

Stepping Stones Resettlement Unit Limited

Riverside House

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

Riverside House is a residential care home for 13 people with learning disabilities. At the time of our inspection there were 12 people using the service.

At the last inspection on 21 May 2015, the service was rated Good. At this inspection we found the service remained Good.

Staff and management understood how to protect people from harm and abuse. Risks to people's safety were identified, assessed and appropriate action taken. People's medicines were safely managed. People were supported by sufficient staff who had been recruited using thorough checks.

People were supported by staff who had training and support to maintain their skills and knowledge to meet their needs. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated with dignity, respect and kindness and were involved in the planning and review of their care and support. People were supported to maintain and develop their independence.

People received individualised care which reflected their personal preferences, wishes and routines. There were arrangements to investigate and respond to complaints.

The registered manager was visible and accessible to people and staff. Quality checks were made with the aim of improving the service in response to people's needs.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Riverside House

Detailed findings

Background to this 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.

This comprehensive inspection took place on 22 and 27 September 2017 and was unannounced. One inspector carried out the inspection. We spoke with the group manager, the registered manager, four people using the service and three members of staff. In addition we reviewed records for five people using the service, toured the premises and examined records relating to staff recruitment, staff training and the management of the service. Following the inspection we spoke with a relative of a person using the service on the telephone.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues would be dealt with correctly. Contact details were available for reporting any safeguarding concerns to the local authority. People were protected from financial abuse because there were appropriate systems in place to help support people to manage their money safely. People told us they felt safe living at Riverside House.

People had individual risk assessments in place. These included risks from the home environment, physical health, external activities and holidays. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis. People had personal fire evacuation plans in place; these included important information about people's needs for staff reference.

People were protected from risks associated with fire, legionella, hot water and electrical equipment through regular checks and management of identified risks. On the first day of the inspection we found there were no facilities for staff to dry their hands in the laundry. The group manager informed the maintenance worker who arrived and promptly fitted a paper towel dispenser. We found the care home was clean although one individual room had an odour. We discussed this with the group manager. When we returned for the second day we checked the room again. Furnishings in the room had been replaced which resulted in a significant improvement. The latest inspection of food hygiene by the local authority was due the day after our inspection. The registered manager contacted us to confirm the score achieved was the highest possible.

Adequate staffing levels were maintained. The registered manager explained how the staffing was arranged to meet the needs of people using the service. People confirmed there were enough staff to meet their needs. Staff were supported by an on-call system and arrangements to receive staff support from other care homes operated by the provider if the need arose. People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People's medicines were managed safely. Medicines were stored securely and records showed correct storage temperatures had been maintained. During hot weather in June 2017 remedial action had been taken to ensure correct storage temperatures. Medicines administration records (MAR charts) had been completed appropriately with no gaps in the recording on the MAR charts we examined. People told us they received their medicines at the right time of day. There were records of medicines received and of medicines disposed of. Medicines were given to people by staff who had received suitable training and competency checks. Detailed individual protocols were in place to guide staff when giving medicines prescribed to be given 'as required' such as for anxiety or asthma. Domestic medicines known as homely remedies were

approved by people's GP. The registered manager had contacted the GP for a review of these. Regular audits were carried out on people's medicines and associated records.

Is the service effective?

Our findings

People were cared for and supported by staff with appropriate knowledge and skills. Staff received training in subjects such as food hygiene, health and safety and first aid. They also received training specific for the needs of people using the service such as epilepsy, autism and managing people's behaviour. Staff told us the training they received was adequate for their role and training was kept up to date. One staff member told us, "We always have our refreshers." Staff new to the role of caring for people had completed the care certificate qualification. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. Staff had also completed other nationally recognised qualifications in social care. New staff also completed an induction relevant to the provider organisation. Staff had regular individual meetings called supervision sessions with the registered manager as well as annual performance appraisals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (2005) (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Assessments had been completed of people's capacity to consent to receive care and support such as personal care and support with taking medicines. Applications for authorisation to deprive people of their liberty had been made with six approved and two waiting for approval. Two authorisations had conditions, we checked and the conditions were being complied with. Staff had received training about the MCA and demonstrated their knowledge based on this.

People were supported to eat a varied diet suitable for their needs. The registered manager described how people were asked their meal choices on a daily basis. In addition people's preferences and ideas for changes to the menu were discussed at regular meetings. People told us they enjoyed the meals provided with one person describing them as, "tasty". Staff meeting minutes recorded discussions where there were concerns about a person not following a healthy diet and the action staff should take.

People's healthcare needs were met through regular healthcare appointments where necessary and an annual health checks by people's GPs. People had health action plans and hospital assessments. These were written in an individualised style and described how people would be best supported to maintain contact with health services or in the event of admission to hospital. They also recorded the outcomes of any health appointments, future appointments and observations such as weight recording. The registered manager described a positive working relationship with the GP practice.

People had been consulted and involved in the design and decoration of the environment of the home both in terms of their own individual rooms and communal space. Art work created by people using the service was prominently displayed in communal rooms.

Is the service caring?

