

# Stepping Stones Care Homes (Phoenix House) Limited

## Primrose House

### Inspection report

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Date of inspection visit:

04 May 2016

05 May 2016

06 May 2016

Date of publication:

22 June 2016

### 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on the 4th and 5th May 2016. We contacted the service the day before the inspection as it is a small service and we needed to be sure that the manager would be available.

Primrose House is registered to provide accommodation and personal care support for two people with mental health needs and is a step down service from a larger home that provides more structured support. The home is divided into individual flats and at the time of our inspection there was one person living there.

The service is required to have a registered manager. At the time of inspection the registered manager was in the process of de registering with the Care Quality Commission. A manager was in post and they were aware that they would need to register as the manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had not implemented effective governance systems and information about the safety of the service was not sufficiently monitored. Record keeping was inconsistent and as such it was difficult for the provider to monitor and evaluate areas such as health and safety and staff training.

This was a breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The systems in place to alert people in the event of a fire were not sufficient to minimise the risk of harm to people should a fire occur. This was rectified by the provider whilst the inspection was on going. Fire risk assessments and procedures were also not adequate; this has been rectified since the inspection took place.

People living in the home told us that they felt safe in their own flats. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns.

Care plans were written in a person centred approach and detailed how people wished to be supported. They had been involved in decisions about their care. Care records contained individual risk assessments and risk management plans to protect people from identified risks and help to keep them safe but also enabled positive risk taking. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible. Care plans and risk assessments had been regularly reviewed but people had not been involved in the review and their care plans and risk assessments had not been updated in light of the review findings.

There were sufficient staff to meet the needs of the people living in the flats and we observed on the day of our inspection that there were sufficient staff on duty. Recruitment procedures protected people from

receiving unsafe care from care staff that were unsuitable to work at the service.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely; however the completion of medication administration record charts did not consistently reflect current guidelines. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with the people who lived at the house. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy.

Staff and people living in the home were confident that issues would be addressed and that any concerns they had would be listened to by the manager.

## 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.

Fire safety was not managed effectively and people were at risk of harm.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

### Is the service effective?

**Good** 

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical and mental health needs were kept under regular review.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

### Is the service caring?

**Good** 

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences.

Staff promoted people's independence to ensure they were involved in the daily running of the home.

### Is the service responsive?

The service was not always responsive.

Care plans had not been updated as a result of evaluations and people had not been involved in the evaluation of their care plan.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People knew how to raise a concern or make a complaint. There was a complaints system in place and the people were confident that any complaints would be responded to appropriately.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

There was no registered manager in post. The registered manager had recently left and the new manager was aware of the need to register as the manager for the service.

Quality assurance processes did not ensure the safety of the home was effectively monitored and managed in all areas.

Records relating to staff training and medication were incomplete and inconsistent.

The manager demonstrated an awareness of their responsibilities for the quality of care provided to people living in the home. Concerns raised during the inspection were acted upon promptly.

The provider and manager had begun implementation of an action plan designed to improve the quality and safety of the service prior to the inspection.

**Requires Improvement** ●

# Primrose House

## **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 the 4th and 5th May 2016 and was undertaken by one inspector. We contacted the service the day before the inspection as it is a small service and we needed to be sure that the manager would be available.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the course of the inspection we spoke with one person who lived in the home and looked at care records and charts relating to that person. We spoke to one member of care staff, the clinical lead, service manager, business manager and two directors from the provider's board of directors. Following the inspection we contacted three members of care staff by telephone. We saw policies and procedures and looked at four records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

After the inspection we asked the provider to send the updated fire procedure, fire risk assessment, personal emergency evacuation plans and staff training matrix; these were provided as requested.

## Is the service safe?

### Our findings

The fire management systems and procedures were not sufficient to minimise risks to people in the event of a fire in the home. The fire alarm system was not adequate because there was no central fire alarm in place. The fire procedures were not specific to the home and did not adequately describe what people, staff and visitors should do in the event of a fire. There were no personal emergency evacuation plans in place; this is contrary to current guidance in fire risk assessment for care homes. People living in the home and staff were unable to recall a fire drill taking place and there were no records available to indicate that there had been a fire drill; this increased the risk that people and staff would not know how to respond if a fire occurred. Regular checks of fire fighting equipment had not taken place. The provider's policy stated that fire safety and equipment checks should occur at stipulated intervals; these checks had been completed by the new manager, however there were no records of checks before May 2016. All of the issues were brought to the attention of the provider at the time of our inspection and immediate action was taken to rectify the concerns and to ensure people's safety was maintained.

People told us that they felt safe; one person said that the staff were aware of their individual needs and concerns and responded in a way that kept them safe. The staff team knew how to recognise when people were at risk of harm and what action they would need to take to keep them safe and to report concerns. Staff had received training in safeguarding people and were supported by up to date policies and guidance. They understood their responsibilities and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice.

