Stepping-Stones-Services Ltd

Stepping Stones Services

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 23 March 2016 and was announced.

Stepping Stones Services is a domiciliary care agency that also provides supported living accommodation and is situated in Rochdale. The service is registered to provide personal care and support to adults. On the day of our inspection there were 18 people using the service, four people in supported living and 14 people receiving support in their own home. The service was last inspected on the 14 January 2014 were it was found to be compliant with all the regulations we inspected.

The service did not have a registered manager. However, the provider has recruited to this position and the person appointed was due to make an application to register with us. 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 Commission places a limitor to the quality rating where a service does not have a Registered Manager in place.

Staff were aware of and had been trained in safeguarding procedures to help protect the health and welfare of people who used the service. All the people who used the service said they felt safe. Staff were recruited using current guidelines to help minimise the risk of abuse to people who used the service.

Risk assessments for health needs or environmental hazards helped protect the health and welfare of people who used the service but did not restrict their lifestyles.

Records showed that robust recruitment processes were followed by the service when employing new members of staff.

Staff were trained in medicines administration and supported people to take their medicines if it was a part of their care package.

Records we looked at showed that new staff were given an induction when they commenced working at Stepping Stones Service. Part of the induction process was to match staff with the people they were to look after.

We observed interactions between staff members and people who used the service who were present at the office. We saw that staff were kind, sensitive and respectful.

The service had arranged monthly 'Get Together Days' where activities included, a game day, afternoon tea and a movie, hobbies day, casino day, sports day and a Halloween murder mystery night. These were available to people across outreach and supported living services.

We saw that people's religious needs were taken into consideration when employing members of staff. One person who used the service spoke in a language other than English. The service had employed a staff member who spoke the same language and had the same religious beliefs.

There was a suitable complaints procedure for people to voice their concerns. The people we spoke with said they did not have any concerns but knew how to contact the office if they did.

Care records also showed that people who used the service had highlighted what characteristics staff members who worked with them should have, such as hobbies and interests.

The provider told us that any issues they find when undertaking audits is discussed in team meetings or supervisions. We also saw that any actions required and who was responsible were also documented on audits.

The service had commenced devising easy to read policies so that they were accessible to people who used the service. A working policy group had been set up with people who used the service were they would meet each month to develop one policy.

The service had improvement plans in place which were to be completed by June 2016.

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 was safe. Staff had access to safeguarding policies and procedures. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe.

We saw that accident and incident forms were in place within the service and these had been completed. All records were analysed by management to spot trends and reduce risks.

Records we looked at showed that people had medicine support plans in place. These detailed the level of support the person required to take their medicines and were signed by the person to confirm they agreed.

Is the service effective?

Good

The service was effective. All the care records we looked at showed that people who used the service had health action plans in place. This should ensure people's health needs were met.

We saw the service had policies and procedures in place in relation to MCA and DoLS. These were detailed and should support staff in their roles.

All new staff were enrolled on the care certificate, which is considered best practice training for people new to care and once completed would be encouraged to undertake further training in health and social care.

Is the service caring?

Good

The service was caring. The service had an equality and diversity policy and procedure in place. This had also been developed in an easy read format so that this could be accessed by people who used the service.

We saw that humour was used appropriately and laughter was heard throughout the office on the day of our inspection. Staff appeared to know people well.

People who used the service were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive. Prior to using the service each person had a needs assessment completed by a member of staff from the service.

Within the head office there was a sensory room, training room and an IT room, all of which could be accessed by people who used the service and staff.

Care records we looked at were person-centred. They contained detailed information such as a history on the person, their likes and dislikes, risks, medicines, communication, family involvement and what is important to them.

Is the service well-led?

Requires Improvement

The service was not always well-led. The service did not have a registered manager in place. The previous registered manager had left on the 11 February 2016. A new manager had been appointed and was awaiting to commence their role.

There was a robust auditing system in place which included weekly checks, monthly and bi-monthly audits as well as spot checks undertaken on a regular basis.

