

Stepping Stone Independent Living Ltd

Ash Tree

Inspection report

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Tel: 01509650169

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected the service on 24 November 2016. It was an unannounced inspection.

Ash Tree provides accommodation for people with learning difficulties and sensory impairments. There were five people using the service on the day of our inspection.

The service had a registered manager. 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.

People were protected from harm and staff were clear of their role to keep people safe and protect them from abuse. There were enough staff to keep people safe. There was a recruitment policy in place which the registered manager followed. We found that all the required pre-employment checks were carried out before staff commenced work at the service.

Staff received training and support to meet the needs of the people who used the service. People received their medicines as required and medicines were managed and administered safely.

People enjoyed the meals provided and where they had dietary requirements, these were met. People were offered adequate drinks to maintain their health and wellbeing. Systems were in place to monitor the health and wellbeing of people who used the service. People's health needs were met and when necessary, outside health professionals were contacted for support.

Risks relating to the environment and people's conditions had been assessed and action taken to reduce the likelihood of harm.

People were supported to make decisions about the care they received. The registered manager had considered the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) by making appropriate referrals to DoLS. However where people's mental capacity to make decisions could not be presumed assessments of their mental capacity had not been taken and decisions were not taken in people's best interest.

People's independence was promoted and staff encouraged people to make choices. People were supported to follow their interests and engage in activities

The registered manager had assessed the care needs of people using the service. Staff had a clear understanding of their role and how to support people who used the service as individuals. Staff knew people well and treated them with kindness and compassion.

People's relatives and staff felt that the service was well-led. People's opinions were sought and respected. They knew how to complain should they have needed to and felt confident that the registered manager would respond to their concerns.

The registered manager had implemented range of audit systems in place to measure the quality and care delivered so that improvements could be made. We saw that action had been taken when identified as necessary. The provider demonstrated that there was drive for improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who kept them safe.

There were enough staff to meet people's needs. The provider had ensured all relevant pre-employment checks had been completed.

Risks relating to the environment and people's conditions had been assessed and action taken to reduce the likelihood of harm.

People received their medicines as required.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were not supported in line with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff received appropriate training and supervision to enable them to meet the requirements of their role.

People were supported to maintain good health. People enjoyed the meals provided and where they had dietary requirements these were met.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring and understood that they should be treated with dignity and respect.

People were encouraged to be involved in making choices about the things that were important to them.

People's independence was promoted and encouraged.

Is the service responsive?

Good ●

The service was responsive.

Care and support was centred on people's individual needs.
They contributed to care planning.

Feedback from people who used the service was actively sought and acted upon..

People were supported to pursue their hobbies and interests.

Is the service well-led?

Good ●

The service was well led.

People and staff felt the service was well led and had confidence in the registered manager.

Systems were in place to monitor the quality of the service being provided and drive improvements.

The registered manager was aware of their registration responsibilities with Care Quality Commission.

Ash Tree

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.

We inspected the service on 24 November 2016. It was an unannounced inspection visit. The inspection team consisted of two inspectors.

Before the inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. Prior to the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the provider is required to send us by law. We contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had feedback about the service. We also contacted the local authority who had funding responsibility for some of the people who were using the service.

During our inspection we spoke briefly with one person who used the service. Most people living at the service had limited verbal communication so we were unable to obtain direct verbal feedback about their experiences. We observed interactions between staff and people who used the service throughout our visit. We spoke with a relative of a person living at Ash Tree. This was to gather their views of the service being provided. After the inspection we spoke with a relative of a person who used the service and a person's advocate. An advocate is a trained professional who can support people to speak up for themselves. We spoke with three care staff and the registered manager. We also had contact with the provider for feedback about the way that they ensured the service was working well.

We looked at the care records of three people who used the service, people's medicine records, staff training records, three staff recruitment files and other documentation about how the service was managed. This included policies and procedures, staff rotas and records associated with quality assurance processes.

Is the service safe?

