

Step Ahead Home Care Ltd

Step Ahead Home Care Services

Inspection report

Suite 1, Dunbar Business Centre
Dunbar House Ltd
Leeds
West Yorkshire
LS7 2BB

Tel: 01132473911

Date of inspection visit:

13 August 2019

21 August 2019

22 August 2019

27 August 2019

Date of publication:

06 September 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Step Ahead Home Care Services is a domiciliary care agency providing personal care and support to people in their own homes. It provides a service to older people and younger adults. At the time of inspection, the service was providing personal care to 25 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Since our last inspection of the service, there had been improvements in the quality monitoring systems. However, although there was no impact on people who used the service, we have made a recommendation about the need to keep these under review to ensure all records are accurately maintained.

Overall, medicines were managed safely. Action was taken at the time of the inspection to improve medicines records. We have made a recommendation about medicines support records.

Since our last inspection there had been improvements in the way care plans were written. They now contained detailed information to guide staff in how to support people.

People felt safe and trusted the staff. They were supported by staff who were trained to recognise and report any signs of abuse. There were enough staff to meet people's needs in a consistent and flexible way. Staff were recruited safely. Most individual risks were managed appropriately. Risks regarding the use of oxygen needed to be more robust.

People told us staff were caring, treated them well and respected their privacy and dignity. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received appropriate training and support to enable them to carry out their roles effectively. People received access to healthcare professionals when needed. The service raised concerns with health and social care professionals when necessary.

People thought the service was well led. We received compliments about the support and leadership of the service. The registered manager was open and transparent and created a culture which was friendly and welcoming. The service worked well with professionals and continued to support people to access their community.

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

Rating at last inspection

The last rating for this service was requires improvement (published 16 August 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Step Ahead Home Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 13 August 2019 and ended on 27 August 2019. We visited the office location on 13 and 22 August 2019.

What we did before inspection

We reviewed all the information we held about the service. We contacted relevant agencies such as the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our

inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people who used the service and four relatives. We also spoke with three staff, the registered manager and the office manager.

We reviewed five people's care records, policies and procedures, records relating to the management of the service, including recruitment records, training records and quality audits.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at key documents and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received the support they needed with their medicines. However, the records of people's required medicines support did not follow current NICE guidance on managing medicines for adults receiving social care in the community. The registered manager made immediate improvements to the records to reflect this.
- Staff had been trained to support people with their medicines safely and could describe how they did this.
- Medicines competency checks were carried out and staff confirmed this. However, a formal record had not been made. The registered manager agreed to ensure this in the future.

We recommend the registered manager keeps medicines support records under review.

- Where people were prescribed creams they only needed to take occasionally, guidance was in place for staff to follow to ensure they were administered in a consistent way.

Assessing risk, safety monitoring and management

- Risk assessments were in place for all aspects of people's care and support. This included moving and handling, falls and skin integrity.
- We noted one person was prescribed oxygen. The risk assessment regarding this needed to be strengthened to include all risks associated with oxygen use. The registered manager made arrangements at the time of the inspection to do this.
- Staff had a good knowledge of people's risks. Staff were trained to meet each person's needs and to understand the risks involved.

Staffing and recruitment

- The service had enough staff to support people in a consistent way. Staff told us they did not feel rushed and had enough time with people, to provide the care people needed.
- People and their relatives confirmed staff arrived on time and stayed for the allocated time.
- Overall, the service had a safe recruitment process and checks were in place. One member of staff's references had not been verified. We were assured the office manager was addressing this and the member of staff was not working unsupervised until this could be done.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection prevention and control.
- All staff had access to personal protective equipment, which helped prevent the spread of infection.
- Staff had received training in the control and prevention of infections.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse.
- Staff had received training in safeguarding adults. They told us how they would recognise signs and symptoms of abuse and who they would report them to both internally and externally.
- People and their relatives told us they or their family member felt safe and had confidence in the staff. Comments included; "I feel safe; in good hands. They are all so kind, smashing girls" and "Mum is quite happy with all of them; they are great."

Learning lessons when things go wrong

- Learning was shared through staff meetings and the registered manager's regular contact with staff. Staff told us they felt they were kept up to date and communication was good. One member of staff said, "[Name of registered manager] is always one step ahead; just like the name of the company says."
- When accidents or incidents had occurred, appropriate action had been taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a range of training to meet their needs. The service had an induction for all new staff to follow, and this included shadow shifts and training courses. However, there were no formal systems to record staff's progress during induction. The registered manager agreed to put this in place.
- Training was refreshed and updated regularly. Where any updates were overdue, plans were in place to ensure completion.
- Staff told us they felt confident. One told us, "I have received all the training to do my job well". Another said, "It's a very thorough induction with lots of learning opportunities."
- Staff said they felt supported, and they could ask for help if needed. Staff received regular one-to-one supervision sessions. These provided an opportunity for the registered manager to meet with staff, discuss training needs, identify any concerns, and offer support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs.

- People had their needs assessed before they started with the service. The assessment formed the basis of their care plan.
- Care and support was reviewed to reflect people's current needs and changes were made where needed.
- Care was managed and delivered within lawful guidance and standards.
- Risks in people's home environments were assessed to promote people's and staff's safety.