We saw that staff surveys were sent out on a six monthly basis. The results of these were analysed and an action plan was developed to reflect changes that needed to occur as a result of the survey.

Stepping Stones Services

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.

In accordance with our guidance we told the provider we were undertaking this inspection to ensure someone was in the office to meet us. This announced inspection took place on the 23 March 2016 and was conducted by one inspector.

This service supports people who live in their own homes or in supported living services. We looked at the care records for three people who used the service. We also looked at a range of records relating to how the service was managed; these included training records, recruitment, quality assurance audits and policies and procedures. We spoke with three people who used the service, a family member, three members of staff, the care co-ordinator, the deputy manager and the provider.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We requested 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 any improvements they plan to make. We used this to form part of our inspection.

We also asked Rochdale Healthwatch and the local authority safeguarding and contracts departments for their views of the service. As well as a number of professionals who dealt with Stepping Stones Services. No concerns were raised.

Good

Is the service safe?

Our findings

One person who used the service told us, "I feel safe with staff." Another person stated, "Yes I feel safe."

We spoke with one relative to ask if they felt their family member was safe being supported by the service. They told us, "Yes, I would soon know if something was not right."

One staff member we spoke with told us they had received training in safeguarding and "This covered forms of abuse and what to do if you suspected abuse." They told us they would report any concerns to their line manager and felt confident that it would be dealt with. Another staff member we spoke with told us they had undertaken a full days training in safeguarding adults and were able to identify the different types of abuse, such as financial and emotional.

We saw from looking at the training matrix that staff had been trained in safeguarding issues and the staff we spoke with were aware of their responsibilities to report any possible abuse. Staff had policies and procedures to report safeguarding issues. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe.

One staff member told us the service had a whistleblowing policy in place and knew how to access this. Records we looked at showed the service also provided a whistle blowing policy. This policy made a commitment by the organisation to protect staff who report safeguarding incidents in good faith.

We saw that risk assessments had been completed for health related issues or accessing community activities such as self-harm, allergies, relationships, mobility, finances. The risk assessments were completed to keep people safe and not restrict what they wanted to do. People who used the service or where necessary a family member were involved in any decisions that were made. We also saw risk assessments had been completed for the environment such as fire safety.

We looked at the maintenance of the office. Fire records were maintained for the testing and periodic maintenance of the fire system. There were records for the testing of fire alarm points, fire drills and emergency lighting. The electrical and gas equipment had been maintained and included portable appliance testing. There was a fire evacuation plan and a business continuity plan for how the service would function in an emergency such as a fire, flood or disaster.

Each supported living service had a health and safety file in place. This contained a fire risk assessment, a detailed floor plan, checks undertaken by a fire officer on an annual basis, an emergency evacuation plan and a record of testing of the fire alarm system. We also saw that means of escapes were checked on a weekly basis and fire drills were undertaken monthly with a list of people who had been involved. The provider informed us that to assist those people who had sensory impairments, such as loss of hearing, to recognise when there was an emergency, special alarms had been fitted which would vibrate and light up in the event of a fire.

The service had a policy and procedure in place for the reporting of incidents, accidents and dangerous occurrences. We saw that accident and incident forms were in place within the service and these had been completed. All records were analysed by management to spot trends and reduce risks. The provider told us that all incidents/accidents forms were sent to people's social workers on a weekly basis and these were then discussed in care reviews. There was also an expectation by the provider, that all accidents and incidents that occurred were reported and the documentation available at the office within 24 hours. This meant that the provider or deputy manager could analyse the information in order to reduce possible risks as soon as possible.

One family member we spoke with told us support for their relative was always provided by the same two staff members to promote continuity and they were always on time. They also told us the two staff members made arrangements during the week in relation to what time they would be attending and there had never been an occasion when they had not turned up. Another service user had a pictorial rota which was completed on a weekly basis. This contained a photograph of the staff member that would be working with them each day so they knew who to expect.

