

Independence Matters C.I.C.

Stepping Out

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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 always safe.

Staff understood the importance of preventing, recognising and reporting abuse and how to report it.

Potential risks to people had been identified and assessed in order to protect people from avoidable harm but appropriate care plans were not always in place to inform staff how to manage risks.

There were enough staff to keep people safe and meet people's needs. Recruitment processes ensured that the staff employed were safe and suitable to work in care.

We could not be sure that people received their medicines as records for administering them were not always completed.

Is the service effective?

Good ●

The service was effective

People were cared for by trained staff who demonstrated the appropriate skills and knowledge required.

Staff assisted people in a way that protected their human rights. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had sufficient amounts to eat and drink and chose what food and drink they wanted.

People were supported to maintain their health and wellbeing and had access to a variety of healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring

People were supported by thoughtful, compassionate and attentive staff who knew them well.

Staff supported people in a way that maintained their dignity, respect and privacy.

Staff involved people in decisions about their care and support

Is the service responsive?

Good ●

The service was responsive

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care.

People were able to choose what they wanted to do and where they wanted to spend their time.

People were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

Is the service well-led?

Requires Improvement ●

The service was not always well led

People received continuity in their care due to staff working in a coordinated and organised way.

The service had an open approach that encouraged people to become involved in its development.

The manager was well supported in their role by the provider in terms of resources and supervision.

Staff did not receive regular supervision.

The manager did not have sufficient oversight of staff training needs

Stepping Out

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 18 and 19 February 2016 and was unannounced. Our visit was carried out by one inspector.

Before we carried out the inspection we reviewed the information we hold about the service. This included statutory notifications that had been sent to us in the last year. A statutory notification contains information about important events that affect people's safety, which the provider is required to send to us by law.

We also spoke with the manager of the home and three members of the care staff. We met with three people using the service who were able to tell us directly about the care they received. We also spoke to a community mental health professional. We viewed the care records for three people. We also looked at records in relation to the management of the home including staff recruitment files, health and safety records, quality monitoring audits and staff training records.

Is the service safe?

Our findings

We looked at the Medicine Administration Record (MAR) charts for four people using the service. These records did not confirm that people were receiving their medicines as prescribed. We saw numerous gaps in the records of medicine administration that did not confirm that medicines had been administered.. Supporting information was not always available alongside medication administration records. For instance, for some people there was no personal identification and information about how people prefer to have their medicines administered. In addition, there was no written information available to show staff how and when to administer 'As and when required' (PRN) medicines.

Staff told us that one person was experiencing fluctuating short term memory problems and was at risk of getting lost if they left the home on their own. However, there was no care plan in place to advise staff on the least restrictive options to safeguard this person although staff told us that they would offer to accompany the person if they wanted to go out.

We spoke with members of staff who told us that they felt confident to report any concerns about potential abuse to their manager and the relevant authorities. Staff we spoke with showed clear understanding of safeguarding procedures and who to report concerns to. People we spoke with told us that they felt safe and that they felt able to tell staff if they did not feel safe.

Staff were able to protect the people living at the home because they were well trained in recognising signs of abuse and avoidable harm. Staff told us that they had received training and were able to tell us what they would do in the event that a safeguarding referral was needed. They also clearly knew the people living in the home well enough to recognise any indications of abuse.

We saw evidence of risk assessments in people's care plans. These covered the risks in respect of different aspects of people's lives for instance medicines self-administration and personal relationships. These risk assessments had been reviewed regularly to ensure that they met people's current needs. Staff told us that they had training in risk awareness and fire safety.

There were sufficient numbers of staff available to meet the needs of the people. We were told that staffing numbers were determined by the needs and routines of the people living in the home at any particular time. We saw the staff rota which was linked to the planned activities and appointments for people. This meant that the staffing needs were matched to the needs of people living in the home. People we spoke with told us they felt that there were sufficient numbers of staff available at the home. One person told us that there were, "plenty of staff". However, staff told us that they felt that the home would benefit from having more personnel as this would enable them to spend more time with people.

We saw evidence of good recruitment practices within the service. We saw that references and proof of identification had been obtained for staff and that Disclosure and Barring Service (DBS) checks had been carried out to ensure that staff were suitable to work with vulnerable people. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from

working with vulnerable groups, including children. It replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). We were told that the service did not use agency workers but relied on bank staff from within the provider organisation.

Is the service effective?

