

Stepping Forward Support Limited

Stepping Forward Support LTD

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 visit took place on 5 January 2017. The service was given short advance notice in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. This was the service's first inspection since it registered a new location with the Care Quality Commission (CQC) in January 2015.

Stepping Forward Support is a service that provides personal care and support to people who maintain a tenancy in supported living accommodation. A supported living service is one where people live in their own home and receive care and support in order to promote their independence. People have tenancy agreements with a landlord and receive their care and support from the domiciliary care agency. The service supports people with mental health, physical disabilities and learning disabilities in the community or as part of supported living.

There was a registered manager in place. 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.

At the time of the inspection the service provided personal care, including 24 hour support, to two people in supported living accommodation. This included assistance or prompting with washing, dressing, toileting, medicines, and eating and drinking. The service also provided other forms of support such as shopping and assistance to access the community. There were two other people who lived in another supported living accommodation, however they were independent and did not require support with personal care.

People were safe and staff knew what actions to take to protect them from abuse. The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. However, the safeguarding procedures had not been updated for some time. The registered manager was made aware of the need to update the information so that contact details were accurate and agreed to take immediate action to address this.

People received care from a consistent staff team who were recruited safely, supported and trained. Support workers understood the need to obtain consent when providing care. People and/or their representatives, where appropriate, were involved in making decisions about their care and support arrangements. As a result people received care and support which was planned and delivered to meet their specific needs. Support workers listened to people and acted on what they said.

Staff who had worked at the agency for some time said they had received training in a range of subjects relevant to the needs of the people they supported. They told us, "We have regular updates and the training helps us understand service user's needs." Training records showed staff training was monitored to highlight when updates were required, for example safeguarding training had recently been updated for all staff.

New employees undertook an induction programme which prepared them for their role. The staff team were supported by the service manager through daily communication and regular supervision to support their personal learning and development needs.

The service had recently referred two people for a mental capacity assessment. This process ensured that, where people did not have the capacity to make certain decisions appropriate arrangements are made to make sure any decisions are made in the person's best interest. The service had referred the assessment to the local authority who had the legal responsibility under court of protection.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people needed to be supported. The service had risk assessment procedures in place. Assessments had been carried out and personalised care plans were in place which reflected individual needs and preferences.

Suitable medicine procedures were in place should the agency be required to administer medicines. Staff told us they had received training which gave them confidence to support people with medicines safely. The registered manager regularly audited the medicine procedures to ensure they were being followed.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. There was visible leadership within the service and a clear management structure. The service had a quality assurance system to help identify shortfalls and enable the provider to address them promptly; this helped the service to continually improve.

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. There were sufficient staff who had been recruited safely and who had the skills to meet people's needs.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

Staff had received safeguarding training and were confident about reporting any concerns.

Is the service effective?

Good ●

The service was effective. Support workers had the knowledge and skills they needed to effectively carry out their roles and responsibilities to meet people's needs.

Staff were supported by a system of induction and supervision.

People were supported to access other healthcare professionals as they needed.

Is the service caring?

Good ●

The service was caring. People who used the service had developed positive, caring relationships with the support workers.

Staff supported people to access the community and extend their social networks.

Staff were respectful of people's rights and privacy.

Is the service responsive?

Good ●

The service was responsive. People's preferences and what was important to them was known and understood by the care staff.

Care plans were in place outlining people's care and support needs in a way which was meaningful for them.

People were confident their comments and complaints would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led. There was an open culture at the service. People and staff were asked for their views about the service and their comments were listened to and acted upon.

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The management team were approachable and a visible presence in the service.

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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.

The inspection took place on 5 January 2017 and was announced. The provider was given one days' notice because the location provides a domiciliary care service. The inspection was carried out by one adult social care inspector.

We requested, and were provided with, a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

We went to the Stepping Forward Support office base and spoke with the registered manager. We also visited two people in supported living accommodation. Both people had nonverbal communication but were assisted by staff to engage with the inspector using sign language. During, and following the inspection visit, we spoke with three staff members and sought information from one professional involved with the service. We also spoke with one relative.

