

# Ignite Health And Home Care Services Ltd

## Step-forward support services

### 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-Forward Care Services is a care home that provides nursing and personal care for people who may be living with mental health conditions. At the time of the inspection, two people lived at the service.

Step-Forward Care Services accommodates up to five people in one adapted building. Each person has their own individual room and there were shared facilities such as kitchen, laundry, and bathroom facilities. There was also one main living room and dining area where people watched TV and socialised together.

### People's experience of using this service:

People were supported by staff to stay safe and who treated them with respect and dignity and encouraged them to maintain their independence.

People were supported to receive their medicines as required to assist their wellbeing and people enjoyed a healthy diet with a choice of meals.

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 sought people's consent before providing support and staff liaised with other health care professionals to meet people's health needs and support their wellbeing.

Staff knew people well and provided care in the way that people preferred. People and their relatives felt able to raise any concerns they may have with staff.

Staff received training that was appropriate to them in their role and they felt supported by the management team to provide a good standard of care.

People were supported to enjoy a range of activities and people received individualised care and support from staff.

The provider had quality assurance systems in place and we saw where action had been taken to make improvements. Staff said they felt supported and could talk to management, who they considered approachable, and felt confident any concerns would be acted on promptly.

The provider worked in partnership and collaboration with other key organisations to support care provision.

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:

This was the first inspection since the service registered in September 2016; the service first started supporting people in April 2017.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, 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 well-led.

Details are in our well-led findings below.

Good ●

# Step-forward support 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 as part of our regulatory functions. This inspection checked 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.

### Inspection team

The inspection team consisted of one inspector.

### Service and service type

Step-Forward Care Services is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager registered with the Care Quality Commission. 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

This inspection was unannounced and took place on 12 and 14 June 2019.

### What we did before the inspection

We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

The provider was not asked to complete 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.

During the inspection

We spoke with two people using the service to ask about their experience of care. We also spoke to two relatives of people by telephone. We spoke with the registered manager, the deputy manager and two support workers. We spoke with one healthcare professional who was visiting the service on the day of the inspection and one healthcare professional by telephone. We also received information from three healthcare professionals by email following the inspection.

We looked at the care records for two people, two staff employment related records and records relating to the quality and management of the service. Details are in the Key Questions below.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- People felt safe with the support of staff. One person told us, "Staff keep me safe."
- Staff were knowledgeable about the help and assistance each person needed to support their safety. People's risks were recorded in their care plans and staff said the assessments gave them the correct level of information to provide care and support and they were aware of any changes to people's care needs.
- One healthcare professional commented, "The service provided by Step Forward Support has been excellent and I have felt the staff have been proactive to identify risk and communicate the needs of the person."

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

- Staff we spoke with confirmed that they had received training in safeguarding people and demonstrated a good understanding of the types of abuse people could be at risk from.
- Staff told us they were confident to report any concerns with people's safety or welfare to the registered manager or with external agencies. Staff said they were confident that action would be taken. Staff also told us the provider had a whistleblowing policy which could be used.

### Staffing and recruitment

- People were supported by sufficient staff and during the inspection we observed that staff were available to support people promptly. All staff we spoke with were assured that people were safe and they felt there was enough staff to support people living in the home.
- We looked at two staff recruitment records and saw the provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being recruited.

### Using medicines safely

- People were supported by trained staff to take their medicines. Staff told us they had received training in supporting people to take their medicines and this was monitored and checked.
- Checks were completed by the management team to ensure records were completed to show when people had taken their medicines. An external pharmacy audit had also been completed.

### Preventing and controlling infection

- We saw staff using protective equipment, such as aprons and gloves, and staff told us a plentiful supply of was always available to them.
- We saw that the home had been awarded a Food Hygiene Rating of 4 (Good) by Birmingham City Council Birmingham City Council on 23 November 2018.

## Learning lessons when things go wrong

- The registered manager completed records to monitor any accidents and incidents and to look for actions needed to reduce the likelihood of events happening again.

## 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.

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

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the legal authority and were being met.

- People were supported by staff who had received training in the MCA, and staff demonstrated they understood what this meant for individual people.
- The registered manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS) and an application had been submitted where they had assessed that one person was potentially receiving care that restricted their liberty.
- We observed staff sought people's consent before providing care and saw that people's choices were respected.
- One healthcare professional stated, "The staff were able to communicate their concerns with myself and come to a reasonable solution under the least restrictive ways to promote their [the person's] well-being."

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

- People told us they enjoyed a choice of foods. One person said, "Staff help me with meals. I eat things I like."
- People were supported to receive meals which met their dietary requirements, this included staff supporting people to choose healthy food choices.

Adapting service, design, decoration to meet people's needs

- We looked at how people's individual needs were met by the design and decoration of the home. The home was clean and tidy, and people had personalised rooms reflecting their interests and likes.
- The environment was suitable for the two people currently living at the home, the deputy manager said an assessment was completed prior to each placement to ensure it met the person's individual needs. The deputy manager said the provider was supportive and would agree any changes or adaptations needed to meet people needs and keep them safe.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they were supported through training and guidance to provide effective care for people. We spoke to one new member of staff who told us their induction included shadowing staff, accompanying people on activities and time to read people's care plans. They described their induction as, "Very, very thorough."
- Staff said they were well supported in their roles. Staff told us they were able to discuss any concerns, progress or changing needs with the management team.