Our findings

Staff were well trained. We saw evidence of the training received in the staff files. When we spoke with staff they were able to describe their understanding of key aspects of care. For instance, they were knowledgeable about safeguarding, fire safety, data protection, first aid and the Mental Capacity Act 2005. Staff clearly knew the people living at the home very well and were able to demonstrate this knowledge in discussion with us.

Staff told us that they had not received supervision recently as the registered manager was new in post and was still getting to know their new role. The registered manager confirmed that they would be starting supervisions in the near future now that they have received training in how to deliver supervision.

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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made of 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.

We observed how staff sought the consent of people living at the home for instance, when they provided a person with their medicines. Staff told us that they would not carry out any support tasks without the consent of the person involved. People confirmed that staff were respectful of their choices.

People living at the home received sufficient amounts of food and drink. Their intake of food and drink was not monitored in a formal way but staff knew each person well. People living with diabetes were supported to consume appropriate foods.

People told us how they chose what to eat. People were encouraged to choose and prepare their own breakfast and lunch with the support of staff if needed. The menu for evening meals was decided in resident meetings and people were encouraged to prepare meals if they wanted to, otherwise staff prepared the evening meals. We saw evidence of the choices available on the menu board in the kitchen/diner and people exercising their choices in the minutes of resident meetings.

People living at the home were all registered with local GP practices and were able to access health support whenever they needed it. People told us that if they needed to see a GP they could ask staff to arrange this for them and it was done promptly. During our inspection one person needed to go their GP and this was facilitated by a member of staff. Staff numbers had been adjusted to accommodate this to ensure remaining people's needs were still met. We spoke to a community mental health professional who told us that the service works well in partnership with other agencies.

Is the service caring?

Our findings

The atmosphere at the home was clearly very relaxed and people felt very comfortable with the staff. One person told us that the home felt, "like a student house" and that the staff were, "brilliant". Another person told us that the staff were, "nice". Another person told us that the home was very relaxed and that, 'the staff leave you alone' and they felt able to, "chill out". This person also told us that staff listened to them and that they felt valued.

During our visit we observed staff interactions with people living there. We saw that staff interacted with people in a professional, yet natural, warm and friendly manner. At lunchtime we observed staff and people living at the home having lunch together. There was a great deal of friendly chatter between them.

We spoke with a community mental health professional who told us that they felt that the house was settled and there was never a tense atmosphere. They told us that the staff were very caring and knew the people who lived there well.

When we inspected one person was leaving the service to move to alternative accommodation. However, arrangements were not in place for them to move so they were able to stay at the home until alternative accommodation could be secured. We saw that this person was treated with respect. Discussions with staff about their future were held in a private room away from the rest of the people living there for confidentiality. This showed us that the staff were respectful and caring towards people living there.

People were involved in their own care. One person told us that they were encouraged to do as much of their own care as possible. Another person told us that staff sat down with them every week to discuss the care that they received. There was evidence in people's care files that showed how people were involved in developing their own care plans. The care plans had regularly reviewed how people were able to contribute to their care planning and had expressed their preferences in terms of their diet, spiritual and cultural needs, leisure activities and money management.

During our visit we observed how people were given choices about their care. For instance, during the early part of our inspection, one person had just got up. This person was asked if they wanted to have their medicines before their breakfast or after. They were then encouraged to choose and prepare their own breakfast before attending to their own personal care and getting dressed when they wanted to.

People living at the home clearly felt respected by staff. People told us that staff knocked on their doors before they entered. We observed staff treating people with respect in terms of the way that they spoke to them as valued members of a household. One person told us that they felt, "respected as an individual". One member of staff told us, "it's all about them (people living at the home)" and, "it's not our workplace, it's their home". Staff were very clear about the need to respect people's dignity. They told us that they always knock on people's doors before they enter their rooms.

The service was intended to provide short term residential care for people as they recovered from their

mental health condition. The aim was for people to move on to independence when they were ready. As such people were encouraged to maintain their independence and this was achieved through people doing as much for themselves as possible. This included their own personal care, being part of the rota for cleaning the home and preparing meals for the whole house when they wanted to. We saw people being encouraged and supported to prepare their own meals at lunchtime.

People were supported to move towards independence. One person who had recently started to use the service told us that they had frequent discussions with staff about moving on which, they felt, were constructive and realistic. Another person told us that the staff were supporting them back to independence.

One person told us about the plans for them to move out of the home and into their own flat. They told us that staff had been supporting them to go shopping in preparation for them moving into their own accommodation.

Is the service responsive?

