly met up with friends and how staff supported them with this. Both the person and staff told us what social events had already happened and what was planned for the future. We also heard staff ask people, "Are you still happy to talk with the [named inspector]?" The observations showed staff had considered people's wishes and well-being when supporting them and used a personalised approach.

People were encouraged to be involved with the care and support they received and be as independent as possible. We asked a social worker who had worked with the service their views and they described them as, "Enabling people...backing away to ensure people do not become too dependent when necessary". One person told us they needed support with meal planning but when we asked who cooked they proudly said, "I do it myself".

People and relatives told us they felt included in decisions about their care. We observed staff involve people in their day to day decisions surrounding their personal care and meal preparation needs. One staff member said, "Involve them...it's their choice...make sure they are happy with their choice". Another staff member described how they encouraged people to do as much for themselves as possible so they felt in control. They provided an example of how they supported one person to be involved with the cleaning of their flat.

People were given opportunities to make comments to the service and review their care. People were aware of the contents of the daily files kept in their homes. They included contact information, their care plan and other daily monitoring forms pertinent to the individual. People with capacity were encouraged to sign documents within their files which showed they were involved with the care they received. The registered manager told us how they kept people and relatives involved with the care the service delivered by listening to them and acting upon information they received. The provider manager told us how they felt they captured people's views and said, "[the registered manager] and I go in and ask people".

People were supported by staff who promoted and respected privacy and dignity. We observed staff members were sensitive when supporting people. Staff used the appropriate tone and pitch of voice when supporting people with personal care and during the visits. A relative told us, "Yes they promote privacy and

dignity". One staff member said, "Ask at all stages (their consent). It's absolutely about them being in control". Another member of staff told us how they kept curtains and doors shut when supporting people with personal care and said, "If people can shower themselves we stand outside the door. We are in the room with their consent". A third member of staff described how they needed to give people space at times during the visit and said, "We can be in another room, give them personal space". This meant people were respected by staff when their care was being delivered.

Is the service responsive?

Our findings

Staff knew people well and responded to people's needs in an individualised and personalised way. One person told us, "They are good to talk to if I've got a problem". A social worker complimented the service and told us, "I believe they are very responsive, engaging and a helpful service for people in the community". One person told us how they sent text messages to the on call manager's telephone if they need to change a visit time and said, "[named manager's] always calls back".

People and relatives told us they were involved and aware of the care records in place. Care records included a care plan, risk assessments and other information relevant to the person they had been written about. Care plans were reviewed regularly and included information provided at the point of assessment to present day needs. Each person had a care plan within their home and a copy was also kept at the office. The service used pictorial formats for people to support their understanding of the contents of their own care plan. The care plans provided staff with detailed guidance on how to manage people's physical and/or emotional needs. This included guidance on areas such as communication needs, mobility and medicine needs. For example, one care plan read, 'I can communicate verbally but people can make sure I understand by using simple, clear language'. Another care plan gave direction to staff and stated, 'Needs support to open all packaging'.

People's preferences and consent to their care was captured. Care plans showed how people were involved in all aspects of their care and where that was not possible the involvement of family members was used. Management had liaised with families to find out what was important to people their interests and aspirations. One relative told us about the changing needs of their family member. They complimented the service on how they responded to the change. They told us meetings initiated by the service and attended by the relevant health and social care professionals were, "Sometimes weekly meetings, sometimes monthly". They felt the registered manager and team were "Always looking for answers".

Staff knew how important the care plans were and told us how and where they would find certain information to enable them to carry out their roles and responsibilities. A new member of staff said, "Tells us what our roles are...I went through their care plans...What they are happy with as one person is different to the next". Another described the care plans as, "Tailored for what they want and need". The registered manager and provider manager developed and reviewed all the care plans alongside people and when agreed, their relative's. The registered manager told us, "We sit with a client and review a care plan".

Daily records were completed about people by staff at the end of their visit. They included information on how a person presented during the visit, what kind of mood they were in and any other health monitoring information. Changes to people's needs were highlighted through various methods including reviews and speaking to people and families direct. One staff told us they, "Write down pretty much everything-how [named person] is". The staff also sent a text message or spoke with their managers at the end of each visit to hand over important information.

