

Stepping Stones Resettlement Unit Limited

Stepping Stones

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection took place on the 19 and 20 October 2016 and was unannounced. The home was last inspected on 10 and 16 June 2014 and met all the legal requirements assessed at that time.

Stepping Stones is a care home for 33 people with learning disabilities. Accommodation is provided in a number of houses and bungalows on one site. At the time of our inspection there were 32 people being supported by the service.

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.

We received positive feedback from people using the service and health and social care professionals. One person told us "This is the best place I've ever been in". A health care professional stated "I have had no concerns about the care (the person) receives". A social care professional told us "They do a good job and work as a team".

People were at risk of receiving care from unsuitable staff because robust recruitment procedures were not always being applied. Medicines were generally managed safely although medicine storage temperatures needed more closely monitoring in two areas. Some laundry rooms needed improvement to ensure people were protected by robust infection control procedures.

People were treated with respect and kindness and their privacy and dignity was upheld, they were supported to maintain their independence as much as possible. People and their representatives were involved in the planning and review of their care and people took part in a range of activities.

Staff received support to develop knowledge and skills for their role. They spoke positively about their work with people. The registered manager was visible and accessible to people and staff. Systems were in place to check the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not as safe as it could be.

People were not always protected by robust staff recruitment practices.

Some laundry rooms needed improvement to ensure people were protected by robust infection control procedures.

Medicines were generally managed safely although some more detailed monitoring of storage temperatures was needed in two areas.

People were safeguarded from the risk of abuse and from risks from receiving care.

People were supported by sufficient numbers of staff.

Is the service effective?

Good 

The service was effective.

People were cared for by staff who received appropriate training and support to carry out their roles.

People's rights were protected by the use of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards.

People were able to plan menus and meals and were supported to eat a varied diet.

People's health needs were met through on-going support and liaison with relevant healthcare professionals.

Is the service caring?

Good 

The service was caring.

People had developed positive relationships with the staff team and were treated with respect and kindness.

People were enabled to contribute to reviews of their care and

support.

People's privacy, dignity and independence was understood, promoted and respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care and support.

People were enabled to engage in activities in the home and the community.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Is the service well-led?

Good ●

The service was well led.

The registered manager was accessible and open to communication with people using the service, their representatives and staff.

Required information in the form of notifications had been sent to the CQC.

Quality assurance systems were in place to monitor the quality of care and accommodation provided.

Stepping Stones

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 was planned to check 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 inspection took place on 19 and 20 October 2016 and was unannounced. One inspector carried out the inspection. We spoke with the registered manager, the assistant manager, the human resources manager, the psychologist three people using the service and four members of staff. We also spoke to an advocate visiting the service. In addition we reviewed records for three people using the service, toured the premises and examined records relating to staff recruitment and training and the management of the service.

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. We also received feedback from a health care professional who had been working with a person using the service.

Is the service safe?

Our findings

People were not protected against the employment of unsuitable staff because robust recruitment procedures, although in place, were not always followed. We examined seven staff recruitment files, 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. Where information appeared on an applicant's DBS check a risk assessment form was used to check if the applicant was suitable for employment. The form stated the risk assessment would "form the basis of a decision to appoint/not to appoint someone into a position where adverse disclosures have been identified." However out of four applicants where information had been revealed following DBS checks, employment had been offered to two applicants before the relevant risk assessments had been completed with one of these starting work before the risk assessment had been completed.

Facilities in some laundry rooms were not always suitable to ensure robust infection control procedures. In the laundry room in Pinebrook there was no hand wash soap available. In Bungalow One the laundry was cluttered when we visited with items in front of the hand wash basin. We heard conflicting views from staff about the expectations regarding hand washing in the laundry rooms. The area in front of the machines in the laundry in Pinebrook did not provide a readily cleanable surface. This was not in line with the infection control policy which stated "The laundry floor must be of a smooth, impermeable and easily cleanable material". Infection control audits were completed on a monthly basis, these included checks on laundry rooms and hand washing facilities in these rooms. Additionally in one house and in one bungalow electrical items were stored very close to the hand wash basin which was unsafe. We discussed the issues with the nurse and the deputy manager and they agreed to look into these.

