

Stones Holdings Limited

Stepping Stones Red Marley

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on the 30 November and 6 December 2017 and was unannounced.

Stepping Stones Red Marley is a 'care home' with nursing. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates 19 people in three 'houses' within one adapted building. At the time of our inspection visit there were 19 people using the service. People were supported with mental health conditions and learning disabilities with some having associated behaviour difficulties.

At the last comprehensive inspection on 21 and 25 August 2015, the service was rated Good. At this inspection we found the service remained Good overall.

We received positive comments from health and social care professionals about the home such as, "I have certainly never had any concerns and I must say I think they do an absolutely wonderful job" and "Good knowledge and understanding of individual residents and their needs."

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

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

People whose behaviour could put themselves and others at risk received support in accordance with current best practice. Staff received training to manage people's behaviour with further training planned.

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

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

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

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Stepping Stones Red Marley

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 November and 6 December 2017 and was unannounced. Our inspection was carried out by one inspector. We spoke with six people who used the service, four members of staff, the registered manager and the deputy managers. We also received comments from four health and social care professionals involved with 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.

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding of safeguarding policies and procedures. One person told us, "It feels like a safe place to live." Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues would be dealt with correctly. People were protected from financial abuse because there were appropriate systems in place to help support people to manage their money safely.

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

People had individual risk assessment management plans in place. For example, risks identified for refusing food, leaving the premises and self-harming. These identified the potential risks to each person and described the measures in place to manage and minimise these risks and these had been reviewed on a regular basis. Individual information had been prepared with photographs for use in the event of a person going missing. People also had personal emergency evacuation plans. Staff were familiar with people's risks and could describe how they supported people in accordance with their risk management plans to stay safe.

People were protected from risks associated with the environment of the care home such as legionella, fire and electrical equipment through checks and management of identified risks. Regular infection control audits were also completed. We found the environment of the care home was well maintained and people told us it was kept clean. The latest inspection of food hygiene by the local authority for the care home in December 2016 had resulted in the highest score possible.

People's medicines were managed safely. The administration of people's medicine was the responsibility of registered nurses. Medicines were stored securely and records showed correct storage temperatures had been maintained. During hot weather in June 2017 remedial action had been taken to ensure correct storage temperatures were maintained. We found some medicines had not been dated on opening to indicate when they would expire. We discussed this with the registered manager who told us dating medicines when they were started was the expected practice and agreed to remind staff of this again. Medicines administration records (MAR charts) had been completed appropriately with no gaps in the records we examined. People told us they received their medicines at the right time of day.

People who were prescribed medicines on an 'as required' basis (PRN), such as for anxiety or asthma, had detailed individual protocols in place to guide staff to make a decision as to when and how to give the prescribed medicines. This information is particularly important for people who are unable to tell staff if or when they required the medicines, such as for people living with dementia. Domestic medicines known as homely remedies were approved by people's GP. The registered manager had contacted the GP for a review of these. Regular audits were carried out on people's medicines and associated records to ensure errors would be identified promptly and to assess whether staff were adhering to the provider's medicine policy.

Adequate staffing levels were maintained. The registered manager explained how the staffing was arranged to meet the needs of people using the service. There was a registered nurse on duty at all times. People confirmed there were enough staff to meet their needs. One person had 'one to one' staffing provided at times to enable them to take part in activities in the community.

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Where nursing staff had been employed appropriate checks were made with the nursing professional regulator.

The registered manager described how incidents were analysed and monitored for trends. This ensured, lessons were learnt to improve the staff team's 'response when needed, and to review people's support plans and risk assessments. Staff confirmed debrief sessions provided an opportunity to learn when things didn't go well and improve their practice.

Is the service effective?

Our findings

People's needs were assessed to ensure they could be met before they moved in to Stepping Stones Red Marley. We saw an example of an assessment of a person's needs who had recently moved in to the service. The person also had a care plan to guide staff during their 'settling in period'. This included people's nursing needs for example primarily with the assessment and ongoing monitoring of people's mental health needs. The registered manager described an example of the effectiveness of nursing staff monitoring people's mental health. A person had shown rarely seen symptoms of a deterioration in their mental health. This had been recognised resulting in them receiving treatment promptly.

The provider employed psychology staff and people had the opportunity to engage in 'talking therapies' to support them to manage their anxieties and associated behaviour. The Provider Information Return (PIR) described this, "Our service offers talking therapies which has been developed by a Counselling Psychologist in training who offers sessions to people with complex mental health and learning disabilities. During talking therapies' the person is enabled to experience confidential time away from their home, in which they can reflect on behaviours, while being supported to potentially make change and explore ways to take responsibility for those behaviours with the aim of more independent living."

People who used the service were protected against the risk of unlawful or excessive control or restraint because the provider ensured staff supported people in accordance with best practice. They used an outside training agency to teach staff techniques to diffuse situations, which may put people and staff at risk from physical injury. The three day training was completed before staff were permitted to get involved in any incident where this method was used. This ensured that people are supported by staff who were properly trained and supervised.