People were supported to manage any risks associated with their lifestyle and support needs. Risk assessments were in place and staff recognised the need to adapt the level of support they provided to people to ensure that they were able to live the life they chose, whilst being mindful of potential risks to their safety. For example one member of staff described how they adapted the support they provided to people and sought advice from senior staff if they were concerned about their mental well-being; this was reflected in the care plans we looked at. People had been involved in the development of person centred risk assessments that focussed on positive risk taking.

There were appropriate arrangements in place for the management of medicines; people were aware of the medication they were prescribed and told us that they received it when they should. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. Staff described regular assessments of their competency to administer medication.

There were enough staff to keep people safe and to support them to take part in activities as they chose. People told us that staff had time to spend with them and were always available when they needed support. We observed that staff visited people regularly in their flats to monitor their safety and well being and were available to provide people with any practical support they required.

People were safeguarded against the risk of being cared for by unsuitable staff. Recruitment files contained

evidence that criminal record checks were carried out and satisfactory employment references were obtained before staff were allowed to work in the home.



# Is the service effective?

## Our findings

People received care from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

Staff received an in house induction that involved shadowing and learning from experienced staff and mandatory training such as emergency first aid. During the induction new staff were also expected to read information, policies and procedures specific to their role in the home. We saw records of the induction that had taken place in staff training files and these were signed by the new member of staff and the staff supporting them with their induction.

Training was delivered by a mixture of face to face sessions and e-learning. Staff told us that they attended regular training; one member of staff told us "We have a lot of training and the company encourages people to do NVQs". Staff were able to describe how training had made a difference to how they carried out their job, one member of staff described how training had helped her to understand the reasons for the different ways people sometimes communicated through their behaviour. We observed that staff in the home worked effectively with the people they were supporting and were knowledgeable about how they should provide support to people. Records demonstrated that staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). Staff had also received training that was particularly relevant to their role; such as training in appropriate psychological and physical intervention when working with people whose behaviour may be challenging.

People's needs were met by staff that received regular supervision and staff were happy with the level of support they received from the management team. They told us that the manager was available to discuss any issues such as their own further training needs. One member of staff said about supervision; "It is helpful, we talk about clients, improvements needed, feedback and training".

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 manager and staff were aware of their responsibilities under the MCA and DoLS code of practice. Staff understood the need to gain consent from people and what to do if a person does not have the capacity to consent. There was an easy read summary of the MCA policy available. The people supported at the service had the capacity to make decisions and we saw this was recorded in their care plans. One person told us that staff always asked for their consent when supporting them with their care needs.

People were supported to maintain a balanced diet that promoted healthy eating. One person told us that staff supported them to plan their menus and that they enjoyed doing all their own shopping and cooking. Staff were available to provide support to people to prepare their meals should they require it and people could also go to the main house for lunch on a Sunday if they wished.

People's assessed needs were safely met and referrals to specialists had been made to ensure that they received specialist treatment and advice when they needed it and received on-going monitoring of their health. Staff told us how they worked with the community mental health team and followed their advice to achieve positive outcomes for people.

# Is the service caring?

## Our findings

People were happy with the care and support they received, one person told us "The staff are caring and kind, I get on really well with all the staff". Staff supported people in a way that emphasised their individuality and involved them as much as possible in day to day choices and arrangements.

We saw that the people who lived in the home chose to spend time with the staff and we observed them enjoying tea and biscuits as they talked about their day. People were happy and comfortable with the staff supporting them and interaction was warm and open. Staff demonstrated that they had an in depth knowledge of the people living in the home and were able to talk to them about the things that they enjoyed doing. Staff were enthusiastic about activities that had been planned for the future and discussed these with people living in the home.

People were listened to and their views were acted upon. One person said "the staff listen and take notice of what I want". There was information in people's care plans about what they liked to do for themselves and how staff could support them to develop their independence. This included how they wanted to spend their time and any important 'goals' that they wanted to achieve. Information about how to access advocacy services was available, staff were aware of this and people had been supported to access advocacy support when needed.

Staff explained how they had worked with people to support them to progress in areas of their lives where they faced particular challenges. They adjusted their approach and were aware of the need to provide increased support to people if they were experiencing difficulties. We saw that this was reflected in people's care records in a holistic, person centred way.

One person told us "the staff are very good, they are caring and respectful" and we observed that staff spoke to people in a way that respected their dignity. People told us that staff treated them as equals and referred to themselves and staff as working together. Staff were able to explain how they upheld people's privacy and dignity by taking into account their personal situation and needs and attending to these in a person centred way. One person required extra support with their mental health needs at times and their care notes demonstrated how this support was provided in a way that respected their dignity and choices.

Staff respected people's personal space and privacy and only entered their flats with permission. One person described how, at their request staff always removed their shoes before entering their flat. People had been supported to personalise their flats and told us how important it was to them that they were able to do this. One person said that moving to the service and having their own flat with staff support close by had helped to develop their independence.

Staff understood the need to respect people's confidentiality; they told us that they did not discuss confidential information in front of people who did not need to know. Handovers took place in the office, with only staff present and a confidential communication book was used to pass information from shift to shift.

