

Steppn-Stone Limited

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Inspection report

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Date of inspection visit:
07 November 2019
14 November 2019

Date of publication:
10 December 2019

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

About the service

Steppn–Stone Limited is a supported living service providing personal care to people with learning disabilities or autistic spectrum disorder. At the time of the inspection three people were being supported.

People are supported in a house with a shared kitchen, lounge, two bathrooms and a communal garden. People have their own bedrooms; the provider operates from an office in the garden.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs at the house such as, intercom, cameras, industrial bins or anything else outside to indicate it was a supported living home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People were safe, risk assessments were in place and reviewed regularly to ensure safe care continued. Staff were trained and could recognise signs of abuse and knew when and how to report it.

Staff were recruited safely, recruitment procedures ensured only suitable staff were employed. Medicines were managed safely. Specialist medicine training was in place where required and staff competencies were regularly checked. People were protected and supported to protect themselves from the spread of infection. Personal protective equipment such as gloves and aprons were readily available.

People received and were involved in planning personalised care, information was given in a format that met their communication needs. People's choices, lifestyle, religion and culture as well as their personal and health care needs were planned into care delivery. People were achieving positive outcomes.

People were supported to access health care services when needed and the staff and management team worked in partnership with healthcare professionals.

Staff were trained and had the skills needed to do their job. They received regular training updates and support and were well supervised.

People were supported to maintain a healthy diet and they chose, shopped for and were supported to prepare meals. An interest in healthy food was encouraged by growing foods in the garden.

Pre-admission assessments ensured people's needs could be met prior to them joining the service. A complaints procedure was in place and complaints were responded to in line with the company policy. The registered manager and staff had a good understanding of their responsibilities and were open and honest when things went wrong.

The registered manager had a hands-on approach and knew people well, this ensured a good oversight of the service and supported the documented quality monitoring processes in place.

There was a culture of learning and improvement, people and their relatives' opinions on the service were listened to and the registered manager invested in the professional development of staff.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 3 November 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Steppn-Stone Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We sought feedback from the local authority and Healthwatch Northamptonshire, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people who used the service about the care provided and two relatives. We spoke with four members of staff including, the registered manager and three care and support workers.

We reviewed a range of records. This included a full review of one person's care records, one person's specific condition care plan, multiple medication records and daily care and support records for three people. We looked at records in relation to staff recruitment, training and supervision. A variety of records for the management of the service including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One relative said, "I don't worry, I know he is well cared for."
- Staff were trained and able to explain how to recognise and report abuse. One staff member told us they would be concerned if they found people were unusually withdrawn and avoiding contact with staff and would report this to the manager. Staff also understood how to escalate concerns with the local authority and CQC if needed.
- There were protocols in place to protect service users from each other during periods of challenging behaviour. Staff were able to explain how they would ensure vulnerable people were protected.

Assessing risk, safety monitoring and management

- Personalised risk assessments were in place, they considered risks in the environment as well as risk to the Individual. People were supported to take positive risk such as, accessing the community with support and preparing and cooking meals. Regular reviews ensured changes in risk to people were identified and actioned promptly.
- People had personal evacuation plans in place to support them in the unlikely event of a fire.

Staffing and recruitment

- There were enough staff to meet people's needs, people were supported by a regular team of staff that knew them well. A contingency plan was in place, this meant in the unlikely event of high levels of staff absence the service would still operate safely.
- Safe recruitment processes ensured only suitable staff were employed by the service. Disclosure and Barring Service (DBS) checks were completed prior to working with people and were regularly updated. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed, stored and disposed of safely. Staff were trained in how to give people medicines and their competency was regularly checked. Medicines charts were detailed clearly and staff told us they were easy to follow.
- Where people received medicines via a specialist technique only staff that had completed specific training, were deemed competent and felt confident completed this task. Staff demonstrated a thorough knowledge in this area and guidance was clear.

Preventing and controlling infection

- People were protected from the risk of infection, care planning included supporting people with cleaning their home. The supported living house we visited was clean, tidy and smelt fresh. A relative told us that their family members room and the house was always clean and they were well supported with personal hygiene.
- Staff were trained in infection control and had access to personal protective equipment for supporting people with personal care.

Learning lessons when things go wrong

- Staff understood the accident and incident procedure and had recorded and reported incidents appropriately. The manager maintained good oversight of incidents and analysed records for trends and patterns. Any learning was shared amongst the staff team via regular staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had a thorough assessment of their needs prior to admission to the service. This enabled the service to ensure there was sufficiently trained staff available to provide the care and support required.
- People's health conditions, religion, relationships, culture, likes, dislikes and hobbies were all included in the assessment process. This information was used to plan people's care and support.

Staff support: induction, training, skills and experience

- Staff had received training and an induction which included shadowing experienced members of staff. Regular training updates ensured staff maintained the skills they needed to do their job.
- Staff received regular supervision and support from the registered manager. A staff member told us, "We are extremely well supported by the manager, we can call the manager and discuss anything even if our supervision is not due."

Supporting people to eat and drink enough to maintain a balanced diet

- People were well supported with food and drink, they were encouraged to shop for and prepare foods and meals of their choice. Menu plans evidenced a balanced diet.
- One person was supported with a specialist diet due to a health condition. Staff demonstrated good knowledge around the types of foods that might be harmful to the person and gave us examples of food and drink which helped to stabilise the person's health condition.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services when needed and worked in partnership with other professionals such as GP's, podiatry and psychologists. Oral health was assessed and supported with people accessing a dentist regularly.
- Information about the person had been collated into a one-page profile to guide staff from other agencies such as ambulance or hospital staff on how best to support people. The profile included allergies, likes, dislikes and communication needs.
- The staff and management team understood the benefits of exercise for people's physical and mental wellbeing. People were encouraged to exercise regularly with one person attending a regular exercise class, there had been a noted change in their emotional wellbeing from this.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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 had the appropriate legal authority and were being met. We found that they were.

