

Step by Step Supporting Independence Limited

# Step by Step Supporting Independence 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

### About the service

Step by Step Supporting Independence Ltd provides support to people with learning disabilities. The support is provided to people who live as tenants under a supported living scheme. At the time of our inspection the service provided support to 31 people living in their own homes. 21 people 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.

Step by Step Supporting Independence Ltd provides other services which help people to live independently, such as assistance with shopping and enabling people to undertake activities in the community. There is a log cabin facility in the grounds of its offices where staff support people with planned activities. People can also socialise with other people and staff in this area. For example, one person had recently enjoyed a big birthday party held in the log cabin.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff received safeguarding training so they knew how to recognise the signs and symptoms of abuse and how to report any concerns of abuse. Risk management plans were in place to protect and promote people's safety. Staffing arrangements were suitable to keep people safe. Staff recruitment practices ensured staff were suitable to work with people. Staff followed infection control procedures to reduce the risks of spreading infection or illness.

The provider understood their responsibility to comply with the Accessible Information Standard (AIS), which came into force in August 2016.

Staff received induction training when they first started work at the service. On-going refresher training ensured staff were able to provide care and support for people following current practice.

Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts to maintain a varied and balanced diet. Staff supported people to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People had their diverse needs assessed, they had positive relationships with staff and received care in line best practice meeting people's personal preferences. Staff consistently provided people with respectful and compassionate care.

The service had a positive ethos and an open culture. The registered managers were visible role models in the service. People, their relatives and other professionals told us that they had confidence in the managers' abilities to provide consistently good quality managerial oversight and leadership.

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

The last rating for this service was Good (published March 2017). At this inspection we found the evidence continued to support the rating of good, and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why we inspected

This was a planned inspection based on the previous rating.

## 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 safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our safe findings below.

Good ●

# Step by Step Supporting Independence Ltd

## **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 carried out by one adult social care inspector. An expert by experience carried out telephone calls following the inspection to gain relatives' views of the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

This service is a domiciliary care agency and provides care and support to people living in a number of supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service had a manager registered with the CQC. This means that they and the provider 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.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from external health professionals. The provider had completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke and spent time with five people in their own homes, with their consent, who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, and five care workers. We spoke with two relatives of people using the service over the telephone. We reviewed a range of records. This included three people's care records and three care staff members' records. We looked at records in relation to training and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

Safe –this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse.

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse. For example, because they knew people so well, staff were able to spot any signs that there could be issues, including when outside their home and in the community.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- People and their relatives explained to us how the staff maintained their safety. One relative said, "Oh yes they are absolutely safe."

Assessing risk, safety monitoring and management

- Risks to peoples' safety and wellbeing were identified, assessed and managed. Each person's care plan included relevant risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. Some care plans also had photographic manual handling routines to ensure staff and people knew what was expected of them to move safely.
- Staff understood where people required support to reduce the risk of avoidable harm.
- The registered managers checked all accident and incident records to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had consistent staff who were familiar to them and many staff had worked with the service for some years.
- People and their relatives told us they received care in a timely way. Some people received 24 hour support and the registered manager showed us a comprehensive system to ensure people received any one to one support in line with their funding. Others received support for specific reasons from a team called the peripheral team for consistency. People commented, "I like the staff, they come and chat with me and help me do what I want to do" and "I know all the staff who help me. I don't have to wait."
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers.

Using medicines safely

- Some people needed support or reminding to take their medicines. When staff supported people in this task, appropriate medicines records were completed by staff.
- People and relatives told us they were happy with the support they received to take their medicines.

- Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and regular competency checks were carried to ensure safe practice.

#### Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered managers discussed any accidents/incidents with staff as a learning opportunity at staff meetings and supervision. They encouraged staff to complete incident forms no matter how small the situation seemed. The registered managers were very knowledgeable and involved in peoples' care and were focussed on ensuring people lived the best life they could safely.

# 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 has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed prior to the service starting. This ensured that suitable staff were available to meet people's needs.
- People were asked about their lifestyle choices, religion, relationships, culture, likes and dislikes. These were included in the planned care in conjunction with people who were important to them.