When asked about the staffing levels within the service, one staff member told us, "They are pretty good really." They also told us they felt that staff sickness was about average. Another staff member told us, "Definitely enough staff, sometimes we have too many."

One staff member we spoke with told us they were not permitted to commence employment with Stepping Stones Services until their Disclosure and Barring Service (DBS) check had come through.

One relative we spoke with told us, "We were invited to a Christmas party the service had organised. This was also used as an introduction to potential new staff members. From this party we got [staff member's names]."

We looked at three staff records and found recruitment was robust. The service undertook a criminal records check called a Disclosure and Barring Service (DBS) check. This check examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The staff files we looked at contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The checks should ensure staff were suitable to work with vulnerable people.

We looked at the management of medicines for those people who required support. People who used the service required varying degrees of support; some people self-medicated, others required minimal assistance and some people required full assistance.

One person we spoke with told us, "I always get my medicines on time."

We reviewed how medicines were managed. We saw there were policies and procedures in place to help ensure staff administered medicines safely. All staff members who were responsible for administering medicines told us they had received medication training. The training matrix reflected what we had been told. Only people who had undertaken medicine training were able to administer people's medicines. Managers also undertook competency checks to make sure staff were following the correct procedures. Two staff members we spoke with confirmed they had their competency checked on an annual basis to ensure they remained capable to administer medicines to people who used the service.

Records we looked at showed that people had medicine support plans in place. These detailed the level of support the person required to take their medicines and were signed by the person to confirm they agreed.

Consent forms were also in place and signed by the person using the service to consent to medicine's being administered for them. We saw a medicine protocol in place which detailed how and when to order the person's medicines.

Care plans clearly showed what involvement staff had and any medicines staff did give were recorded in a Medicines Administration Record (MAR). We looked at a number of care records in which the MAR records were stored. We saw there were no gaps or omissions and staff administered the medicines in the prescribed way and at the correct times. Staff had access to the British National Formulary and medicine leaflets for any advice they needed about medicines.

Records we looked at also showed that some people were prescribed some of their medicines 'as required' (PRN). We saw that PRN protocols were in place which directed staff on what they were used for, when to use it, the dose to be given, the route to be administered and any possible side effects. A body map section was also included for any creams prescribed as PRN so that staff were able to highlight where on the body they had administered them.

We asked the provider if they were undertaking temperature checks where medicines were being stored in order to ensure they were stored as per manufactures guidelines. The provider informed us they did not undertake temperature checks, however prior to finishing our inspection the provider taken immediate action. We saw that thermometer's had been ordered, new paperwork had been developed and all staff members had been informed to commence the checks immediately. Policies and procedures were also amended to reflect the changes. This showed the provider was very responsive and acted in accordance with best practice.

One staff member we spoke with told us they had received training in infection control and knew their responsibilities in relation to this, including the use of personal protective equipment as and when required. Training records we looked at showed that this training was available to staff.

The service had an infection control policy and procedure in place which was relevant to those staff members who worked with people in supported living tenancies.

Good

Is the service effective?

Our findings

We asked one relative if they felt that staff members had the skills and knowledge to work with their family member. They told us, "I have got a great deal of confidence in the knowledge of staff."

One staff member we spoke with told us they got to know the people they supported by reading risk assessments, background information and information on how best to communicate with people.

We looked at the induction process in place within the service. One staff member we spoke with told us, "Induction covered medicines, health and safety, finances and safeguarding", although commented they could not remember other subjects due to the length of time since they completed this. The same staff member told us they felt prepared to start their role and had support from a colleague who shadowed them. Another staff member told us their induction consisted of three days and included courses in Deprivation of Liberty Safeguards (DoLS), infection control, food hygiene, time sheets, medicines, first aid and whistleblowing. They told us they were "Definitely prepared for their role."