Any changes to the care plan would be made by either manager's and shared with all the staff team. This

meant staff were prepared and able to respond to people's current needs and amend their practice accordingly. The registered manager told us how care plans were reviewed with people every six months, "Daily logs have aims at the back we discuss these with clients".

People and relatives told us that if they had any concern they knew who they would go to and were able to name both managers in the organisation. A relative told us, "[registered manager] would be our first point of contact. A complaints policy was in place and a pictorial version had been provided to people to keep in their own homes. Our observations and what people told us indicated that complaints and queries were responded to in good time by the service. There had been no recent complaints made to the service. The provider manager described how concerns would be managed and told us, "[registered manager] and I keep ourselves available".

Is the service well-led?

Our findings

People and relatives expressed positive views of the service and the care the registered manager and staff provided. People felt the culture was an open one and they were listened to. During the course of the inspection pleasant exchanges were noted between staff and people. This showed trusting and relaxed relationships had been developed. One relative said, "We think they are first rate...we would recommend". A social worker described the service as, "Excellent quality" and provided details of how people had achieved positive outcomes through the care delivered. Staff were able to describe to us the values of the service. One member of staff said, "Trying to help people...to have support they need to live independently in their own homes". Another staff member told us the service was, "Run for the people they support".

The registered manager demonstrated good management and leadership throughout the inspection. Both managers used a 'hands on' approach when supporting people in their own homes. They covered shifts and this was reflected in the rotas we saw during the inspection. We observed the provider manager leading on one visit with a person in their own home. They told us how they supported this person regularly and guided staff to ensure a consistent care package was delivered. The registered manager told us, "Our clients like to see us" when referring to their approach. Staff felt supported by the registered manager and provider manager. One staff member told us, "I do think it's well-led. If I need them they are always there". Another said, "They go out of their way to get the answers to make sure I feel comfortable". A third member of staff said, "I have really enjoyed working for Steps". A fourth said, "They get involved in it...they do a shift like we do".

A range of informal and formal robust audit processes were in place to measure the quality of the care delivered. The quality assurance file showed how audits had been completed in areas such as care plans, supervisions and staff performance. Staff records and care records were audited every six months. In addition both managers met monthly and discussed people and staff.

Outside of care plan reviews, people and relatives were encouraged to share their views within 'Service Satisfaction Surveys' annually. The pictorial design given to people that used the service enabled them to understand the contents more easily. For example, one person had completed such a survey in January 2016. One question read, 'Is the care we provide safe?' The person had circled a green 'smiley face' image which indicated 'Yes'. Four relatives had returned surveys in 2016 and all stated they were 'Completely satisfied' with the care their family members had received. A social worker had completed a survey and it read, 'Managers are excellent and their skills create a fantastic knowledge base for the service'. Staff surveys returned reflected they were, 'Very satisfied'. The systems used by the registered manager ensured all aspects of the service were routinely assessed and the quality of the service delivered monitored.

Both the registered manager and provider manager are qualified occupational therapists. They told us and our observations confirmed how their skills enhanced the quality of the care and support provided to people. The registered manager worked alongside other health and social care professionals including the local social services team. The registered manager said she valued, "Close links" with the community teams as it helped ensure they ran a quality service. The registered manager also attended the West Sussex

Learning Disability Provider Forum meetings which she found supported her with her role and responsibilities.

The registered manager spoke positively about the future of the service however said, "We can only grow the service if we have the right staff". She continued to say the service needed to, "Grow safely". The provider manager told us how they had planned for people to be more involved with finding, "The right staff". One person who used the service had agreed to help interview new staff in the future. The registered manager told us they were interested in accessing communication workshops facilitated by speech and language therapists. The registered manager told us the course could enable staff to become future 'communication champions'. When asked her greatest achievement she chose to share how they had supported one person to move to a new flat and said the person, "Moved to a safe place". The comments showed how the registered manager valued the people and staff she supported.