Inspection Report

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

Stepping Forward Support

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Date of Inspection: 15 June 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Stepping Forward Support Limited
Registered Manager	Mr. Ian Edward Davey
Overview of the service	Stepping Forward Support Limited is a domiciliary care agency that provides personal care to people in their own homes. The care being provided is for people with a learning disability and/or a physical disability.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

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'.

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 announced 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 15 June 2013, talked with carers and / or family members and talked with staff.

What people told us and what we found

We carried out an announced visit to the agency's office. The service continues to provide personal care to two people and employs eight staff members. This visit was announced because the office is not routinely open. We did not visit people in their own home to ask about their view of the services provided as we were advised this may distress them and may not be appropriate. We spoke to family members and staff about the care being provided and met with the registered manager.

Family members told us that they continued to be happy with the care being provided. They told us that they felt included in their relative's plan of care. They told us that consent from them was requested on occasions on their relative's behalf. They told us that their relatives were encouraged and supported to be as independent as possible.

We looked at the care plans and other documents pertaining to people's care. We found that documents related to care were up to date and reviewed when needed to ensure they were accurate. Care workers had received training for their role and felt well supported by the management of the service.

The management of medicines and recording were safe.

Recruitment procedures were fully completed to ensure that people using the service were being cared for by staff who had all the correct checks in place.

The agency had systems in place to obtain feedback from people who used the service, relatives and monitor the quality of care provided.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements

Reasons for our judgement

We did not visit people in their own home to observe how consent to care and treatment was managed as we were advised this may not be appropriate for those people.

The people using the service could make some decisions about what to eat and how they wanted to spend their day. We looked at daily records which reflected the choices and decisions they had made. Other decisions which they could not make were made by either family members or through 'Best Interest' meetings and discussions. We were told by the registered manager about a recent Best Interest meeting and the decisions agreed for the person using the service.

The registered manager is present two to three days a week in each service and at these times observes how staff managed consent for each person.

We spoke to family members and staff about their involvement in decisions about care and treatment. Family members told us that they had been closely involved in the decisions about their relatives and felt able to comment at any time. The provider may find it useful to note that a record of this on going communication was not recorded to ensure an audit trail of how decisions were made.

Each person was provided with a team of regular care workers who had familiarised themselves with the person's needs and individual circumstances. This provided a consistency of care and provided each person with support to make the decisions they felt able to.

We spoke to two staff members who had undertaken training which included information about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which provide legal safeguards for people who do not have the mental ability to make decisions about their own welfare. Staff confirmed that they understood the importance of taking peoples capacity into consideration when decisions were made about their care.

Care and welfare of people who use services ✓ Met this standard

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

We found that people's needs were assessed and care and treatment was planned and delivered in a way to ensure people's safety and welfare. Each person had individual needs and reasons for using the service that were related to their mental health or learning disability. People's history and care needs were clearly identified to ensure a person centred approach to how they wanted their care provided. Each person had a relationship chart to inform staff who was important to each person and the level of importance. The registered manager told us that as part of any staff induction they read these plans and spent time with the person until they understood their needs fully.

We saw that the staff contacted relevant health professionals, including audiologist, specialist epilepsy and autism support nurses to seek advice and update information to appropriately care for the people using the service. We saw that new advice had been sought from a physiotherapist when needed. Any advice received was clearly recorded for staff to follow.

Records for each person contained detailed information about the risks to the person and how those risks were to be managed. Care plans were put in place to identify each person's needs and how they were to be met, with clear guidelines for the care workers to follow.

A team or regular staff provided care to each person over 24 hours. This meant the care workers knew what care and support they needed without having it explained to them every time. The care workers wrote daily diary records that showed people's progress was closely monitored so that any changes or issues were seen and action taken when needed. Family members told us that they had access to these records and confirmed they read them and found them to be accurate. These daily records were reviewed weekly by the registered manager and the care plans were reviewed as needed and were reviewed overall every six months.

People were supported in activities associated with daily living which included housework and recreational activities at home. They were also encouraged to participate in local community activities such as disco's, shopping and we were told holidays for this year were booked. For one person a notice board was used using various words, pictures and

photographs to enable the person to see what was planned for the week.

Records were in place to show how the week was planned and this was discussed and agreed with the people using the service. Daily records showed that these plans were flexible and that people could change their mind if they wanted to.

Management of medicines ✓ Met this standard

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

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage them safely.

The registered manager told us that all medicines were stored securely in lockable cupboards in the person's home. People using the service were not able to self-administer any medicines safely and so this role was undertaken by staff.

As part of each staff member's induction they received medication training from the registered manager and were assessed by him to ensure they were competent before being allowed to administer medication. The medication policy used by the service is stored at each person's home to enable staff to refer to it should they need to.

Medication Administration Records (MAR) were fully completed and were checked each week for errors by the registered manager. The registered provider may find it usefult o note that for some medicines that had been hand transcribed by staff, did not include the two signatures to show the doses had been checked. This may pose a risk of error in hand transcribing.
The registered manager requests repeat prescriptions each month and staff on duty who receive new stock check the contents are correct. Any issues relating to medicines are recorded in each person's communication book for the registered manager to address.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

At our previous inspection in March 2013 we found that improvements were needed in the recruitment records for staff employed by the service.
We found at this inspection that these shortfalls had been met. We looked at the recruitment files for three staff employed by Stepping Forward. These included two incomplete files seen previously and a new member of staff.

We saw that recruitment checks were fully completed. References and a Criminal Record Bureau Check(CRB), were in place for all staff members. These legal checks and r references are required for all staff to ensure the safety of people using the service.

Medical checks, previously not in place, were now in place to ensure that all staff were physically and mentally fit for the work involved.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The registered manager told us that monitoring of the views of people using the service and their relatives/representatives was an on-going process. Family members of people using the service told us that they are able to contact by telephone the management of the service and discuss the care being provided and their views about service provision at any time. They told us that their views were listened to and they appreciated the on-going communication and contact with the registered manager.

We saw records that showed risk was considered as part of people's care assessment and care planning. These risks included outdoor activities and helping with tasks around the home. These were regularly reviewed to make sure they were up to date and amended when people's needs changed.

Staff told us that they could contact the registered manager at any time and that any concerns could be raised. They told us that the registered manager was approachable. The registered manager and staff told us about how each shift they audited the financial arrangements in place to ensure that all receipts and records were accurate for that day. The systems in place enabled staff to identify how expenditure was managed and provided an audit trail for any purchases made. A clear policy for financial arrangements was in each person's care plan for staff to refer to.

Audits of medications and staff competence related to medication practice were on-going to ensure the safety of people using the service. Further audits took place of safety of the environment and records were maintained at people's homes.

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.

Contact us

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