Our findings

People felt safe. One person told us that they felt safe when we asked them. We saw that other people had confirmed that they felt safe through monthly review meetings. A person's relative told us that they thought that their relative was safe at Ash Tree. They said, "Definitely. He has the freedom to roam. He is well looked after." One staff member said, "Safe? Yes people are safe. It is just the way we are. There is always someone here. People can talk to us." Another staff member told us that they felt people were safe, they said, "We are watching them all the time." They meant that staff were readily available to support people if they needed it. A person's advocate told us, "There is always staff around." We saw that there were enough staff to meet people's needs on the day of our inspection.

There was a recruitment policy in place which the registered manager followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at three recruitment files. We found that the required pre-employment checks had been carried out before staff commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

Most of the staff that we spoke with were aware of how to report and escalate any safeguarding concerns that they had within the organisation and if necessary with external bodies. They told us that they felt able to report any concerns. One staff member told us, "My responsibility is to report it immediately. I can report it to [registered manager] or [provider], or safeguarding." The registered manager was aware of their duty to report and respond to safeguarding concerns. We saw that there was a policy in place that provided staff, relatives and people using the service with details of how to report safeguarding concerns. We saw that the policy that was on display on a communal notice board was not in an accessible format for people using the service and had not been reviewed to reflect changes to national safeguarding guidance. We pointed this out to the registered manager who told us that they would ensure that an updated policy was displayed in a way that people using the service could understand.

People were protected from avoidable risks. We found that risk assessments had been completed on areas such as people's mobility and epilepsy. Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these risks. People were supported to remain safe when their behaviour posed a risk to themselves or others. Staff explained that they understood what might cause people to display challenging behaviour and what positive actions they could take to reduce the person's anxiety. Staff received the appropriate training to keep themselves and people being supported safe. Risk assessments had been reviewed regularly and staff understood their role in following them. Risk associated with the environment, care routines and equipment used had been assessed to identify hazards and measures had been in place to prevent harm. Where regular testing was required to prevent risk, such as water safety testing, these were recorded as having happened within the required timescales.

The help that people would need if there was a fire had been formally assessed. People and staff had practiced the actions they should take in case of a fire. Records reflected that fire safety checks were carried

out and there were procedures in place for staff to follow. There was a business continuity plan in place to be used in the event of an emergency or an untoward event and regular servicing on equipment used was undertaken. This was to ensure that it was safe.

People could be assured that they received their medicines as prescribed by their doctor. Medicines were stored securely. We saw that medication administration record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. Where people had PRN [as required] medicines there were protocols in place. This was important so that staff had clear guidance about when they should give the medicines. We saw that a stock check of medicines was taken regularly. Staff had received appropriate training before they were able to administer medicines to people. One staff member said, "We do the meds training. [registered manager] did my competency when I started." Staff understood how people liked to receive their medicines.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Act. 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. We found that the service was not consistently doing so.

The registered manager was aware of the legislation and had incorporated some of these requirements during care planning. We saw that there were references to people's ability to make decisions in their care plans. However, where people were suspected of lacking capacity to make decisions about their care needs assessments had not taken place. We also saw that decisions made in people's best interests were not recorded as having taken place. This meant that people may have been receiving care that had not been considered in line with the MCA and there was a risk that people's human rights were not always protected.

Some staff had received training about the MCA and understood how it affected their role and the people they were supporting. One staff member said, "I have done MCA training – not here." We saw that DoLS applications had been made where required. A staff member told us, "Two people have DoLS."

Staff asked for people's consent before they offered care to them. One staff member told us, "I always ask for consent before doing anything. It is their choice to say no. I will give [person] time and come back and ask again to be sure." Another staff member said, "I involve people in making decisions. It is fine if people want to say no." We were told that one person regularly refused to receive care and that this was respected. They were working with an external professional to help resolve their concerns around having their specific care needs met.