Medicines were generally managed safely. Medicines were stored securely and storage temperatures were monitored and recorded. Where temperatures were found to be too high records showed action had been taken by using ice packs in the storage cupboards to reduce temperatures. However there were two areas where temperature recordings were consistently high. We discussed this with the registered manager and the nurse who agreed that closer attention would be paid to monitoring and recording storage temperatures in these areas to determine if any further action was necessary.

Bottles of liquid medicine were dated on opening as a guide to the expiry date. To ensure accuracy, hand-written directions for giving people their medicines had been checked and signed by two members of staff. Where errors had occurred with people's medicines, appropriate action was taken to investigate and remedy the situation. Staff responsible for administering medicines and had received appropriate training and competency checks. Individual protocols were in place for medicines prescribed to be given to people as necessary, for example for pain relief or to relieve anxiety. A monthly audit of medicines took place examining storage and recording. Any findings from audits were recorded with any remedial actions designated to a named member of staff to complete.

Adequate staffing levels were maintained. The registered manager explained how the staffing was arranged

to meet the needs of people using the service. They also described a plan for developing a new staff rota aimed at providing staff with particular skills on all shifts and providing a clearer overview of how staff hours were used to support people. Staff told us there were sufficient staffing levels except at times when shifts were affected by short-notice sickness.

People were protected from abuse by staff with the knowledge of how to act to safeguard them. Information given to us at the inspection showed all members of staff had received training in safeguarding adults. The provider information return stated "Safeguarding concerns are logged for all issues raised including any outcomes, staff meetings are completed on a regular basis and include scenarios around safeguarding to ensure staff are aware, feel confident and supported in reporting any issues". Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues reported would be dealt with correctly. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely.

People had individual risk assessments in place. 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. The plans had been evaluated to include information about how people had reacted during previous evacuations. Individual information had been prepared for use in the event of a person going missing. People were protected from risks associated with fire, legionella, hot water and electrical equipment through regular checks and management of identified risks. We carried out a tour of the premises and noted the houses and bungalows were clean and well maintained. A programme of improvements to some people's individual rooms had started. Audits were completed on a monthly basis on the kitchens in all houses and bungalows on the site. The latest inspection of food hygiene by the local authority took place in August 2016. This resulted in the highest score possible.

Is the service effective?

Our findings

People using the service were supported by staff who had received training suitable for their role. Records showed staff had received training in such subjects as food hygiene, first aid and moving and equality and diversity. 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. One member of staff told us how they had requested training in using a communication technique with one person and this was arranged for them. Another member of staff said "the training is quite good". A training room was available on sight to provide staff training sessions; one staff member confirmed they had received a training session in this facility. The registered manager told us how the service was looking at introducing the care certificate qualification for staff new to providing care and support to people. Currently new staff were undergoing an 'Introduction to care' course. Staff had regular individual meetings called supervision sessions with a senior member of staff as well as annual performance appraisals. The registered manager told us some staff had not recently received supervision sessions and there was a plan in place to address this. Staff were positive about the support they received from the management including the psychologist. One member of staff described the support as "amazing".

An advocate visiting the service told us "the staff couldn't be more helpful". They also commented "they do a good job and work as a team" and noted "good morale" in the staff team. This was confirmed by a member of staff who described a team approach to supporting people and told us, "We pull together".

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. The application procedures for this in care homes and hospitals are 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 were being met. Assessments had been completed of people's capacity to consent to receive care and support. Applications for authorisation to deprive people of their liberty had been made. We checked the conditions relating to the authorisation of these applications and they were being met. Staff had received training in the MCA and demonstrated their knowledge of the subject.

