

Footsteps Medical Care Limited

# Footsteps Medical Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Footsteps Medical Care Limited is a residential care home providing personal care to up to 5 people. The service provides support to adults living with a learning disability. At the time of our inspection there were 5 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of 'Right support, right care, right culture'.

Risks to people were assessed and managed safely. The registered manager was adapting their systems to use universally recognised risk assessment tools to further manage risk and ensure people's safety was consistent with national guidance and best practice.

People's needs were fully assessed and understood by staff, and care plans reflected people's individual needs. The registered manager acknowledged that some care plans had not been reviewed recently due to a change from a paper to digital system. The registered manager was reviewing these as a priority ensure they remained current.

People were protected from abuse and poor care and staff told us they were confident any concerns would be robustly addressed. The service had enough appropriately skilled staff to meet their needs and keep them safe.

Medicines were administered by trained staff and were managed safely and effectively.

People were supported by a consistent care team who knew them well.

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.

The registered manager modelled good practice and led by example. Staff and relatives spoke positively about the leadership within the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was good (published 18 April 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about safeguarding, record keeping and staffing. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Footsteps Medical Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Footsteps Medical Care Limited

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Footsteps Medical Care Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Footsteps Medical Care Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 6 members of staff including the registered manager and care workers. We spoke with 5 relatives of people who used the service about their experience of the care provided.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 3 people's care records and a range of medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

## After the inspection

We continued to seek clarification from the provider to validate evidence found and sought feedback from 5 professionals. We received feedback from 1 professional about their experience of the care provided.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding systems in place and staff had received regular training. Staff we spoke with had a good understanding of what to do to make sure people were protected from abuse.
- Staff had access to whistleblowing information and felt confident they could report incidents if necessary. One staff member said, "I wouldn't hesitate to raise any concerns if I needed to. [People] come first."
- Staff were confident the registered manager would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with external agencies if they needed to. One staff member said, "I know how to raise a concern with [the local authority]."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care plans and risk assessments were being moved from a paper to a digital format. While this happened, the registered manager ensured that any changes to people's needs had been clearly communicated to all staff to mitigate any risk to people. They were now working to update the digital recording of people's care plans as a matter of urgency.
- Staff knew people well and were able to assess, monitor and manage risks to people's physical and emotional well-being. The registered manager was now introducing recognised risk assessment tools to further manage risk and ensure people's safety was consistent with national guidance and best practice.
- Staff liaised with healthcare professionals for specialist advice about how to best support people with their individual needs and promote their welfare.
- The registered manager was open to feedback from people, relatives, staff and professionals. They told us there was a strong learning culture and they were developing a service improvement plan to capture any developments and lessons learned as a result of feedback.
- Staff told us they were made aware of any accidents or incidents via handovers. One staff member said, "If someone has a seizure or any bruising, we pass this on to other staff and record immediately... We always pass information between colleagues, communication is strong."
- There was evidence of risk assessments for the building and environment. Regular health and safety audits and environmental checks were carried out to monitor the safety of the service.

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 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- Staff were recruited safely. All required checks were made before new staff began working at the home. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by a regular staff team who were familiar with their support requirements. One staff member said, "We have a consistent staff team...we all care and work well together." A relative said, "I'm absolutely delighted. Cannot speak highly enough of them. They are very professional."
- Staff told us, and we observed, there were enough staff deployed to meet the needs of people living at the home. One staff member said, "We are a good team; we all rally round to cover any shifts, so it doesn't impact on the people we support. We don't use agency staff."

#### Using medicines safely

- Medicine administration records (MARs) confirmed people received their medicines as prescribed. Medicines were received, stored and disposed of safely and in line with national guidance.
- Staff carried out medication audits, ensuring that out of date and unused medicines were removed and that the medicines stored were all currently named for people and in use. Keeping medicine stocks to the minimum reduced the risk of giving incorrect medicines.
- Staff completed appropriate training to administer medication. One staff member said, "Medication competencies are completed. We work alongside experienced colleagues and then the registered manager will sign us off when we are competent." The competency process provided assurances that staff were working in line with best practice for medication.
- Where people were prescribed medicines on a PRN basis (as and when required) guidance was in place for staff regarding how and when these should be administered.
- The registered manager adhered to the principles of Stopping Over-Medication of People with a Learning Disability (STOMP) and people's medicines were regularly reviewed to monitor the effects on their health and wellbeing

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. One relative said, "The way they handled the COVID vaccination [for my relative] was superb - I can't fault them."
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People were supported to see their families in accordance with their preferences and in line with government guidance.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt able to raise any concerns with the registered manager. One staff member said, "I would have no issues raising a concern with the registered manager. She is very approachable."
- The registered manager was visible and approachable in the service, and took a genuine interest in what people, staff, family and other professionals had to say. One staff member said, "The registered manager is open and honest. [They] care about the people they are supporting and the staff."
- There was a positive culture in the home. Staff and relatives spoke positively about the service and the care provided to people. One staff member said, "People get really good care. Not everyone can communicate, but we still know their needs and how they like things to be done." A relative told us, "I've seen a vast improvement in [my relatives] health and wellbeing since [they've] been at the home. I can see [they are] a different [person] and is healthier. Seeing my [relative] looking so well and so happy is wonderful."
- The registered manager was open and transparent throughout the inspection and was clearly committed to providing good quality care. The registered manager praised the staff team and told us, "Staff are amazing. A home isn't a home without the staff. I couldn't ask for better."
- People who had individual ways of communicating, using body language and sounds were able to interact comfortably with staff and others involved in their care and support.

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

- The registered manager understood their legal responsibilities to report to the CQC.
- The registered manager was aware of their responsibilities under the duty of candour, to be open and honest about any accident or incident that had caused or placed a person at risk of harm.
- The provider displayed their CQC rating within the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were committed to reviewing people's care and support on an ongoing basis to ensure it remained appropriate, as people's needs and wishes changed over time.
- People benefited from a staff team that worked well together and understood their roles and responsibilities.
- Regular team and 1:1 meetings took place to ensure information was shared and expected standards

were clear. Staff told us they felt listened to and were involved in the running of the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider routinely sought feedback from staff, professionals, and relatives and used the feedback to develop the service.
- Staff, people and their relatives had confidence in the service and told us the home was well managed. One relative said, "I'm delighted to give a positive review of the home. It is magnificent and I wouldn't want [my relative] anywhere else."
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussions around how to implement best practice guidance.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a clear vision for the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. They were developing the recording of this information in a service improvement plan to ensure they could effectively track their progress against their objectives.
- Staff engaged with specialist professionals to ensure people received the best possible care. One staff member said, "We see lots of different professionals who visit the home, and we always take on board feedback and advice in the best interests of people we support." A professional described a recent visit to the home, "The carer I dealt with most helpful and knew all the [people] really well and had a warm empathetic approach. I was very impressed."