People were cared for and supported by staff with appropriate knowledge and skills. Nursing staff were qualified in either mental health, learning disability or general nursing. Staff received training in subjects such as food hygiene, fire training and first aid. They also received training specific for the needs of people such as epilepsy, autism and managing people's behaviour. This meant that a range of skills and experiences were available to support people's needs. Staff told us the training they received was adequate for their role and training was kept up to date. Nurses had maintained their professional knowledge and skills. The PIR stated, "Nurses must revalidate their practice every 3 years by evidencing safe/effective practice; encouraging nurses to reflect on the Code in their practice demonstrating that they uphold standards set within it. Our Nurses are up to date with their revalidation."

People were regularly consulted about meal preferences. Minutes of meetings for each of the three houses showed how people were asked for their opinions on menus and if there was anything they would like to be added to the menu choices. People were positive about the meals offered and confirmed there was a choice of meals available. One person described the meals as "good". They followed a vegetarian diet and told us there were "no problems" with how this was provided.

People's healthcare needs were met through regular healthcare appointments and liaison with healthcare

professionals. People had health action plans and hospital assessments, this was the responsibility of nurses who oversaw the process of ensuring people were up to date with health care checks. These described how people would be best supported to maintain contact with health services or in the event of admission to hospital. People attended their GP, dentist and other health care appointments as needed. One person had been successfully supported through an extended period of medical treatment. In addition nurses working at the service provided health education to people and the staff supporting them.

The environment of the care home had been adapted to meet the needs of people using the service. A talking therapies room had been developed in a separate part of the building to people's accommodation. Outside space had been developed into gardens which people were involved in tending. The registered manager showed us improvements to bathrooms to make these easier to use by people and described how more were planned. At the time of our inspection visit the care home was warm and was in the process of being decorated for the festive season. Art work and photographs by people using the service was prominently displayed in communal rooms. We saw examples of how people had chosen the decoration of their individual rooms.

The 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 had 'best interests' decisions made and recorded under the MCA. For example for dental treatment, for an assessment by a consultant and for issues around one person using transport.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection visit two people had DoLS applications approved and one person had an application pending a decision. We checked and there were no conditions with the two approved applications that the staff needed to take into account when supporting people in the least restrictive manner.

Is the service caring?

Our findings

People had developed positive relationships with the staff that supported them. The Provider Information Return (PIR) stated, "Each person has comprehensive care plans which cover each aspect of their care needs and one of the most important aspect of each care plan is how staff engage with the person in a therapeutic and caring way." People confirmed staff were kind and polite to them. One person described staff as "fine" and told us they were treated well. Another person said, "If anything goes wrong staff put it right." A health care professional commented, "I have always found the staff to be extremely friendly and professional towards clients." We observed staff engaged in appropriate and warm conversation with people and kindly responding to requests for assistance.

People were consulted about the care and support they received. The PIR stated, "Each individual person is allocated a key worker and named nurse whose role and responsibilities are to ensure that therapeutic relationships are maintained and this is evidenced through observation and monitoring." People took part in regular review meetings with allocated staff known as keyworkers about their support and care needs. This enabled them to contribute directly to the review process and share their views and opinions. Reports of these meetings were produced on a monthly basis to provide an overview of how people responded to the care and support they received.

Information about advocacy services was available and on display at the service. Advocates help people to express their views, so they can be heard. They can be lay advocates or statutory advocates such as Independent Mental Health Advocates (IMHAs). One person used the services of a lay advocate to represent them because they had no relatives. Others had used statutory advocates to support them to understand their rights under the Act and participate in decisions about their care and treatment.

People told us they were able to maintain their privacy and staff would always knock on the doors of their individual rooms. This was the practice we observed during our inspection visit. Staff described how they would act to maintain people's privacy, dignity and the confidentiality of information about them. A social care professional commented, "(the person) is always looking immaculate and it is clear that the staff encourage and assist him to maintain the image he has always desired for himself." Depending on an assessment, people had keys to their individual rooms to maintain their privacy and develop their autonomy. All but two of the people had keys. A healthcare professional commented, "Staff demonstrate that they value the dignity of the residents by the way they interact with them and deal with personal care issues sensitively."

People had care plans to guide staff in supporting them to maintain and develop their independence. For example one person had a support plan for use of the kitchen with the goal of "helping to maintain skills (self-help) and become as independent as possible." They also cooked meals for the other people they shared their accommodation with. A kitchen separate from areas where people lived was available for people to develop their cooking skills. Another person had developed skills to administer their medicine for diabetes and check their blood glucose levels. The registered manager described how consideration was being given as to whether some people would eventually move out of the service to live in the community.

Information about various subjects related to people's needs was available to people in an accessible format using pictures, words and plain English such as how to complain and information about safeguarding.

Is the service responsive?