People were regularly consulted about meal preferences. Minutes of meetings showed how people were asked for their opinions on the menus and if there was anything they would like to be added to the menu choices. People also commented if there was anything they didn't like. Staff demonstrated a good knowledge of people's food preferences, one staff member told us how the menu had been adjusted when one person had developed a dislike for cucumber. People's meals were cooked and eaten in the houses they lived in. The registered manager told us how menus were currently being checked for their nutritional

value and of plans to individualise menus for each house and provide more choice of desserts. Some people made their own snacks with staff support. People's support plans contained information for staff to follow about eating and drinking. One person's support plan contained guidance under the headings "This is how and where I prefer to eat" and "How you can help me with eating and drinking". One person told us the meals were "very nice".

People's healthcare needs were met through regular healthcare appointments and liaison with healthcare professionals. A health care professional told us how the service would consult them about a person's mental health needs if required. People had health action plans and hospital assessments. These were written in an individualised style. They described how people would be best supported to maintain contact with health services or in the event of admission to hospital. Team meeting minutes showed how staff were made aware of how they should act to support the health needs of one person. We saw how the registered manager acted promptly to obtain a GP appointment for one person who was not well. On the second day of our inspection visit a second appointment was arranged for the person because the registered manager was still concerned about the person's well-being. Some people received therapies such as Indian head massage, reflexology and hydrotherapy to meet their needs and promote their well-being. Clinical meetings provided an overview of how people's health needs were being met.

Is the service caring?

Our findings

People had developed positive relationships with staff and were treated with respect and kindness. The provider information return (PIR) stated "Our staff strive to build strong relationships with those they support in order to ensure that individual well-being, choice and preference are valued at all times". One person when asked about the staff said "I like everybody". Another person said "I've got no problems with staff". People told us staff were kind and caring. One person told us they were treated with respect by staff and staff were kind and polite. We observed staff speaking respectfully to people and taking time to respond to people's requests for support or information. When we looked around the houses, staff checked if people were happy for us to view their rooms.

People were involved in decisions about the care and support they received. The PIR stated "Key-workers hold monthly meetings with their key person in order to talk about what has happened during the month discuss any recent issues or concerns and identify any changes needed to their care plans or personal circumstances". People at Stepping Stones made use of advocacy services; people had used the services of Independent Mental Health Advocates (IMHA). IMHAs are statutory advocates who work within the framework of the Mental Health Act 1983. People also used the services of lay advocates.

Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. This approach was reflected in people's support plans. When supporting someone with personal care they would ensure doors were closed and people were covered appropriately. We observed staff knocking on doors before entering rooms during our visit. People confirmed this was normal practice. One bungalow provided accommodation to women only.

Staff also told us how they would promote people's independence in particular encouraging people to carry out tasks for themselves. People's support plans reflected this, containing detailed information for staff to follow to promote people's independence. For example, some people carried out household chores such as cleaning their individual rooms or communal areas with support from staff as needed. One person had a bus pass to enable them to visit places using public transport. One member of staff told us "we try and support people's independence".

People were also supported to maintain contact with family in response to their wishes. One person's support plan contained information to guide staff with managing the person's contact with a relative where there had been some issues in the past. Contact with people's families had been achieved through visits to Stepping Stones and by people visiting and staying with their families. During our visit the registered manager discussed with one person plans for a visit to see a relative in another part of the country. Another person told us how staff supported them to contact relatives through telephone calls. A health care professional gave positive comments about how one person was supported to maintain contact with a relative. This included staff picking the relative up from the train station when they visited. Information had been gathered about people's wishes for the end of their life through obtaining their views and those of their representatives.

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. People had detailed support plans to guide staff in providing individualised support. Staff had signed to indicate they had "read and understood" people's plans. Support plans had been kept under review for example one person's support plan dealing with their physical health noted they were "known to choke and had a recent incident of this". Individual profiles provided a brief overview of important information about a person such as likes, dislikes and how they liked to spend their time. In addition individual files containing important information about the people living in each house was being developed for bank staff. One person's cultural and religious needs were known and provided for in terms of dietary requirements and personal care. Another person's support plan detailed how they would receive support from staff if they became distressed, this included actions to help the person become calmer. The registered manager described how the format for behavioural support guidelines was being revised to highlight people's positive behaviour. A health care professional told us how staff managed a person's behaviour in their "best interests and least restrictive way".