Staff support: induction, training, skills and experience

- Staff had received an induction and regular training that ensured they had the skills and knowledge they needed to do their job. A relative said, "There's a knowledge you need to know about [person's name] if she changes, it's about her presentation and her carers know this". Where required specialist training had been provided to ensure that staff could meet people's individual health and care needs. Another relative told us, "We don't know what the triggers are but the managers and the team supported [person's name] so well that they avoided going in to hospital. I can't speak more highly of Step by Step, they've been my saviour."
- Staff received regular spot-checks, supervisions and appraisals, they told us they felt well supported in their role. Staff were all very positive about working with Step by Step. Comments included, "We work as a team. We know people but also our staff well being is cared for" and "It is very open door and we can speak to managers anytime. You get the support you need." One staff member had completed an excellent healthy eating project and shared their findings with people and staff. There was a positive outcome from this learning, particularly for one person who had lost weight after becoming more inspired and involved in meal planning. A cook book had been devised which also helped all the staff learn how to cook meals which people had chosen from the book.

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

- People were supported to maintain a balanced diet. The registered manager and staff had worked in partnership with dieticians to support people's individual needs and had followed guidance including, good nutrition and promoting healthy living. Where people had specific dietary needs, records were kept to monitor food and drink intake. One relative said, "[Person's name] is a choking risk and needs to be supported to eat because she eats so quickly. Care staff always sit with her and support her with, otherwise she would 'pile it all on the spoon'. It's all done in a very gentle and calm way by her carers."
- People were given choice around shopping, food and drinks. For example, people went food shopping and staff knew what they liked to buy and what they wanted for their meals.

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

- Staff supported people to access healthcare services and worked in partnership with other professionals such as GPs, occupational therapists and speech and language specialists. Staff were in regular contact with the appropriate professionals to ensure continued effective support. Health care plans had been made more detailed, including a health care summary and checklist. One health professional told us, "I've always found the staff I've dealt with at Step by Step very dedicated to making sure their client's needs are heard, and met." Staff told us how they had taken one person for a dressing change. An allocated staff member audited health checks to ensure people's health needs were met.
- The staff and management team had worked closely with other professionals to ensure timely admissions for people into the service. The service was able to respond quickly if there was an emergency referral. They completed a thorough assessment of people's needs and ensured support was in place as soon as possible.

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. We checked whether the service was working within the principles of the MCA and found that they were.

- People were being supported in the least restrictive way possible. People and their families or a representative had been involved in the assessment and planning process and care plans were signed to consent to care. An MCA checklist was completed for each person during the initial assessment process. This prompted staff to ensure they were considering people's understanding around specific decisions.
- Staff had received training in MCA and had a good understanding of the principles. They made sure people understood their care and respected their wishes. Training was embedded into staff practice regularly. For example, minutes from one team meeting re-enforced MCA training by discussing individuals and how to ensure their liberty was not taken away.

# 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 has 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

- People were happy with the care they received and had developed good relationships with their staff. One person told us, "They [the staff] care about me, it's nice." A relative told us, "It's very good care and they [the staff] know [person's name] very well. It is three main staff and I completely trust them". Another relative said, "The staff are very caring, [person's name] has to cope with a lot, and she has one particular young carer who is amazing. They don't have a high turnover of staff, which is important."
- Care plans detailed how people wished to be supported, what was important to them and what staff needed to know about the person. This provided the staff with the information they needed to deliver consistent care and support. Staff were able to pre-empt some people's behaviours which could be challenging for others, for example because they knew people's personalities and life history. One relative said, "One of her carers talks to [person's name] and sings to her a lot and they sit on the grass in the garden or play football". This helped the person be less anxious. The registered manager supported staff to have a good understanding of equality, diversity and human rights. For example, the staff handbook contained an equality, inclusion and diversity policy. Staff told us how they supported people to understand sensitive topics such as making relationships, contraception and hygiene issues. They had supported one person to see their boyfriend independently but met them from the bus because it was important someone walked them home.

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

- People were supported with making their own choices and decisions, this was reflected throughout care plans and staff notes. For example, records showed one person had made a particular choice around an element of their personal care, this had been respected and included in the care plan.
- We observed staff interactions and conversations with people in their own home. Staff were able to show that people were making their own choices and leading their care and support. For example, people made decisions around what activities they would be doing that day, this was supported by staff. Staff team meeting minutes had emphasised how important it was to support a person to Skype their family with pre-arranged times.
- Staff helped people draw up and meet achievable goals. This could be making their own cup of tea or losing weight. These were regularly reviewed but the registered manager said they would ensure there was more detail on these because changes were sometimes overwritten rather than keeping the previous review. This meant staff may not always know what had changed. A 'You Say, We Do' showing any raised issues and

the actions taken further showed people they were important and listened to.