Our findings

People received care and support that was personalised and responsive to their needs. People's support plans included guidelines for staff to follow to provide care and support in an individualised way. These had been kept under regular review. Pen pictures gave staff an overview of important information about a person. There were detailed guidelines for staff to follow to understand and manage aspects of people's behaviour. A social care professional commented on how well staff knew the needs of one person, "They know his tastes in clothing, music and entertainment. In his care plan/file, there are many entries of his activities and the efforts staff have made to enable him to attend music events etc." Healthcare professionals commented there was "Good knowledge and understanding of individual residents and their needs." Staff had an awareness of personalised care describing it as "care centred on the person" and described the importance of offering people choice. A new member of staff commented the service was "very person-centred".

People's cultural needs were identified. One person had recently moved into the service and their religious and cultural needs had been identified, planned for and were being met. People were supported to take part in activities and interests such as swimming, gardening, horse riding and trips out. People had the use of a kiln to produce ceramic items. Some of the items had been prepared for sale at events to raise money for charity. People also attended a day centre for crafts and woodwork and enjoyed trips to local pubs. Comments from health and social care professionals included, "there is often some activity taking place" and "A range of on-site and community-based activities are timetabled and carried out." One person told us how they had enjoyed decorating the Christmas tree and how they enjoyed going for walks. Another person enjoyed coffee mornings and pottery.

People were supported to maintain contact with family in response to their wishes. People described how they kept in touch with family members through telephone calls and visits. The Provider Information Return (PIR) stated, "As a service we are looking to improve the quality of the time people have with their visitors, whether that is family or friends. We have created the opportunity of having space away from the houses they share with others to have some quality time on their own with visitors." People were also supported to avoid social isolation, The PIR stated, "We are always looking at ways to improve how people can meet new people as a starting point that may lead to new friendships. We are looking to host more parties and invite other people from other homes."

There were arrangements to listen to and respond to any concerns or complaints. There had been no formal complaints from people using the service or their representatives since our last comprehensive inspection. Information was available for people using the service to guide them in how to make a complaint. A record of previous complaints received and the responses to them had been kept. In addition, questionnaires used with people's care plan review meetings enabled them to raise any concerns. Minutes of house meetings demonstrated how people using the service were able to express their views. Subjects discussed included activities, changes to the staff team and meals. People were given the opportunity to raise any concerns.

People were supported at the end of their life where this was possible. People's wishes for the arrangements

at the end of their life had been discussed and recorded where people felt able and willing to do this. One person had been supported through the diagnosis of a major illness through to the end of their life. Training in death and dying was being planned to further enhance the care provided to people who wished to remain in the home at the end of their life.

Is the service well-led?

Our findings

The provider had a clear set of values setting out the aims for the organisation as a whole. These were set out in a values statement and a mission statement. The Provider Information Return (PIR) stated, "All management set a clear vision and set of values that include involvement, compassion, dignity, independence, respect, equality and safety which is all monitored that it is being achieved via supervisions, training, staff meetings, both informal and formally." It was evident through our conversations with the registered manager and director they were motivated to continually improve the service and were keen to take action to ensure good care and support was provided to people. The registered manager described one of the current challenges as not having enough accommodation to meet the current demands for the use of the service. Consideration was being given to how people may be supported in the future as they gained more independence. Future developments included increasing the opportunities for people to develop their independence through new activities and increased use of the psychology staff. In addition the administrative side of the service was being redeveloped.

Stepping Stones Red Marley had a registered manager who had been registered since October 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred. The rating from our previous inspection was displayed at the care home and on the provider's website.

People benefitted from provider quality checks to ensure a consistently good service was being provided. Regular audits were in place as part of the service's 360 degree audit programme. Areas audited included staff supervision and appraisals, accidents, medicine errors and documentation relating to people's care and support. These resulted in compliance reports produced each month. Issues identified where action had been taken included, updates to care plans, cleaning areas of the care home and the recording of medicine administration. Managers from other care homes operated by the registered provider visited to carry out a peer review of the service. The last visit had taken place in February 2017. Issues found included documents requiring updating and some archiving. The registered manager reported the issues raised had been acted upon. A service user committee had been developed and was in the process of looking at new activities for people to take part in. Links had been established with the local community to enhance opportunities for people to be part of their wider community. The PIR described this, "The service continues to make strong links with the community, becoming involved with local events such as coffee mornings, craft fairs and some church events. We talk to neighbours and regularly use the locality for walks utilising local facilities such as post office, shops, window cleaner and other services."

The registered manager was visible and accessible to people using the service, staff and visitors. People told us they felt Stepping Stones Red Marley was managed properly. Staff commented positively about the management of the service. We heard comments about the registered manager such as, "Very

approachable" and "Her door is always open." A health care professional; commented, "From my observations, and contact with her, the manager is excellent." Other professionals commented on the "good communication" from the service. The registered manager was supported by two deputy managers. Each shift was led by a registered nurse. Minutes of staff meetings demonstrated how staff were kept informed about any issues, developments with the service, information about people's needs and the expectations of the management.