People were supported by staff who had the knowledge and skills to meet their needs. A person's advocate told us, "Staff seem to know what's going on." Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. This included supporting people with epilepsy and health and safety training. A staff member said, "I had an induction. We went through the fire alarms, policies and procedures. It was useful. It helped me to get to know the service." They went on to say, "I have done all of the training such as medication, health and safety, fire safety." Staff confirmed that they had completed on line training and shadowed more experienced staff members before they had supported people. This helped them to understand the care requirements of the people they offered care to. One staff member said, "I did an induction and shadowing for nearly a week." We saw training records that confirmed this. New staff were required to complete induction workbooks to check their learning and understanding of their roles and responsibilities.

The staff training records showed that staff received regular refresher training and ongoing learning. One staff member told us, "We have done them all." Staff told us that they had attended courses such as, moving and handling and safeguarding. We saw that staff's understanding of the training materials used had been assessed. Staff were required to complete on line evaluations to test their understanding of completed training sessions to demonstrate their understanding.

The registered manager told us that staff had access to senior support at all times. Staff confirmed this, one staff said, "I have supervision. I speak with [Manager] each week to update. If something is urgent I will call her. I have supervisions nearly every month." Another staff member said, "I am supported in my role. I had supervision about two weeks ago. We talk about any issues and training. The manager is approachable. We are listened to." Staff received regular supervision and spot checks were carried out to ensure that they were competent to fulfil their role. During supervision meetings staff were asked to review their performance and any issues regarding the support of people using the service were discussed. Records showed that staff knowledge around safeguarding policies and procedures was also checked during their supervision meetings.

People were supported to maintain a healthy diet. A person's relative told us, "They have a menu, it's varied." We saw that people were given choices about the foods and drinks that they would like to eat and that people were involved in preparing meals and drinks with staff support if required. We saw that people had been referred to health professionals for advice about their diet and that staff supported people to follow their advice. Where people required adapted crockery to help them drink independently and safely these were available to people and used. People's care plans documented people's preferences around food and drink and staff were knowledgeable about these. The registered manager checked that people were receiving nutritional balanced diets and enjoying their meals on a monthly basis.

We saw that people were supported to maintain good health. People had access to health care professionals. We saw that people had seen their GP when staff had become worried about their health. The records that the service kept with regard to health professional advice were clear and in depth. We saw that one person had been referred to health professionals for support with their mobility. They had not been seen as they were on a waiting list. The registered manager told us that they continued to request this input and kept the person's GP up to date with developments with the person's conditions when it changed. We saw that staff followed guidelines provided by professionals in order to ensure that people's health needs were met. For example one person was offered a chair with arms to help with their mobility and balance.

Is the service caring?

Our findings

People were supported by staff who treated them with kindness. The person we spoke with told us, "I am happy here." A person's relative told us that the staff were, "very caring." They went on to say that they thought that their relative was "content and happy" with the support that they received. A staff member told us, "People are vulnerable. They need someone on their side. I don't understand why you would be in care and not care." The registered manager told us, "I will not have anyone working here if they are not kind." During our inspection visit we observed staff working with people and allowing people time to complete what they wanted to do. There was laughing and joking between staff and people using the service.

People were treated with dignity and respect. A person's advocate told us that staff were, "Very kind and very appropriate with his age." Meaning that staff respected the person as an individual. A staff member told us, "We don't have to rush anything. We get enough time to do things." Another staff member told us, "It's their home." We saw that people's bedrooms had been personalised to their tastes and that their things that were important to them were easily accessible for them.

People were supported by staff who knew them well and who could tell us about what was important to people and what they liked. A person's relative told us, "He knows them and they know him really well." A person's advocate told us, "Staff seem to get on really well with him and know him really well." We saw that where people used gestures to communicate staff understood these and offered people reassurance when they needed it. A staff member told us, "If residents have a problem they come to us but [person] could not, so that's how we watch him (to observe for problems)." We observed that one person left the dining room and put their shoes on. A staff member observed this and understood this to mean that the person wanted to go for a walk. The staff member quickly collected their coat and accompanied the person on a walk. They later told us, "He was getting his shoes on, this was telling us he wants to go out." People's care plans guided staff to about how they could adapt the way that they communicated with people in order to enhance their understanding.