People were supported to take part in activities and interests both in the home and in the wider community. There were a range of facilities on site such as a gym, a music room, a cookery room, computer room and a sensory room for people to pursue suitable activities of their choice. People were supported to take part in activities in the community such as swimming, shopping, picnics and attending places of worship. One person told us how they enjoyed singing in the musical groups and how they were getting ready to celebrate Halloween. An advocate visiting the service praised the work of staff to support people to take part in activities in the community. The individual needs of some people were provided for. One person enjoyed looking after birds and a bird aviary had been provided in the garden of one of the houses. There was also a summer house where one person enjoyed spending their time listening to music.

There were arrangements to listen to and respond to any concerns or complaints. The provider information return (PIR) stated "During regular house meetings staff ask questions ensure service users are aware of the complaints procedure, feel safe and supported and are able to express their opinions or concerns". Easy read information was available for people about how to make a complaint; this was in a suitable format using pictures and symbols. The most recent complaint received was from a relative of a person using the service. This had been thoroughly investigated with a response given to the complainant and remedial actions taken to avoid future issues.

Minutes of house meetings demonstrated how people using the service were able to express their views. The provider information return (PIR) stated "During house meetings individuals have the opportunity to take part in open forum discussions where they feel safe and supported in raising suggestions, concerns or complaints". Minutes of the meetings demonstrated how people were asked if they had any views about menus, activities and plans for holidays. Meetings were held on a monthly basis.

Is the service well-led?

Our findings

Stepping Stones had a registered manager in post who had been registered as manager since April 2016. A registered manager is a person who has registered with CQC 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 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. The PIR described the approach to ensuring the service was well-led "Ownership among both service users and staff helps to ensure a sense of pride and striving for excellence; a clear vision reflected in our mission and values statements". The registered manager described the current challenges as standardising documentation and maintaining and developing the environment. There were also plans to develop an assistant team leader post to support team leaders. The registered manager was also planning to review the mix of people in each house to see if this could be improved. Currently staff skills tended to reflect the needs of the people in the houses they normally worked in and there was a desire to develop a staff team with a greater set of skills. The assistant manager described their ideas for developing a large area of what had once been a car park into an area that people could make more use of including gardens.

Staff demonstrated an 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.

We heard positive views about the management of Stepping Stones. Staff confirmed the approachability of the registered manager, the assistant manager and the psychologist. One member of staff described how they felt the leadership of the service had improved. They were also positive about their role supporting people and commented, "I enjoy working here". Another member of staff praised the work of the psychologist and the support they provided.

Regular audits were in place as part of the service's 360 degree audit programme. This included a monthly service as well as monthly audits of infection control and kitchens. There were also six monthly audits of health and safety and staff. Each of the houses on the site had a separate service audit which included the delivery of care, people's care plans, safeguarding and health action plans. Any issues identified were included in an action plan with a designated member of staff assigned to complete. The findings of audits were collated and reported to senior staff with relevant responsibility depending on their frequency.

An incident debrief meeting had been held following an incident where two people went missing from the service. The meeting identified areas to be addressed and any action to take following the incident. One of these actions was to complete information files for staff that did not work regular shifts. This was in progress at the time of our inspection visit.

Questionnaires had been used to gain the views of staff with a report based on the findings completed in April 2016. The registered manager told us there were plans to carry out a survey to gain the views of people using the service and their representatives. People were regularly consulted about their views of the service provided at monthly reviews and house meetings. The service had recently taken part in a quality review in conjunction with the local authority. In July 2016 Stepping Stones had achieved a gold award through the Investors in People organisation for developing the staff team.