The provider told us that prior to any new staff member commencing employment, people who used the service were invited to attend the office to meet (or interview as people preferred to call it) the staff member. This gave people the opportunity to find out more information about the staff member, such as their hobbies, their likes and dislikes, where they like to go or what kind of movies they like. This also gave people the opportunity to evaluate if the new staff member would be compatible with them.

Records we looked at showed that new staff were given an induction when they commenced working at Stepping Stones Service. Part of the induction process was to match staff with the people they were to look after. All new staff were enrolled on the care certificate, which is considered best practice training for people new to care and once completed would be encouraged to undertake further training in health and social care. The induction included the completion of work books and on-line training and an evaluation was completed in order to identify further training needs. The evaluation was also discussed within supervisions.

One staff member told us they had already achieved their National Vocational Qualification (NVQ) level three and they were currently working towards their NVQ level five. Another staff member told us they had received training in moving and handling, first aid and DoLS and that there were many online courses available to them. They also told us they completed around three courses every two months and that courses specific to their role and the people they worked with were also available such as autism training.

Records we looked at showed various courses were available to staff including, health and safety, fire awareness, record keeping, communicating effectively, duty of care, dementia awareness, understanding people who self-harm, autism, first aid, equality and inclusion.

One staff member we spoke with told us they received supervisions on a regular basis and they had appraisals on an annual basis. Another staff member told us they were able to discuss anything relating to

their role within their supervisions and appraisals and were able to request any further training wishes they may have. We saw the service had a supervision matrix on display in the office which showed when staff members were due their supervision and if this had been undertaken. They electronic staff records used by the service would also flag an alert if a supervision was due or overdue. This system should ensure that staff members received regular supervisions with their manager.

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.

The provider informed us that two people who used the service were being restricted in some way. One person, who had capacity, requested the doors to his home to be locked in order to feel secure and was therefore not being restricted by the service. Another person who used the service was vulnerable in relation to road safety and allowing strangers into their home. The service had involved the social worker and a capacity assessment and best interest meeting had been held. The provider informed us that the social worker was making the application for a DoLS on behalf of the person and service. We spoke with the social worker who confirmed that for outreach services and supported living services it was normal practice for the social worker to submit the DoLS application, rather than the service and that the provider had followed the correct procedure. However, this meant that the service did not have any evidence to show that the correct procedure was being followed and this was discussed with the social worker. The social worker agreed that there was a gap in the process for the provider and they would look into this. In the meantime the provider would continue to document all conversations regarding the progress of the DoLS application as evidence they were following procedures.

We saw the service had policies and procedures in place in relation to MCA and DoLS. These were detailed and should support staff in their roles.

Two people we spoke with who used the service told us that staff members support them in attending any appointments they may have, such as GP's or dentist. One person stated, "I have two to three health appointments a week and staff always support me to attend."

All the care records we looked at showed that people who used the service had health action plans in place. These looked at communication, reading and writing, how staff members could recognise when people felt unwell or in pain, things that staff members could do to reassure people, consent and treatment (including the best way to explain things), information about families, health and well-being, allergies, oral health, vision, hearing, mobility, foot care, emotional well-being and diabetes.

Records also showed when people had attended appointments with their GP, optician, dentist, dietician, psychiatrist, podiatrist, audiology and physiotherapy. We saw that detailed notes were completed to give an overall explanation of the appointment and any treatment given or advised. This should ensure that the

health needs of people who used the service were met.

One person who used the service had a number of health conditions including kidney disease and epilepsy. We saw that the provider had spent time with the person to research the illness; they had purchased books on kidney disease and had supported the person to research a healthy, balanced diet to support their illness. The person was also being supported by staff to control their diet and a weekly weigh in session had been arranged at the office where staff also got weighed. We also saw that where people self-harmed or had anger management issues, the provider would send research material to the staff members for them to read and learn about the illness and these were also made available in easy read formats so that the person who used the service could read them. This showed the services commitment to supporting and encouraging people who used the service.