We looked at two care plans, two staff files, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

We observed the way people interacted with their support workers and how they responded to their environment and the staff who were supporting them. People presented as relaxed and at ease in their environment and with their support workers. Two people had limited verbal communication but nodded and smiled when asked if they felt safe and comfortable with the care and support they were being provided with. A relative told us, "I have seen a big change in (person's name) since they started being supported here. It's good to know we (family) know they are safe and being well cared for."

Systems were in place to reduce the risk of harm and potential abuse. Support workers had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing (the reporting of poor practice) procedures and their responsibilities to ensure that people were protected from abuse. However, the current safeguarding policy did not include the correct contact details for organisations relating to safeguarding. The registered manager was made aware of this and confirmed it would be addressed immediately. Support workers knew how to recognise and respond to any suspicions of abuse. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening.

Staffing levels were based on the assessed needs of people and the length of time needed to meet them. There were rotas in place to provide 24 hour support to the four people in the supported living accommodation. This included specific shift patterns where personal care was provided to two people. There were sufficient numbers of staff on duty to support people to take part in individual activities and engage in routines. The two people were looking forward to going out in the evening to a regular social event. Staff were talking with people about how much they had enjoyed their lunch. A staff member told us, "Every day is different and some service users need more support than others but there are always enough of us" and "There are always two of us when we go to any activities". Staff rotas were flexible to allow people to take part in activities which overlapped the shift patterns. For example, staff supporting people to engage in activities outside the service worked flexibly to help ensure people were able attend events.

Staffing levels fluctuated to accommodate people's choices of community activities. For example, when they attended day centres or for meals out. This ensured there were always two staff to support people.. A relative told us, "(Person's name) is supported by the same staff so they feel comfortable when they go out together."

Support workers employed at the service had relevant employment checks before they commenced work to check their suitability to work with people. The registered manager told us it was important new staff were suitably matched to people that used the service and described how support workers were introduced to people. This included support workers shadowing experienced colleagues until senior staff felt they were suitable to provide personal care and support. This was to ensure the support workers felt confident and risks were minimised. A staff member told us, "I felt very supported when I started and did not work on my own for some time. It gave me time to get to know service users and they got to know me."

Staff told us they worked with people to keep them safe while allowing them to try new experiences and increase their independence. One commented: "It's important service users are given the opportunity to try new things and be as independent as possible but we have to be careful and take account of risks."

Risk assessments reflected people's individual needs and how risk should be managed. For example where mobility had become an issue the registered manager had referred the person for a mobility aid to support them in the community. Risks were continuously reviewed and changes made where necessary.

There were safe arrangements for the management of medicines. Support workers were provided with medicines training. People's records provided guidance to support workers on the level of support each person required with their medicines and the prescribed medicines that each person took. Records showed that, where people required support, they were provided with their medicines as and when they needed them.

Is the service effective?

Our findings

A family member told us they thought staff were very competent when they provided support and care for their relative. They said, "I think the staff are very good at what they do. They all know and understand (person's name) needs." The two people receiving personal care and support did not have verbal communication but they did understand visual prompts and some sign language techniques of which the staff were familiar with including Makaton. Makaton is a language programme using signs and symbols to help people communicate. One person nodded and gave us 'thumbs up' to indicate they were satisfied with their support workers.

The training matrix showed staff who had worked at the service for an established period of time had received training at all levels. This included specific training relevant to support people with epilepsy and autism. The provider had systems in place to ensure that all support workers received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided support workers with the knowledge and skills to understand and meet the needs of the people they supported and cared for. The registered manager showed us a new observation system being introduced to observe staff carrying out tasks for example administering medicines. This would ensure staff were following procedures correctly and effectively.

Feedback from support workers about their experience of working for the service and the support arrangements in place were positive. They described how they felt supported in their role and had regular access to senior staff. Regular team meetings took place, where staff could talk through any issues, and seek advice and receive feedback about their work practice. One support worker said, "I feel very supported. There is always someone at the end of the phone if you need them" and "My induction was very good as was my training." Another support worker told us, "I am very satisfied with the training provided. I have regular supervisions and feel supported by the senior team and colleagues."