Our findings

People had developed positive relationships with staff and were treated with respect and kindness. People confirmed staff were kind and polite to them. A relative told us, "Staff are good with (the person)". Comments received from a psychologist employed by the provider reflected the positive relationships people had with staff, "I could feel the friendliness of the house and could see the bond the residents have with the staff members." We observed staff speaking respectfully to people and taking time to respond to people's requests for support or information. People confirmed staff were kind and polite with one person describing staff as "nice people".

People had members of staff allocated to work with them known as keyworkers, people were familiar with who their key workers were. The Provider Information Return (PIR) stated "Each person has a key worker and staff are encouraged to build on these relationships, monthly reports are completed to ensure that individuals needs are being met and giving everyone the opportunity to spend some quality time with their key workers."

People were involved in decisions about the care and support they received. Monthly meeting were held between people and their keyworkers to review their care and support needs. Meetings included reviews of people's mental health, physical health and mobility, communication and daily living skills. Where people had communication needs, personal passports were in use by staff as an aid to communicating with the person. These used symbols and pictures appropriate to the person's needs. Information was available about advocacy services although at the time of our inspection visit there were no people making use of these services.

People told us they were able to maintain their privacy and staff would always knock on the doors of their individual rooms. Staff described the actions they would take to ensure people's privacy and dignity was respected and this was reflected in people's support plans. Some people were independent with some household tasks such as laundry and cleaning their own rooms. People also took part in cleaning communal areas of the care home. Areas where people were independent were described in support plans for staff reference. A member of staff described the importance of "not de-skilling people". One person had been identified for a potential move elsewhere to develop more independent living. The registered manager stated, "We try and get them to do as much for themselves as possible."

People were supported to maintain contact with family in response to their wishes. Support plans detailed the arrangements for visits and contact with people's relatives. At the time of our inspection one person was visiting relatives in another part of the country for a few days. The registered manager described how additional staff were provided to facilitate visits to people's relatives where necessary. People's plans for the end of their life had been discussed with them and recorded where people felt able to do this. The PIR stated, "We have a palliative care lead for the organisation that should the need arise, anyone requiring support would be treated with dignity and understanding."

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. The Provider Information Return (PIR) stated, "Everyone residing at the home have a comprehensive care support plan/risk assessments, person centred to their individual needs." We saw people had detailed support plans to guide staff in providing personalised support. Additionally, pen pictures provided a brief overview of important information about a person such as their likes and dislikes. Staff described personalised care as, "when they (the person) are in control, what they want". People had personalised their individual rooms according to their tastes and interests.

People were supported to take part in activities and interests both in the home and in the wider community. Activities included, swimming, bowling, shopping and trips out. One person enjoyed occasional trips to watch speedway racing. People enjoyed using a cinema room in the basement to watch films. This was often used in poor weather as an alternative to trips out.

The registered manager described how a new approach to organising activities for people had been adopted with the replacement of monthly activity plans. A more flexible approach had been introduced led by people's choices on a daily basis. This included 'meaningful activities' and a resource had been found to provide ideas for new activities. Although use of the gym and music room at another of the service operated by the provider remained as an important regular activity. Minutes of staff meetings demonstrated how the new approach was being adopted. Staff were told, "There is a big world out there and it's up to us to encourage our individuals to join in with meaningful activities for them to experience new things." People told us how they enjoyed the activities they took part in. One person's comment reflected the new approach to people choosing their activities, telling us "I like to do my own thing." People's religious backgrounds and beliefs were acknowledged and recorded for staff reference.

There were arrangements to listen to and respond to any concerns or complaints. Information about how to make a complaint was available in each person's file in a suitable format using pictures, symbols and plain English. There had been no complaints received since our previous inspection.

Minutes of house meetings called "Individuals meetings" demonstrated how people using the service were able to express their views as a group. The Provider Information Return (PIR) stated, "discussions are held at house meetings to ensure that people feel confident in raising a complaint if needed." People were asked if they had any views about menus, activities and plans for holidays. At one meeting there was a discussion about what had happened when the fire alarms had sounded.

Is the service well-led?

Our findings

Riverside House had a registered manager in post who had been registered as manager since July 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred.

The provider had a clear set of values setting out the aims for the organisation as a whole. These were set out in a values statement and a mission statement. The registered manager stated, "The Riverside House ethos is individuals are at the forefront of everything we do." They also described the aim of creating a 'home from home' for people and this approach was reflected in comments from a relative of a person using the service. The registered manager described one of the current challenges as recruiting enough staff. Future developments included improved communication passports for people and looking at technology to help improve communication with some of the people using the service.

The registered manager was approachable to people using the service and staff. We saw how people were comfortable approaching the registered manager during our inspection visit. We heard positive views about the registered manager from staff such as, "she is good at what she does". Regular meetings ensured staff were kept up to date with important information and developments about the service.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Regular audits were in place as part of the service's 360 degree audit programme. Areas audited included staff supervision and training, care plans, incidents and accidents and health and safety. These resulted in compliance reports produced each month. Actions completed from the most recent report included cleaning the fire exit and replacing a carpet.

Managers from other care homes operated by the registered provider visited on a six monthly basis however the last visit had taken place in January 2017. The registered manager said they would look into arranging another visit. Reports of these visits included findings and any actions needed in response to these. People were asked their views about the service on a six monthly basis using survey forms with pictures, symbols and plain English. The registered manager reported surveys had been conducted in the past to gain the views of people's relatives and health and social care professionals but these had resulted in a low response.