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

- Staff were able to tell us of the healthcare needs of the people they supported, and they knew when to contact outside assistance. Relatives confirmed, and records showed people had been supported to see healthcare professionals such as the GP, dentist and optician.
- All five healthcare professionals we communicated with told us people were well supported and one said, "They [staff] take on the advice we give."

## 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People said staff treated them with kindness. One person said, "Staff are kind to me, I like them." A second person said, "Staff are good, [they] work with me." We saw people were relaxed around staff and we heard some people enjoying a joke with staff.
- Staff told us they enjoyed working with the people they supported. One member of staff said, "[The best part of my job is] supporting people in what they like to do. It brings me joy to be part of it."
- Staff spoken with respected people's individuality and diversity. Care files contained information about people's personal histories and people's preferences, so staff could consider people's individual needs when delivering their care.

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

- We saw how people were supported to make choices about their day-to-day care. One person commented, "I choose what I want to do," and, "I discuss my care plan with [deputy manager's name]."
- People were supported to express their views. People had a recorded meeting with their key worker at the end of each month to discuss their care, what worked well or needed changing, what they enjoyed and also to plan their care for the month ahead.
- The deputy manager told us, "I am passionate about people being involved in their care," and this was echoed by the care staff we spoke with.

Respecting and promoting people's privacy, dignity and independence:

- We saw that people told us they were treated with dignity and respect.
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy, for example by always knocking people's door before entered.
- We saw staff promoted their independence. For example, people were encouraged to complete household tasks such as cooking, cleaning and laundry to develop their independent living skills.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received individualised care and support from staff. Relatives told us staff knew people well and how they preferred their care to be provided.
- Staff demonstrated detailed knowledge people to provide individualised care which reflected people's preferences. One member of staff told us this was a strength of the service. They said, "People are involved in their care, what they are feeling, what they like to do. They are able to express themselves." One healthcare professional commented, "They [staff] find out about the person and what they need."
- Care plans were updated and reviewed as required. Information was shared as people's needs changed, so that people would continue to receive the right care. This included information in the staff handover.
- All five healthcare professionals we communicated with felt that staff knew people well and were responsive to any changes in their wellbeing. One healthcare professional said, "The staff were well trained to notice further deterioration and provide support to get the relevant support put in place to prevent further health decline."

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 enjoy a range of activities which reflected their individual interests. We saw people enjoyed shopping trips and activities such as rock climbing and go-karting.
- One person had been supported to attend a local community day centre to develop new relationships outside of the service. This was acknowledged by one healthcare professional we spoke with who said, "They've [staff] encouraged [person's name] to develop new interests. They now attended [day centre] three times a week. It's really benefited [person's name]."

Meeting people's communication needs

- We saw that some information such as care plan reviews were produced in easy read formats to aid peoples understanding.
- We were advised that when one person was not able to verbally communicate their needs and choices staff used their pictorial charts as a means of communicating.

Improving care quality in response to complaints or concerns

- People told us they would speak to staff if they had any concerns. Relatives told us they had not made any complaints, but if they had a concern they were happy to speak to staff. One relative said, "I've got a good rapport with [deputy manager's name]...we are in constant email contact, so any misgivings I am assured I could say."
- We saw that where complaints had been received these had been investigated and the outcome recorded. We saw that action had been taken where there was learning for the service and to reduce the risk of further

concerns.

#### End of life care and support

- At the time of the inspection there was no one being supported with end of life care. The deputy manager said care plans needed to be developed to better record people's future wishes, and they were working on this development.

# 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

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; 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. People told us they enjoyed living at the home. One person said, "I am happy here. I'm settled."

- Staff told us they felt listened to and that management team were approachable and supportive. One member of staff said, "I've asked lots and lots of questions. They [management team] are very patient. I'm getting the support I need."
- On the day of our visit the registered manager and deputy manager both interacted in a relaxed and caring way with people living in the home and took time to re-assure people when they raised any queries.

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

- One person told us, "I do [residents'] committee and I sometimes do [staff] interviews."
- Staff told us there were regular staff meetings to share information and provide an opportunity for staff to feedback their views and suggestions. One member of staff said, "They do listen to what we've got to say."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff were supported to understand their roles through regular supervision meetings.
- There was a clear staffing structure and staff were clear on their role and who to report any comments or concerns to.
- The management team understood their responsibility to notify CQC of reportable events and to display in the CQC rating within the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Continuous learning and improving care

- The provider had quality assurance systems in place and we saw where action had been taken to make improvements.
- One healthcare professional told us they worked together with the service to provide training. For example, positive behaviour support training had been arranged.

Working in partnership with others

- All health professionals we spoke with said the home was well managed and felt there was a positive working relationship between the registered manager and themselves. One health professional

commented, "I feel that this home is very effective and well managed, well experienced manager."

- The service worked in partnership and collaboration with other key organisations such as GP's, and community mental health teams to support care provision.