People were supported to make choices about the everyday things that were important to them. Staff were clear about how they could support people to make informed choices. One staff member told us, "With [person] we ask what he wants to wear, [another person] will choose if he wants hot or cold food. With [third person] we show two choices. We use objects and prompting for all choices." We observed staff tailoring the way they offered people choices to best suit people's individual needs. For example, one person was offered a free choice of what they wanted for lunch while another person was offered a choice from two meals using the packaging to aid their understanding.

People were encouraged to contribute to the daily running of the service. One person enjoyed tasks associated with maintaining the environment. They told us, "Oh yes, I help." A staff member explained that this person had a bucket and brush so they could clear the leaves and that he liked painting the house. They had requested a shed for the garden and the registered manager told us that they were in the process of helping the person purchase one. The persons' advocate confirmed this. Another person was involved in taking care of a pet and took responsibility for ensuring that the pet was kept clean and well fed.

People were kept informed and involved. Leaflets were available for upcoming activities such as theatre trips. One person did horse-riding regularly and the stables had sent out a newsletter. This was displayed so people could see what was happening. Pictures of staff were on the wall along with pictures of people who used the service. Information had been made into an easy read format such as the activities that people could be involved in.

People's independence was promoted and supported. One staff member said, "I think we promote choice and independence. People get to have time with staff. We are always readily available." Another staff member said, "We definitely promote independence. Most people pick up their own laundry. They carry their laundry baskets. People make tea. We are here to help and guide." During our inspection we observed one person cleaning their bedroom. They had support with this for a staff member. We saw that another person was asked to wipe the table and take their plate to the sink when they had finished their lunch. A third person was encouraged to make themselves a cup of tea with support from staff.

Is the service responsive?

Our findings

People engaged in activities that were of interest and meaningful to them. The person we spoke with told us that they went bowling and then to a fast food restaurant and a shopping centre on Thursday. They said that they enjoyed this. A person's relative told us, "He has quite a good social life." They went on to list all the activities that the person was regularly involved in. We saw that people were encouraged to access the local community and engage in vocational, recreational and educational activities. On the day of our inspection one person was going horse-riding. We were told that they did this twice per week and that they enjoyed it. A person's advocate confirmed this. They said, "He gets offered quite a lot (of activities) even if he doesn't take them up on the offer." We observed people engaging in leisure and daily living activities within the home. People's achievements were celebrated by staff and we saw that people were praised for their achievements and participation. One person spoke with pride about the tasks that they were able to carry out, such as painting the kitchen. Care plans reflected people's interests and hobbies and it was clear how people were being supported to engage in these. We did see that one person repeatedly asked to engage in an activity that they used to enjoy but was no longer able to due to their declining health. The registered manager offered them some reassurance about alternative activities. We asked the registered manager to further pursue ways of including this person in the activity that they had previously enjoyed or providing an equally enjoyable activity.

We saw that people's needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. Care plans contained information about people's preferences and usual routines. One staff member told us, "I have known the people here for years. Things change. I read their care plans. I made sure that I knew all of the up to date information." This included information about what was important to people, their health and details of their life history. The information contained within the plans was centred on people as individuals. We saw that some of the information within the plans was not easy for staff to follow and did not always make clear how to support people in line with the guidance given in their risk assessments. One staff member said, "The care plans give a lot of information. They could be more detailed." We pointed this out to the registered manager who told us that a senior staff member had reviewed each care plan and made a note of details that needed to be updated and amended. This was a work in progress and they planned to make changes to ensure the information contained in the care plans was easier for staff to follow.

Some people displayed behaviour that could have caused harm to themselves and others. Staff knew how to offer safe support should this have occurred. One staff member said, "The care plans tell you how to manage people's behaviour. We discuss it as a team. We have to work together. Sometimes it is trial and error. We know people well." Staff understood how to offer reassurance and support that helped the people to remain calm. We saw that risk assessments and support plans were in place that staff followed to support people when they became anxious. Staff could describe these and told us about strategies that they used to help people to relax. We saw that some support plans lacked detail which meant that there was a risk that people would receive inconsistent support when experiencing anxiety. The registered manager told us that they would review people's care plans and include more detail where required. Staff kept clear records of regarding people's moods and behaviours. This was important so that patterns of behaviours and triggers

could be identified. We saw that staff had received positive behaviour support training. Positive behaviour support aims to enhance the life of people who can show challenges and looks at ways of focusing on the good things that people achieve. In these ways staff understood and knew how to respond to people's behaviours.