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

- Staff supported people to maintain a diet of their choice. Support was provided dependent on the person's requirements.
- Staff were knowledgeable about people's dietary requirements. They told us how they always made sure people had plenty of drinks in their reach when they left a call.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us they worked closely with other agencies to manage people's health needs. This included, district nurses, GPs and continence advisory nurses.
- Staff monitored people's health and wellbeing and told us they would report any concerns, such as decline in health or well-being.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The registered manager had a good understanding of the MCA. Staff had received training and told us they knew the key principles.
- People had given consent for their care and for photographs to be used in their documents.
- Staff were aware of the importance of gaining people's consent before providing support. People were supported to make their own decisions and encouraged to make their own choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Without exception, people and their relatives told us staff were kind and caring. Comments included: "They are all nice people, I am very happy with my support" and "Our carer is very kind, goes above and beyond all the time, will do extra little things such as cleaning up. We really appreciate them."
- People's cultural and spiritual needs were identified and respected. People were asked about their beliefs and practices during their assessment.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs. They described an inclusive, person centred approach.

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

- People and their relatives told us they felt included in how their or their family member's care and support was planned and delivered. A person told us, "Everything is agreed and very much kept to. I feel they listen." One relative said, "I feel very involved; [name of registered manager] discusses everything with us."
- Staff described how they assisted people to make decisions. Examples included listening carefully to people and always asking them and involving them in decisions. One member of staff said, "I always make time for people, so I can get things right for them."
- The service had information available about advocacy services if needed. An advocate is an independent person who supports someone so that their views are heard, and their rights are upheld.
- Staff and the registered manager had a good awareness of people's individual needs and preferences. It was clear they had got to know people well. They spoke with warmth and fondness when talking about people.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People told us, "Privacy and dignity is all good; managed very well" and "They [staff] do things so nicely so you feel comfortable."
- People were cared for in line with their preferences, such as preferred gender of staff to support them.
- People were encouraged to do as much as they could for themselves. A relative told us their family member was given lots of encouragement to maintain independence and keep their dignity. They said, "[Name of person] can be difficult but [name of member of staff] is so good. A calming influence."
- Staff told us they felt it was important to protect people's dignity and promote independence for people's self-esteem and well-being.
- The service had received compliments about the care and support it provided. A social care professional had said, 'They go above and beyond to ensure the service user's needs are met in creative and flexible

ways.'

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received personalised care that was responsive to their needs. Care plans had been improved, since the last inspection, and were now more individualised and detailed. Staff said the care records gave them good guidance on people's needs. One member of staff said, "They are great, very user friendly and everything you need to know is in there."
- People told us staff had time for them and were never rushed. One person said, "I have no problems at all with times, they are so good, I really like my carers."
- People and their relatives were involved in their or their family member's care. Reviews were held regularly or as things changed. One person said, "[Name of registered manager] always asks if everything is up to date or if any changes are needed."
- Staff could tell us about people's needs, the support they required and the person's preferred routines, such as how they liked a shower. This enabled staff to provide person-centred care and to support people in line with their preferences.
- At the time of inspection, no person was receiving end of life care although this had been provided to people previously. Staff were trained in end of life care. The registered manager spoke with kindness and compassion regarding end of life care that had previously been provided.

Meeting people's communication needs

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

- Care plans included information about people's individual communication needs and how these should be met, including the need for any aids.
- Staff were aware of the importance of giving people time when speaking with them and allowing them time to respond.
- The registered manager was aware of how to access translation services if needed.

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

- People were supported by staff with their social activities if they were funded for this. This included going into the community and pursuing hobbies and interests.
- Most people did not have funding for this type of support. However, the registered manager told us they

tried to encourage people to get out, have some fresh air or just a walk to the shops. It was clear staff did this in their own time. The registered manager said, "If we are doing shopping for people, we see if we can take them with us."

- The registered manager told us they had in the past, supported a person to take a holiday. They said the person had wanted to 'see the sea' and so they arranged for the person's main carer to accompany them on a short break. The registered manager was also in the process of arranging this for a person who currently used the service.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and the service had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to the registered manager or staff about any concerns. One person said, "I have every confidence they would sort things out."

- There was a complaints process which was monitored by the registered manager who then carried out a review and analysis. Records showed the service had resolved issues to people's satisfaction.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider had failed to ensure an effective system to monitor quality. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further developments were needed to ensure the improvements were fully embedded.

- The quality monitoring system had improved since the last inspection.
- The audit system consisted of detailed checks on care records, spot checks on staff's performance and recruitment and training checks. These had identified most shortfalls so corrective action could take place and improvements were made. However, some improvements that were needed to records of medicines support, induction and recruitment had not been identified by these audits. Some action plans had not been signed as completed by the registered manager. This was rectified at the time of the inspection.

We recommend the registered manager reviews the schedule of audit to ensure all areas of service delivery are covered in detail.

- Accidents and incidents were analysed when they occurred. These identified lessons learned, and any action required and taken to prevent a reoccurrence.
- The registered manager knew about their legal duty to send notifications to external agencies such as the local authority safeguarding team and CQC when required.
- The registered positively encouraged feedback and acted on it to continuously improve the service. This included asking people to complete surveys and seeking their views during staff spot checks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff felt proud to work for the service. They told us the registered manager was very approachable and led

by example to demonstrate their expectations about how people should be cared for. One member of staff said, "The manager is great, very supportive and wants us all to do a good job."

- The registered manager demonstrated an open and transparent approach and encouraged staff to do the same. They understood their responsibilities in this respect.
- People and their relatives gave positive feedback on the service. One person said, "Fantastic manager, and so accommodating and flexible."
- The registered manager gave examples of learning when something had gone wrong, for example, changes to call times. They told us how they had tried to learn from them to reduce the risk of reoccurrence. They said, "We will try to put things right, apologise and prevent it from happening again."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were engaged and involved in their care with consideration of their diverse needs. Difference was understood and respected.
- The service had regular staff meetings. Minutes showed discussions about service updates, training and good practice reminders. Records showed good attendance by staff.
- The service worked in partnership with health and social care professionals who were involved in people's care. The registered manager undertook joint assessment visits with health professionals such as continence advisory nurses.