Our findings

People told us that staff were always available when they were needed. One person told us that they could speak to any of the staff but that they did not have any issues. One person told us that if they had any concerns, they felt able to talk to any member of staff.

People told us that they were able to express choices in how they received their care and how much support they needed. Staff were aware of the differing needs of people living at the home and made adjustments to their language to ensure that people understood what was being said to them.

The service supported people living at the home to take part in social activities. People we spoke with said that there was a wide range of activities available at the home and in the community including bingo, bowling, horse riding, shopping and meals out. One person told us that there were so many activities available that they sometimes declined the offers and stayed at the home. They told us that this was accepted by the staff.

Staff also told us that there was a wide range of activities available at the home and that people were offered the choice to participate in whatever they wanted. Staff said that staffing numbers would be adjusted to accommodate the wishes of people as far as possible so that some people could go out while others stayed at the home. We observed staff discussing outings with people. During our inspection we saw people tell staff that they were going out for a while. People were able to leave the service when they wanted to visit local shops. People were aware that they needed to inform staff that they were leaving the service so that numbers of people on site were known in case of an emergency at the service.

People were supported to follow their interests. One person told us that they were able to keep guinea pigs at the home and looked after them. This person also told us that they particularly enjoyed the Halloween party that had been organised at the home. Another person told us that they wanted to improve their cooking skills and prepare a meal for the rest of the people living at the home. They told us they were supported to do this and felt proud of their achievement. Staff reinforced this by complimenting the person on the quality of the meal.

The service worked well in partnership with other agencies to ensure that they had an accurate picture of people's needs before they started to use the service. As people planned how they were to move on from the service they were provided with the information and support that they needed in formats that were appropriate to their needs.

People living at the home told us that their visitors were always welcomed. One person told us that there were "no restrictions" on visitors.

The complaints procedure was visible in the home and we saw evidence of how complaints were dealt with by the service. Staff told us that complaints from people living in the home were dealt with well. None of the people living there that we spoke to had needed to complain but they all felt that staff would always listen

to their concerns.

Is the service well-led?

Our findings

The manager did not have an overview of the training achievements and needs of staff but they told us that this was planned to be completed in the near future.

The manager reported that they were aware of the problems in this area and had taken steps to address them. We saw evidence in the service's communication book of how the manager had tried to address the issue of staff not completing the MAR records consistently

The manager was relatively new to the post and was in the process of re-establishing monitoring systems for the home that, we were told, had been neglected previously. However, we could not be assured that there was sufficient management oversight of the service and of the existence of effective monitoring systems to drive improvement.

Staff were clearly motivated and committed to provide the best service they could for the people living there. However the service was not progressing while the new manager 'found their feet' in their new supervisory role as evidenced by the lack of supervision and the lack of management oversight of staff development. .

Staff told us that felt able to raise any concerns that they had with the manager. They were also clear about the whistleblowing procedures within the organisation. We observed that the registered manager was visible and approachable and had a good rapport with staff. Staff told us that the door to the staff office was only closed when needed such as during handover or other times when sensitive or confidential matters were being discussed.

Staff told us that there were regular team meetings that were, "good". They told us that there were two handover meetings each day to discuss the needs of people living at the home. Staff told us that they, "bounce ideas regarding best practice in the home off each other" and felt, "listened to"

The manager told us that they were well supported by the organisation particularly as they were relatively new to the role. On the first day of our inspection the manager was attending a regional meeting. We met with the manager on the second day of our inspection.

We saw evidence of monitoring any incidents or accidents at the home. There was clear guidance for staff on how to report these and good evidence of the reporting and investigation of any incidents or accidents. There was no pattern of repeated incidents that would indicate a lack of analysis and action to reduce any risks.

One person told us that the staff always had time to listen to them. We saw evidence of regular residents meetings at the home. People living at the home told us they felt able to contribute to the meetings and that their opinion was valued. They told us that all the people living at the home were involved in expressing their opinions and contributing to the development of the service. The meetings were chaired by people living at

the home and the minutes showed that they were directed by and focussed on them. One person told us that that they felt their opinion was valued and that all people living at the home were involved in developing the service.

We saw that a staff survey had been carried out in December 2015 but the results of this were not available for us to see.

The staff and the manager told us that best practice was modelled by the manager within the home. Staff told us that the manager was visible and would address issues of poor practice promptly.

We saw evidence of the environmental quality checks carried out at the home for instance in fire safety checks, gas appliance checks and safe contents audits.