## Is the service responsive?

### Our findings

People's care and support needs were assessed before they came to live at the home to determine if the service could meet their needs. People told us that they had been involved in planning their care and it was delivered in the way that they chose. The assessment and care planning process considered people's hobbies and past interests along with their goals for the future. We saw that these had been incorporated into individual care plans. Staff we spoke to were aware of people's likes and dislikes and knew how they wished to be supported. We observed that these were followed in practice and people were appropriately supported at times when their mental well-being may pose a risk to their health.

Care plans to support people to manage their own mental health recovery progress were in place and signed by the person concerned. These covered areas such as mental health, physical health and self-care, identity and self-esteem, social networks and living skills. Care plan evaluations were recorded monthly, but there was no evidence that people had been involved in the evaluation of their care plan. One person told us that they had not seen their care plan for some time. The care plans had also not been updated to reflect people's progress with regards to their support needs and circumstances; for example they did not reflect that people had moved out of the main house into the flats. Daily care records demonstrated that staff were aware of the contents of the evaluations, care plans and risk assessments and the entries were detailed and relevant.

People were supported to access activities as they chose. One person said that they had weekly meetings with their keyworker to discuss their planned activities and that they were supported to do the things that they wanted. People were also involved in planning group activities for the house and were looking forward to a barbecue that was planned for the summer. People had daily activity plans that they had been supported to devise and staff understood that there was a need to be flexible and always discussed with the person what they had chosen to do on a daily basis. People had the opportunity to learn new skills by attending courses at the local college; we saw that people had attended courses in computing.

People living at the service could visit the main house for activities, meetings and meals and they told us that they often chose to do this. People said that they were glad of this continued contact with people at the main house as they had worried that they would be lonely living in their own flat. Being able to return to the main house to see their friends and staff that had supported them previously had made the transition easier.

The provider told us that a new member of staff had recently been recruited as an activity co-ordinator and that they would now be tasked with working with people living in Primrose House to create person centred activity plans.

People said that they had not had any reason to complain about the service and they were aware of who to speak to if they needed to complain. We looked at the complaints log and there had been no complaints raised about the service, care staff we spoke with were aware of how to respond to complaints and described what they would do if someone complained to them.

## Is the service well-led?

### Our findings

The registered manager had recently left the service and a new manager was in post, they were aware of the need to apply to the Care Quality Commission to register as the manager. All staff we spoke to said that the new manager was approachable and they felt able to speak to them regarding any concerns.

Quality assurance processes for health and safety were not effective as the provider had not regularly monitored or analysed information about the safety of the service. As a result the management team were unaware of potential risks to the health and safety of people living there. The health and safety and fire policies referred to the main house rather than the location of the home and there was a lack of specific, relevant information available to the people and staff at the home. The provider recognised that there was a need to improve the quality assurance processes in the home. They were currently undertaking a full review of the service and had begun to work through an action plan that covered the introduction of a clinical governance system to look at service quality and improvement and the introduction of regular clinical reviews for people living at the service.

The manager told us that medicines were audited on a monthly basis; however no written record was kept of the audit. The management team were unable to reflect on audit findings and identify possible trends and areas for improvement. Inconsistent and unclear record keeping was observed on the medication administration record charts and records to show that staff medicines administration competency assessments had been carried out were inconsistent; however staff told us that competency assessments were regularly undertaken with them. Records of staff training were incomplete and the training matrix was not consistent with the information in individual staff files or what we were told by staff. The records indicated that some mandatory training had not taken place during the induction period and some training had not been refreshed as necessary.

This was a breach of Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person who lived at the service said that they felt confident to raise any suggestions for improvement with the manager, they had done so in the past and their requests had been acted upon. The manager demonstrated an awareness of their responsibilities for the way in which the home was run on a day-to-day basis and for the quality of care provided to people in the home.

A satisfaction survey had recently been completed and covered all areas of living in the home. Through this people had indicated that they were happy with the support they were being provided with.

Staff stated that they were able to approach the management team if they had any concerns or ideas for improving the service. They told us that they felt valued and listened to. Staff meetings had taken place at the main house, which all staff were asked to attend. These meetings were in place to inform staff of any changes and for staff to contribute their views on how the service was being run; the support needs of people living at the service were also discussed. Staff told us that the management team acted upon what

was discussed in the team meetings.

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people at the best level possible. Staff were provided with up to date guidance and felt supported in their role, they worked well together as a team, were focussed on ensuring each person's needs were met and they shared information. The culture within the service focussed on supporting people's health and well being in a way that supported them to progress to independence. Staff were familiar with the philosophy of the service and the part they played in delivering the service to people. One member of staff told us that the vision of the service was to support people to be more independent, with the future aim of being able to live on their own and we observed that this happened in practice.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not meeting this regulation because:</p> <p>They did not maintain accurate, complete and detailed records relating to the overall management of the regulated activity. 17(2)(d)(ii)</p>