One staff member told us that if they felt a person was losing weight they would talk to them and encourage them with weekly shopping. They told us they would also inform their manager and that they may need to get nutritional support from elsewhere through the person's GP.

Care records we looked at showed that people were weighed on a regular basis to ensure they maintained a healthy weight. For those people who were under or overweight the service had access to dieticians for advice to enable them to support people. People who were residing in supported living tenancies completed a weekly meal planner. This showed what people wanted for their meals each day, whilst remaining flexible if people wanted to change. We also saw that staff members recorded what people had eaten each day so that their appetite could be monitored.

Good

Is the service caring?

Our findings

We spoke with three people who used the service. Comments we received included, "Staff are fantastic. They are always here when I need them, they always come to help me out", "Staff are kind, they always have smiley faces" and "It's good here, really good. Staff are really supportive. If you've got a problem they'll sort it there and then. I feel really close to the staff, like a big family. I can trust them and go to them with problems."

We asked one relative if they felt that the staff members at Stepping Stones Service were caring. They told us, "[staff member] is absolutely brilliant. He has become a friend and [service user] misses him now that he has changed roles. We couldn't have had anyone better." They also told us the staff members currently supporting their relative were very good.

We observed interactions between staff members and people who used the service who were present at the office. We saw that staff were kind, sensitive and respectful. We saw that humour was used appropriately and laughter was heard throughout the office on the day of our inspection. Staff appeared to know people well.

The service had an equality and diversity policy and procedure in place. This had also been developed in an easy read format so that this could be accessed by people who used the service. The policy described what the service would do to ensure that people had the right to equal opportunities and without discrimination. This also gave people suggestion of who to contact should they feel they were not being treated equally or fairly. We saw that monthly activities were arranged for all people who used the service to become involved in were arranged so that the activity was suitable and accessible for everyone to take part in.

One person who used the service told us they were involved in the induction of new staff members. They told us "I write speeches and talk to them. They let me do some course work, I enjoy that. If one of them is going to be one of my staff I get to pick which one I like. You can pick up a vibe." This showed that the service promoted the involvement of people who used the service.

We asked staff members how they supported people to maintain their independence. One staff member told us their role entailed supporting people to attend appointments, accessing the community, maintaining their own tenancies, paying bills and undertaking activities whilst encouraging them to be as independent as possible. Another staff member told us, "That is what I am here to do, promote their independence and support them to have as normal a life as possible. I assist them with things but do not do it for them."

Good

Is the service responsive?

Our findings

One person who used the service told us they visited the office regularly. They told us, "I make brews, wash up and help [name of staff member] with shredding and leaflets." They also told us they had just booked to go to London for two nights so they could visit the museums. Another person told us, "I go out for meals, to the cinema, bowling and to the gym."

One relative we spoke with told us, "Staff support [service user] to attend a club every Thursday and Friday. The whole idea is to encourage interaction with other people. That is what they are really good at here."

We saw that the provider and staff members had set up a flower arranging group. Service users took ownership of this, making flower arrangements and selling them. The money they raised went towards activities for people who used the service. There was also monthly 'Get Together Days' where activities included, a game day, afternoon tea and a movie, hobbies day, casino day, sports day and a Halloween murder mystery night. People who used the service were also encouraged to support in the planning and executing of these days. Care records we looked at also showed that people in supported living developed a weekly activity planner to show what activities they would like to undertake.

One person's social skills required they attended male only activities. The service had identified the person enjoyed baking and set up regular days when they could bake with a staff member. These sessions had increased the person's skills significantly. The service had also researched suitable community activities and had found a male only club that the person could access once per week. This showed the service were committed to ensuring people who used the service had opportunities to undertake activities.

The provider told us about a service user who was constantly turning up the heating in their home and was receiving high heating bills, making it difficult for them to save up for outings or to make significant purchases. In order to communicate this effectively the provider had developed a sign using sign language and photographs (and place this near the heating controls) to remind the person of the cost of the heating and what they could buy if they saved money. The provider told us this had worked very well and since the introduction of this the service user had saved money and had been able to undertake more activities and short breaks.