Staff completed an induction when they commenced employment. The service had introduced the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees completed induction which included training identified as necessary for the service, familiarisation with the service and the organisation's policies and procedures.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager, team leaders and support workers understood what restrictive practice meant. In one instance they had referred a person who needed more observation for their safety to a social worker in order for a best interest meeting to take place and possible guardianship order implemented.

People were asked for their consent before staff supported them with their personal care needs, for example, when mobilising or assisting them with activities. Care records identified people's capacity to make decisions and this was recorded on individual consent forms. The forms identified if the person had capacity to sign in agreement to receive care and support. It also identified where the person did not have mental capacity.

People's personal care files contained assessments and person centred care plans based on their individual health and social care needs, together with evidence of on-going monitoring and involvement from a range of health professionals. This included GPs and specialist referrals when required. A relative told us, "They (staff) have made such a difference to (person's name) because they picked up issues around vision and hearing and got it sorted out. It's made such a difference to their quality of life."

Where staff had more immediate concerns about a person's health they accessed healthcare services to support the person and support their healthcare needs. A staff member told us, "We have a list of contact details for people in an emergency."

Support workers monitored people's health and well-being to ensure they maintained good health and identified any problems. One person's relative said, "We always get told straight away if they have a concern and they inform us if they have rung the doctor." People's care records contained health action plans and records of hospital and other health care appointments. Support workers prompted and supported people to attend their appointments and the outcomes and actions were clearly documented within their records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner.

The support people received with their meals varied depending on their individual circumstances. Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Both people were able to manage their own meals and were supported to be involved in meal planning and preparation. One person was making drinks for themselves and others during the inspection. A staff member observed and advised but the person was seen to be confident in carrying out the task.

Is the service caring?

Our findings

On the day of our inspection there was a calm and relaxed atmosphere where people were being supported by attentive staff who knew their needs well. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. Staff were clearly passionate about their work and told us they thought people were well cared for. Staff told us, "It's the best job I've had I am very happy working here" and "Because it's a small service we get to know everyone well and they get to know us. It's nice to have that quality time to give to people". A relative said, "There has been such a difference in (person's name) health and (the person) has such a good quality of life. I know they are well cared for".

People receiving support had limited verbal communication. However, staff understood people's individual ways of communicating and had clearly developed a good knowledge of each person's needs. The relative of one person told us how well staff communicated with (person's name) and had built up a good knowledge of their communications methods. The relative said, "Since sorting out a hearing problem they [staff] have developed a good way of communicating".

Care plans were available in the supported living accommodation so staff were able to look at them to ensure the right care and support was delivered. People's preferences on how they preferred their care to be delivered were recorded. For example what they liked to watch on television and what was their choice of meals. Staff told us they respected how people might want their care delivered and how they approached care practices. For example, how to encourage and support people with personal care in ways which supported their established routines. Care plans were reviewed with people or their families and updated on a regular basis or when their needs changed. A family member told us, "Yes (person's name) care planning is shared with us and we are involved".

The care records were written in a person centred way with specific picture formats where necessary. There was a hospital passport in place for one person who had required in patient care. A member of staff told us the support they had received while in hospital had been a positive experience and the information held in the passport had supported hospital staff to understand specific needs and behaviours pertinent to that person. This meant the person was at the centre of their care and it was arranged to meet their individual needs.

Daily events that were important to people had been recorded so staff could provide care to meet their needs. Information was also reported daily about how the person was in terms of their social and health needs. This supported staff to be aware of any issues. A staff member said, "We regularly support service users to go to social events and support them with their daily tasks which can be different each day".

People were supported to maintain contact with friends and family. A relative told us they were always made welcome and were able to visit at any time. They said, "I visit regularly at different times and I am always made welcome." Staff told us a relative had spent a day at the house before Christmas and everyone was involved in making it a special day for the person. A staff member said, "It was lovely we made it into a special day by making a meal and presents were exchanged".

Staff understood the principles of privacy and dignity. There were suitable spaces for people to spend time alone if they wanted to. There was enough room for staff to support people with personal care in their own rooms or bathroom. Staff were available to support people whenever they needed assistance but they also gave people space to spend time on their own. Where a person had wanted to make a hot drink they were supported to do this but at a respectful distance so their independence was respected.

Is the service responsive?

