

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Steps Care Limited

7 Woodside, Greenbank, Plymouth, PL4 8QE

Date of Inspection: 27 February 2014

Date of Publication: March 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Steps Care Limited
Registered Manager	Mr. John Jobling
Overview of the service	Steps care limited is privately owned. The provider provides personal care and accommodation for five people with a learning disability. The service is aimed at people with a mild to moderate learning disability who wish to develop their skills and confidence while living independently in the community.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Steps Care Limited provided supported living to people with a learning disability. The care is provided to five people living in a shared house. During our visit to the shared house we were able to meet three people who used the service, the manager and a staff member.

We saw and heard staff speak to people in a way that demonstrated a good understanding by staff of people's choices and preferences. One person being supported by Steps Care Limited said, "Sometimes I go out on my own and the staff also help me when I want help".

Staff were able to speak confidently about the care practices they delivered. They understood how they contributed to promoting people independence.

We saw that medication was administered by suitably trained staff. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to administer and record medication.

During our visit to the shared supported living home we saw sufficient staff on duty to meet the needs of people who required support.

We spoke with the staff on duty and they had worked for Steps Care Limited for a number of years.

We saw that Steps Care Limited held all records securely to protect people's confidentiality.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were always respected.

Reasons for our judgement

The staff member we spoke with had a good knowledge of privacy, dignity and promoting people's independence. This included how to promote people independence living skills. For example, people were assisted to buy their own food and prepare and cook their own meals.

The staff member we spoke with demonstrated an understanding of the need to encourage people to be as independent as possible. They recognised the need to promote positive experiences for people. For example, encouraging people to decide what activities they would like to undertake and to engage people in discussions about things of interest to them, for example, what they liked to do with their time.

Staff demonstrated a good understanding of the importance of involving people in decisions about their care before assisting with any intervention. For example, people signed consent to care and treatment and the staff said they would encourage people who used the service to discuss with the agency which staff they wanted to assist them when possible.

We looked at three people's care plans held at the home we visited. We found that care plans reflected people's health and social care needs. These were identified through assessments undertaken by the agency staff and other health and social care professionals, for example, the learning disability team.

We saw from the records they held evidence that people using the service and family members were involved in the care planning process. One person stated that after discussions with the staff they would attend the dentist themselves. This showed the agency considered people's individual needs as much as possible while promoting their independence.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Each person we spoke to receiving personal care from Steps Care Limited Domiciliary Care Agency said they were happy with the care they received. Their comments included "They (the staff) are kind" and "we talk about things".

The staff and manager we spoke with said they agreed that the people who received a service from the agency had their care and welfare needs met. The staff and manager went on to say that people are supported appropriately with daily living tasks, including personal care and meeting nutritional needs.

We looked at three people's care files held at the supported living shared house and spoke to the staff involved in people's care. We found that all the care files held relevant information. Some demonstrated that, where possible, people were involved in the planning of their care and support needs. Files included personal information and identified the relevant people involved in their care for example, family members. People's files held an annual health check; this recorded any important health care issue, ensuring people's health was adequately maintained. For example, doctor visits with actions, outcomes and any follow up required.

The agency is run for one house therefore there is a designated staff team to provide consistency of care. The care files were presented in an orderly and easy to follow format. Staff confirmed that they would refer to the files when needed to ensure appropriate care and support is provided. Assessments were completed and care plans were reviewed on a regular basis.

The care plans we looked at were all updated and written with clear instructions, for example, to meet people's health care needs. We saw evidence of other agency involvement, for example, a local employer and the learning disability team. This supported the staff to meet people's individual needs. This demonstrated that other health and social care professionals were involved in people's care so the most appropriate professionals attended to their overall wellbeing. Additionally, care plans showed that people underwent regular reviews.

The care plans we looked at showed people's individual risks had been identified and the necessary risk assessments were conducted and reviewed. Plans were then put in place to minimise any risks that had been identified. For example, we saw risk assessments for people who may become upset. This demonstrated that when staff had accessed information about a person's needs through their risk assessments, they would then be able to determine how best to support them in a safe way.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We spoke to the staff and the manager about the management of medicines. All medicines arrived at the shared home in a dosage system and were booked in by the staff member on duty. These are then signed and dated by the staff member.

The staff member spoken with explained that the agency do not administer people's medicines. People are only prompted to take medicines. For example the dosage packet is taken to the individual who pops the medicines out of the dosage packet and take it themselves.

The Medication and Record Sheet (MAR) is hand written and signed by the staff after the person take their own medicines. The staff signed to say that medicines are taken, "as per blister (dosage) pack". This showed that people receiving assistance and/or prompting with medicines were receiving their medicines when they needed them and in a safe way.

The agency had updated and produced a policy and procedure on medicines as requested from the previous inspection. This policy and procedure showed clear information for staff on the safe storage, delivery, review and administration of medicines.

The staff member we spoke with about the policy and procedure had a clear understanding on what was expected of them when handling medicines. This staff member also confirmed that they had completed medicines training.

Each care plan we looked at held detailed information about people's medicines and any side effects the staff needed to monitor. Any changes made to medicines were recorded and signed by the person making these changes, for example, a GP. This helped to ensure people received the medicines to keep them healthy.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People told us that they were happy with the care they received. Comments included "They help me when I want it" and "I do some things on my own". We saw nothing to indicate that people's personal care needs were not being met.

We spoke to the staff member working during our visit and the manager of the agency. Both spoke confidently about the care practices they delivered. They understood how they contributed to people's health and wellbeing while promoting peoples independence.

The staff told us they received regular training and regular updates when required. Staff also confirmed they attended regular staff meetings. They said this helped to equip them to do their jobs. Staff said they received regular supervision from either the manager or the deputy.

We looked at the training matrix for staff. Records showed that staff had received training on safeguarding vulnerable adults, moving and handling, health and safety, medication, food hygiene, first aid and basic life support. The staff confirmed that there was always training updates available.

This demonstrated that the agency recognised the importance of having a staff team which was well trained and supported in order to meet the individual needs of the people they supported.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We looked at three people's care files. Their assessment and care plan provided the information care workers needed to ensure people's needs could be met in a safe way. The information was easy to find and clear to read. This meant that information was kept in a secure way and people's care and treatment were recorded to assist the staff.

All records were kept securely in a locked office in the shared supported living house. These records were accessible for the staff that required them. The records were sufficient to protect people against the risks of unsafe or inappropriate care.

The agency kept records of all maintenance carried out in the shared house. We also saw completed audits of fire equipment testing and accident and incident forms.

The agency's complaints procedure and safeguarding policy was displayed for people to access. This showed the home was monitoring people's wellbeing through the use of effective records.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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