People who were supported in the supported living service were encouraged to take short breaks throughout the year. Staff members would research different areas of the country dependent upon what the person wanted to do and where they wanted to go so that they could plan activities whilst they were away. This gave the person choice and control over their holiday.

Within the head office there was a sensory room, training room and an IT room, all of which could be accessed by people who used the service and staff. We saw the sensory room contained soft furnishings and sensory lights, as well as music to produce a calming atmosphere. The provider told us that people who used the service also helped to decorate the sensory room and to research the most effective items to use. The training room was also used to do arts and crafts or for when people who used the service wished to

play board games. The IT room contained a number of computers that people who used the service could use or for staff to complete online training.

We saw that people's religious needs were taken into consideration when employing members of staff. One person who used the service spoke in a language other than English. The service had employed a staff member who spoke the same language and had the same religious beliefs. This meant that the person was able to maintain their religious beliefs by attending groups that were specifically aimed at their religion and met their needs. Another person who used the service was supported to find activities in the local community which would meet their religious needs. They now attend a specific women's centre where they could take part in IT classes, drop in social activities and English classes with people of the same religion and ethnicity.

One person who used the service told us they had never had to make a complaint. They commented, "If I had to complain I would go to the manager, if they didn't sort it I would go to my social worker and then if they didn't sort it I would come to you."

One relative we spoke with told us, "I have never needed to complain, but I would if I needed to." One staff member told us they would report any complaints to their line manager and felt confident that they would be dealt with. Another staff member told us they would listen to the person's complaint and pass this on to the relevant person ensuring they followed policies and procedures.

The service had a complaints, suggestions and compliments policy in place. This was made available to people who used the service, relatives and all employees. We looked at complaint forms and found that these contained details of the complaint, action that was to be taken and the outcome.

Prior to using the service each person had a needs assessment completed by a member of staff from the agency. Social services also supplied details about a person's needs. The assessment covered all aspects of a person's health and social care and had been developed to help form the care plans. The assessment process ensured staff members could meet people's needs and that people who used the service benefitted from the placement.

One staff member told us that care plans were reviewed often and if a situation changed then the file had to change to reflect this. They told us this was always completed.

Care records we looked at were person-centred. They contained detailed information such as a history on the person, their likes and dislikes, risks, medicines, communication, family involvement, what is important to them, what a bad day might look like, what a good day looked like, what made them happy or sad and any dreams, aspirations or goals they had. We also saw that one person had completed their own one page profile and care plans. This meant information included what was important to the person and the support they wanted. This is person-centred and showed the services commitment to ensuring people took ownership for the level of support they wanted.

Care records also showed that people who used the service had highlighted what characteristics staff members who worked with them should have, such as hobbies and interests. We saw that care plans were reviewed on a regular basis or when people's needs had changed to ensure the level of support was appropriate.

One staff member we spoke with told us they ensured they gave people choices by "Making them fully aware of the choice including the pro's and cons', repercussions or benefits of the decisions they make."

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager. The previous registered manager left their role on the 11 February 2016. The service had identified a new manager who was due to take up the role within four weeks and would be making an application to the Care Quality Commission (CQC) to become registered. A service cannot be judged as good in this domain if there is no manager registered with the CQC. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

One person who used the service told us, "All the managers are good, they are really friendly." One relative we spoke with told us they could always get hold of a manager or someone senior if they needed to and that they were approachable. One staff member told us, "Yes they are very approachable."

There was a system for auditing the quality of service provision. We saw that Team Leaders were responsible for undertaking a weekly check. This included checking handovers were completed correctly, medicines (including MAR's, stock, ordering and signing), activities, first aid stocks, COSHH, smoke alarms, fire exits, cleanliness and finances. Monthly audits were also undertaken on medicines and the environment (including electrical equipment, flooring, ceilings, seating and windows. The manager/provider completed bi-monthly audits on risk assessments, policies and procedures, health action plans, diet and nutrition, person-centred planning, medicines, finances, fire safety and care records. Management also undertook spot checks to observe how people were being supported and to ensure the home was clean and risk free.