Our findings

The registered manager explained they looked at each referral in detail. This was because Stepping Forward Support was a small service and it was seen as essential people being supported would engage with other people being supported. Records showed the agency had worked closely with other professionals to ensure any supported living placement with personal care was suitable. A member of staff told us it was very important that people who wished to move into the service had their needs assessed to help ensure the service was able to meet their needs and expectations.

A family member told us the service was responsive to meet their relative's needs. This was because staff were always available in numbers for which they had been assessed for. For example, one person had received additional night time support. A health professional told us staff had monitored the person's need for this and had communicated any changes which resulted in a review taking place. This showed staff were responding to and were vigilant to any changes in a person's needs.

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. Each person had a support plan which detailed the support to be given on a daily basis. They were detailed and contained a depth of information to guide staff on how to support people well. For example, there was information about people's routines and what was important to and for them. All care records were person centred with some areas in pictorial format.

People's care and support was planned in partnership with them or a family member wherever possible. People who used the service and their carers told us when their care was being planned at the start of the service, the registered manager and senior staff members spent time with people to find out about their preferences and what care was needed. The service also worked closely with other professionals including health and social care workers who were also involved in the person's wellbeing. A professional told us they were very satisfied with the way the service supported people.

Each person had a range of activities they liked to be involved in. In most instances they were the same. For example, going to a day centre and weekly disco. But in other instances people were supported in activities which were personal to them. For example one person liked to work with their hands as they had been involved in manual farm work earlier in their life. A family member told us, "(Person's name) is involved in so much now. They have a better social life than me". Other activities included going out for regular meals and experiencing up to four short breaks each year. There was work going on looking at another holiday later in the year at a different holiday park than was usually used. This demonstrated staff worked to broaden people's experiences'.

Staff supported people to be involved in some household tasks, such as helping clearing dishes after meals and cleaning their rooms. This meant they were able to maintain independence in their daily life.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured

people these would be responded to appropriately. Those which had been raised had been responded to and actioned in accordance with the agencies policy. A relative told us they were aware of how to raise an issue or complaint and were confident they would be listened to and any issues would be acted upon. The registered manager kept a log of all complaints made about the service.

Is the service well-led?

Our findings

A relative and staff told us they were involved in developing and running the service by being communicated with regularly. Decisions about the operation of the service were shared through regular meetings and discussions with families. People's views were sought out and acted upon. The registered manager acknowledged that it was important to gather views from people, relatives and staff in how well the service was supporting people, so that any improvements would be identified and considered in order to enable the service to continually improve.

The registered manager told us they regularly worked collaboratively with commissioners to deliver a person centred approach around the individual needs of people using the agency. A health professional told us the registered manager and senior staff was regularly engaging with them to report any changes or make changes as advised by other professionals.

There was a management structure which provided clear lines of responsibility and accountability. The registered manager, who had overall responsibility for the service, was supported by senior support workers. The registered manager and all levels of staff knew people well who received personal care and support. This meant people could receive consistent care from a stable staff team.

Staff said they were supported by management and were aware of their responsibility to share any concerns about the running of the service and the people receiving personal care. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered by the service. They did this through informal conversations with the registered manager and senior staff, regular formal supervision and regular staff meetings. Staff told us they were encouraged to make suggestions about the way people were supported and what options were available to them. For example, a member of staff had recently discussed options for a short break which was different to the options usually taken. Three staff members told us they had access to senior staff at all times and felt they were approachable. One said, "The managers are very approachable and always at the end of the phone."

People and their relatives had received surveys to ask their opinion of the service. The results were positive. Relatives had commented that they were happy with the way staff conducted themselves and felt supported by the registered manager and staff. The registered manager monitored the quality of the service by speaking with people or their families on a regular basis. The registered manager told us this had helped to develop an open and transparent system of communication. A relative told us they valued and appreciated regular communication with the registered manager.

The service had a system to carry out audits of falls, medicines, health and safety and care plans. The services safeguarding policy contact details were not up to date. This was pointed out to the registered manager who agreed the information would be updated immediately. Other policies and procedures were not dated and therefore we were unable to determine how long they had been in place. We pointed out the importance of dating procedures so that it is clear as to the validity of the information and to show they reflected current good practice.