- People were supported in the least restrictive way possible. People and their families had been involved in the assessment and planning process and care plans were signed to consent to care.
- Staff had received training in MCA and had a good understanding of the principles. One member of staff competently explained how they would support someone who refused care, including not forcing people, listening to what they want and how they would like to be supported.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had developed good relationships with their staff, we observed staff chatting, laughing and joining in activities with people. One staff member was singing along to a person's favourite music with them. Another staff member said, "People are respected, they are different people we treat them as such, we respect them their needs are all different."
- People's culture, religion and characteristics were considered and planned into their care. The registered manager had included a guidance sheet in the care records for one person's religion as there were certain requirements to ensure they followed their faith. The registered manager ensured that a regular order of service was provided for another person who didn't always want to attend church but enjoyed reading these at home with their support staff.

Supporting people to express their views and be involved in making decisions about their care

- People and their families were included in the care review process and were encouraged to make decisions. For example, one person had been involved in a decision to be consistently supported by a staff member whilst out in the community for their own safety, they had the capacity to decide this and had agreed it would be in their best interest.
- People were supported to make decisions about their care as much as possible. We observed people who needed more support with decision making were given options to choose from, such as options around activities or who they would like to support them with personal care.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible, we observed people washing up in the kitchen and making their own packed lunch with support for a day trip out.
- Staff had a good understanding of privacy and dignity, we saw evidence of people given space and time to be alone in their room if they wished and staff told us they close curtains and doors when supporting people with personal care.
- Staff understood the importance of confidentiality. One staff member said, "Personal files are locked away, we don't let people look at other people's files they are confidential, we don't leave records lying around that people's families or visitors might see."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The staff and management team ensured a personalised approach to care and support. Care records included people's choices on all aspects of their care. For example, people had a record in place named "My daily personal care routine", this included details such as specific footwear people liked to wear in different parts of their home and how they wish to be supported with washing and dressing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were planned into their care and were well supported. We observed staff competently communicate with one person who used a specific individualised way to communicate their needs. For people with hearing and sight impairment staff ensured they had their supportive equipment for communication.
- Information had been made available in pictorial and easy read formats for people were required and the manager advised that information could be made available in other languages if it was needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had individualised photo albums that evidenced they accessed a wide range of activity such as meals out theme parks and holidays. People's relatives attended special occasions such as birthday and Christmas parties.
- Relatives we spoke with told us that they were welcome to visit whenever they wished, there were no restrictions. They also said they received regular contact and were kept well informed. One person regularly enjoyed days out with their family member and people were supported to maintain a telephone and internet service to speak with relatives.

Improving care quality in response to complaints or concerns

- People were provided with an easy read complaints policy, one person had made a complaint, this had been investigated, resolved and responded to in line with the provider's policy and procedure.
- The registered manager had introduced a "grumbles" record. This record was used when people or their relatives didn't wish to make a formal complaint but had expressed they were not satisfied with something. We saw an example of a "grumble" and the actions taken led to the person being satisfied with the outcome.

End of life care and support

- The provider did not provide an end of life service. However, people's end of life decisions and preferences were discussed and recorded on a "My future care plan" document either with them or their family where appropriate. We saw one person had completed part of their record but had chosen not to discuss all the information, this choice had been respected.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager focused on providing good quality, person centred care that ensured people had equal opportunities. For example, one person wanted to travel abroad, the registered manager had supported them to apply for a passport and plans were underway for a holiday.
- Care planning was focussed on achieving positive outcomes for people. One person was supported with managing a healthy sleep pattern to ensure they didn't miss opportunities for social interaction and accessing the community.
- There was culture of supporting positive risk taking with people's behaviour not being a barrier to them accessing the community. Systems and processes ensured risks were identified monitored and managed safely. One relative told us their family members behaviour had improved since joining the service

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of their responsibility to be open and honest when things went wrong. Incidents were recorded, reported and actioned appropriately. The registered manager had developed good relationships with families and was open and transparent in contacting them when needed. One relative told us, "[Registered manager] keeps me informed of any problems or incidents."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes were in place to regularly monitor the quality and safety of the service.
- The registered manager had a thorough understanding of informing the local authority and CQC of significant events appropriately. Policies and procedures were readily available for staff as guidance and were updated periodically to ensure information was current and supported best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were regular questionnaires in place for people, relatives and staff. The questionnaires had been made available in pictorial and easy read format, staff support was provided with completion where required. The information was collated and used to drive improvement. For example, one person's comments were followed up with a key worker session to support them to express the changes they would like to see, from this an action plan was created and completed.

- The registered manager ensured people were included as part of the local community by building relationships with neighbours, this had resulted in the exchange of seasonal greetings which one person had particularly enjoyed and had visited their neighbour with support.

Continuous learning and improving care

- The registered manager was committed to their own professional development and that of the staff at the service. The registered manager held a professional qualification in social care and attended local provider and registered manager forums with the local authority, they ensured that staff were also regular attenders to support their development and growth. Staff told us they felt well supported by the registered manager.
- The registered manager ensured their practices were in line with current best practice guidance by reading professional publications and following guidance from professional bodies such as NICE (National Institute for Health and Care Excellence).

Working in partnership with others

- The registered manager had worked in partnership with other professionals such as GP's, commissioners and psychologists to support people. There was evidence of regular contact and appropriate referrals that had resulted in positive outcomes for people such as increased positive behaviour.
- The registered manager worked in partnership with the local university to provide work placements for student social workers. We saw evidence of positive experiences around this for people using the service. For example, people had enjoyed building their own furniture with students and creating seasonal gifts that they had given to their family.