The provider told us that any issues they found when undertaking audits was discussed in team meetings or supervisions. We also saw that any actions required and who was responsible were also documented on audits. The audits helped management to identify any areas of the service that needed improvement and we saw they formulated a plan on how to achieve better results.

We saw that staff had access to policies and procedures to help them with their practice. The policies we looked at included infection control, medication, complaints, the mental capacity act, whistleblowing, recruitment and selection and safeguarding adults. The policies were reviewed regularly to ensure they were fit for purpose.

The service had commenced devising easy to read policies so that they were accessible to people who used the service. A working policy group had been set up with people who used the service were they would meet each month to develop one policy. The involvement of people who used the service meant that policies would be written so that everyone could understand them.

One relative we spoke with told us, "I am delighted with everything. I would not leave him with just anybody."

One staff member told us, "It is a pretty good place to work." All of the staff members we spoke with told us they would be happy for one of their family members to be supported by the service. One told us "I think they are fantastic, the service user's love coming to the office. I would be happy for any member of my family to come here." Another staff member told us they liked working for the company and felt supported in their role.

We looked to see what compliment's and thank you cards the service had received. Comments we saw included, "[Staff member] is excellent in her role", "[Staff member] was really great about everything and was a great help at reassuring me and made me feel a lot better", "[Staff member] is a very good support worker and I would like her to continue to work at Stepping Stones. [Staff member] helps to keep us safe and sound and feel relaxed around her. She is a nice lady. Thank you" and "Thank you for the rabbit, I am grateful."

We saw that staff surveys were sent out on a six monthly basis. The results of these were analysed and an action plan was developed to reflect changes that needed to occur as a result of the survey. The provider told us they were in the process of changing the survey to shorten them but still gain as much information in order to encourage more staff to complete them. As a result of the surveys the service had made the following changes; policies and procedures were made more accessible to staff members and in order to recognise the positive work staff members do the service had commenced an employee of the month scheme. The employee of the month scheme actively encouraged people who used the service to nominate staff members; one person had written "I would like to nominate [staff member], he always cheers me up when I'm having a bad day, I think he goes beyond his duties sometime because he always makes sure I am happy and safe before he leaves my house, he also makes a good brew."

The service also sent out surveys to other professionals who had dealings with Stepping Stones Services. Some of the comments we saw included, "I have only had limited contact with Stepping Stones from Rochdale but find them helpful and friendly" and "A very good service. As a professional I felt reassured that they get on with the job in hand and that I do not need to chase them to check that things are done."

Surveys were sent to people who used the service also on a six monthly basis. As a result of the last survey the provider was in the process of amending these and making them an easy read version to make it easier for people to complete.

All the staff members we spoke with told us they had staff meetings on a monthly basis and felt able to discuss topics within this forum. One staff member told us these were well attended. We saw topics discussed included medicines, finances, diet, activities and complaints/compliments. An action plan was then written to show what action was to be taken, by when and by whom. Once all actions had been completed the form was signed to confirm this.

Records we looked at showed that regular house meetings were undertaken for those people residing in supported living. We saw the meetings discussed household items, shopping, food, furniture, appointments and activities. These meetings gave people the opportunity to discuss any issues or concerns they had or to make requests, such as activities.

We asked the provider what improvement plans the service had in place and were shown a plan of improvements to be implemented by June 2016. We saw the following improvements were to be made; staff to have 24 hour access to the policies and procedures through the external company being used, service user forums to be held at the office on nutrition and safeguarding, redesigning of staff surveys, easy read service user feedback forms, film days/event nights for people who used the service and regular art and craft

days for people who used the service. We saw that some of these were underway which showed the service were keen to make a commitment to improve the service for people.