Respecting and promoting people's privacy, dignity and independence

- People were respected. Staff preserved people's dignity by closing curtains and doors when delivering personal care and records were stored securely. Staff understood the importance of confidentiality. We observed a staff member gain consent from a person before handing us their care file to look at.
- Independence was supported. One person told us how staff supported them to manage their finances ensuring they remained as independent as possible. Care plans included details on how to support people with in personal care, finances and relationships. Staff had supported one person, for example, in doing their exercises, following a photographic exercise programme. The person no longer required two staff to support them and was able to mobilise more independently. Other people were supported sensitively with tasks such as hair removal, tidying their rooms and accessing groups they wanted such as slimming groups.

# 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 good. At this inspection this key question has remained the same.

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

- Care and support plans were written with the person at the centre of their care and were reviewed regularly or if there was a change. One relative said, "My comments can be included anytime." Care plans covered choice, religion, culture, eating, drinking, communication and health. Where people liked a specific routine, this was well detailed with how the person liked things done. One person told us if they wanted to make any changes they met with the registered manager and together they found the best way forward. For example, in trying to access further funding to go out more.

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.

- People's communication needs were assessed and included in the care planning process. Information could be made available in easy read format and large print where required. For example, the service user guide was available for people in easy read format. A relative said, "My sister is able to communicate well with staff and they pick up if there's anything wrong, and I can always tell if something's bothering her".

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 to maintain relationships that were important to them. For example, people were supported with regular visits to family members.
- People were supported to access the community to promote their independence and social interactions. Staff and the registered manager told us how they were always juggling staff hours to ensure people could do what they wanted. For example, preparing a big birthday party for a person and organising a trip to see a person's favourite band. The registered manager said, "There are lots of things we do to make people happier. We had a BBQ on a bank holiday and we help people access the pubs safely."

Improving care quality in response to complaints or concerns

- Complaints were responded to in line with the providers policy and procedure. People had been given a service user guide when starting with the service. This included details on how to make a complaint and signposted people to other organisation if they weren't happy with the registered manager's response.

## End of life care and support

- People's end of life decisions were not discussed and recorded during the assessment and care planning process. However, people were able to discuss their thoughts and wishes when the time was right in a sensitive way. Most of the people receiving support were young and healthy so they may not want to talk about end of life care at this time.
- The registered manager could access advice and support from professionals when needed.

# 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 Good. At this inspection this key question remains the same.

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

- The registered manager was friendly, approachable and focused on providing good quality person centred care. The service ethos was further embedded into daily practice with the company philosophy on the back of staff ID cards as a reminder. People were included in the planning of their care and were achieving positive outcomes. A relative told us, "It works well absolutely, I can always talk freely and openly with the managers. I would recommend the service. I know that if something happens to me, [person's name] will be well cared for". Another relative said, "The one thing about Step by Step is that they always listen. They're very accommodating about changes and they always take my advice on board, I am delighted with them."

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 had a good understanding of their responsibility to be open and transparent when things went wrong. Where people had raised concerns or complaints they told us that they had been managed well and resolved quickly. Relatives said they would not hesitate to share any concerns and people said they would always go to the managers or staff and their issues were addressed.

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

- Regular record and systems checks were in place to monitor the quality of the service and drive improvement. An ongoing service improvement plan ensured the registered manager maintained good oversight of the service.
- The service notified CQC of significant events appropriately. Policies and procedures were in place and were updated periodically to ensure information was current and supported best practice.

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

- Questionnaires had been sent to people, these showed high levels of satisfaction with the service. Results were shared with the staff team to influence learning and drive improvement.
- Communication between the staff team was good. Staff felt listened to and were very happy working with

the service.

#### Continuous learning and improving care

- The registered manager and provider were committed to continuous learning. The registered manager Staff were also offered opportunities to increase their learning via national vocational qualifications.

#### Working in partnership with others

- The service had worked in partnership with other professionals including GPs, social workers and speech and language therapists to ensure people's needs were met and good outcomes achieved. A staff member also worked for the landlord company which made sure that any issues such as maintenance were dealt with very quickly.
- The registered managers attended local authority forums, which was helpful in gaining and sharing knowledge and experience.