People were asked for feedback about the service that they receive. People were offered the opportunity to meet with a care staff member on a monthly basis to review their care and identify what was working and any changes that they wanted to make. We saw that one person had gone on holiday as a result of identifying through these meetings that this was one of their goals. A staff member told us, "There are residents meetings every couple of weeks. We have meetings to talk about what people want to do." We saw that the registered manager had asked people to fill out surveys about their experiences of the service. These were provided in a format that was simple for people to complete. We saw that four people had completed surveys. The results reflected that people were experiencing a positive service.

Is the service well-led?

Our findings

The registered manager was present in the service and people had opportunity to meet with them regularly. Throughout our inspection visit we saw that people and staff were able to speak with the registered manager and seek advice and support if needed. A person's relative told us that if they had a concern they would, "Speak to the manager." A person's advocate told us that the registered manager had previously dealt with their concerns. They said, "She sorted it out." Staff felt supported by the registered manager and that they were approachable. One staff member said, "I feel supported. [Registered manager] is approachable. I get time to talk about me and my development." Another staff member said, "[Registered manager] is lovely. If you have a problem you come and talk to her and sort it out."

Staff were communicated with and their ideas and opinions were sought. One staff member told us, "The home is well led." The registered manager ensured staff meetings took place regularly. Staff and records confirmed this. During the meetings, the registered manager informed the staff team of any changes, new systems of working or updated them on policies and procedures. One staff member told us, "We have team meetings. The last one we had written feedback. We are such a small team we work with the same people all the time."

Staff had access to policies and procedures and understood how to follow them. The registered manager had ensured all staff had received the employee hand book. This was to make sure that staff were clear on their role and the expectation on them. It included the staff code of conduct and the confidentiality policy. One staff member told us, "I can always go higher, or go to social services. I have heard of whistleblowing." We saw that not all of the provider policies and procedures had been updated since the new provider had taken over the service. We asked them when they intended to have all policies reviewed and updated. They told us, that they had undertaken a review of all of the policies and updated them in line with current guidance. In order to do this they had enlisted the support of external professionals who had expertise in their field such as health and safety and human resources. These are in the process of being distributed to the registered manager at Ash Tree.

The registered manager had implemented systems to check the quality of the service provided and care delivered. This enabled them to identify any failings and ensure improvements could be made if required. All of the necessary health and safety checks were seen to be carried out in a periodic and timely manner. The registered manager showed us how they had made changes to some of the audits, such as checking medication systems, in a way that would make it clearer if action needed to be taken. The registered manager had asked external professionals to review processes and systems in the home to ensure that they were safe and in line with current guidance such as the way that medication was stored. They told us, "I don't mind people coming in a checking things because things change and I appreciate their input." This demonstrated that the registered manager was open to advice and there was a drive for continuous improvement.

There was an on-going programme of decoration and maintenance within the home. The kitchen had recently been refitted. Staff told us that this had made it more accessible to people and that they had been

involved in the decoration of it. The registered manager and a person supported by the service had identified other areas of the environment that would benefit from cosmetic work such as replacing damaged bathroom tiles. The registered manager told us that they would raise this with the provider.

The provider demonstrated that they were committed to providing a high quality level of care and that there was a drive for improvement. They told us that they intended to carry out three monthly internal audits of the service. The provider had contracted a social care consultant to carry out the audits. The intention was that the audits would result in a clear action plan, which would then be reviewed during six to eight weekly supervision meetings with the registered manager.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken. The registered manager had not informed us when DoLs applications had been granted. We pointed this out and they completed the appropriate notifications immediately.