

# Stepping Stone Independent Living Ltd

# Regis House

## Inspection report

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Rowley Regis  
West Midlands  
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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

About the service: Regis House is a residential care home that provides personal care and support for up to nine people. The service consists of two homes next to each other; seven people live in one home and two people live in the next-door property.

Regis House was registered before the publication of Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, we found that the service met these values.

People's experience of using this service:

People were protected from the risk of avoidable harm by staff who understood their responsibilities to identify and report any signs of potential abuse. We saw that concerns were taken seriously and investigated thoroughly to ensure lessons were learnt. Risks associated with people's care and support were managed safely. People received their medicines when needed and there were suitable arrangements in place in relation to the safe administration, recording and storage of medicines. There were enough suitably recruited staff to meet people's 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 were supported to have a varied and healthy diet and to access other professionals to maintain good health. Staff received training and support to meet the needs of people at the service and were supported and encouraged to develop their skills.

People were happy in the company of staff and had formed positive, caring relationships. Staff were kind and caring, understood how people communicated and supported them to make choices about their care. People's privacy and dignity were maintained.

People had care and support provided which met their preferences and were involved with activities that interested them. People knew how to raise a complaint and were confident their concern would be addressed. People were able to express their views about their future care.

There were suitable systems in place to assess, monitor and improve the quality and safety of the service. These were monitored by the registered manager to ensure any improvements needed were made in a timely way. The staff listened to the views of people using the service and their relatives to make improvements in areas such as the environment and activities.

Rating at last inspection: Good (last report published February 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 ●

# Regis House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector carried out this inspection.

#### Service and service type:

Regis House is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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:

This inspection was unannounced.

#### What we did:

Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We reviewed the provider information return (PIR). This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

We used a range of different methods to help us understand people's experiences. We spoke with six people about the support they received. We had discussions with four staff members and the registered manager. We reviewed care plans for three people to check they were accurate and up to date. We also looked at medicine administration records, accidents and incidents analysis, meetings minutes and quality audits.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service and we saw they were comfortable with staff.
- Staff knew the signs to look for that might mean a person was at risk of abuse. They knew how to report their concerns for investigation by the local safeguarding team.
- Staff received training and were confident about how they would report any concerns both internally to the service management and externally to local safeguarding authorities.

Assessing risk, safety monitoring and management

- People understood how to keep safe including how to act in the event of a fire. One person told us, "I wrote to the fire people and asked them to come and talk with us about how we should keep safe. They told us how to put out fires and how to look after ourselves. We got a certificate from them too."
- People had risk assessments in place which included information about how people were supported to stay safe, for example when going out. One person told us, "We often go out and catch the bus to different places. We know what number we have to catch, and we have everything organised before we go."
- Staff were confident they supported people safely, and that the risk assessments accurately reflected people's needs, and the way they should be supported.
- When people went on holiday, the staff researched the local area to ensure they knew the local places of interest and where to go in the event of any emergency.
- People had an emergency care plan with important information about them, for when they went to hospital.

Staffing and recruitment

- People felt there were enough staff who were available to meet their needs.
- We saw there were sufficient staff to keep people safe and to ensure they had opportunities to be involved in activities they were interested in.
- Where it had been identified that people had specific care needs and additional support was needed; they had individual support hours. One member of staff told us, "We only have a number of extra hours each day so we looked at the best times this could be used, to make sure they had these extra hours to suit them."
- Safe and effective recruitment practices were followed to help ensure staff were of good character, and physically and mentally fit for the roles they performed. These included satisfactory references and police checks to ensure new staff were suitable to work with people.

Using medicines safely

- People knew what their medicines were for and when they needed these and told us they received on time.

- There were safe systems in place for the storage, administration and disposal of medicines.
- Staff had received medicines training and competency assessments were completed to confirm staff had a good understanding.
- Where people were prescribed medicines to take 'as required'. There was guidance in place to support staff to know when this was needed.
- Care plans had information recorded about the level of support needed by people to take their medicines safely.

#### Preventing and controlling infection

- People helped to keep their home clean with staff support. The home was clean and free from any obvious risks associated with the spread of infection.
- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.
- The registered manager assessed infection control in the home and staff practices to ensure standards were maintained.

#### Learning lessons when things go wrong

- The registered manager took suitable actions following incidents and learning was shared with staff. One member of staff told us, "We have staff meetings and we look at any accidents that have happened and see if we could have done anything better."
- Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.

# 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

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's needs were assessed before they moved into the service to ensure they received the right care and support.
- The assessments took account of people's social and cultural needs and considered compatibility with other people using the service.

Staff support: induction, training, skills and experience

- When new staff started to work in the service they received an induction, training and support to enable them to carry out their roles effectively.
- Staff explained that new staff shadowed experienced staff until they, and the management team were satisfied they were sufficiently competent to work independently.
- Staff were satisfied with the training opportunities and one member of staff told us, "The last training I went on was to learn about protecting records and how to keep information safe. We have a lot of training opportunities here and we don't do any on line training her which is much better."
- There was a programme of staff supervision where staff received support and could discuss their professional development.

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

- People had choices over their meals and where they wanted to, they took part in meal preparation.
- Meals were planned with people who were involved in buying food and drink they wanted and needed for each meal.
- We saw there was a range of foods, snacks and fruit for people to choose from.
- Menu choices were offered in a pictorial format and staff were aware of any specific dietary needs.
- Where needed, people's weights were monitored, and staff explained that advice would be sought where there were any concerns.

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about their home and how it was designed and decorated.
- People chose how to decorate their bedroom and their personal belongings were on display. One person told us, "We get to talk about how everywhere is decorated."
- People had a key to their bedroom and to the front door of their home. One person told us. "Even when we go out with staff, I always open my door, as it's my home."

Supporting people to live healthier lives, access healthcare services and support



Staff working with other agencies to provide consistent, effective, timely care

- People had their healthcare needs met and support to attend regular health appointments including specialist support. One person told us, "If there are any problems, I can just give the doctor a call and I can go and visit them. I usually ask the staff with me for support."
- The care plans included information to ensure staff understood how to support people in line with national guidelines in relation to their healthcare. For example, there was guidance available for them to understand certain health conditions and the impact on people's lives.
- We saw some people needed specialist health care and staff were supporting them to receive treatment to improve the quality of their life.
- The staff knew people well and identified when people's needs changed and sought professional advice. One person told us, "We all have a key worker and mine helps me to look after myself."
- Staff and the management team worked in partnership with health and social care organisations and shared information about people, to ensure that the care and support provided was effective and in people's best interest.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met."
- People were encouraged to make decisions about their care and support and we saw they chose how to spend their time and staff respected their decisions.
- Where people lacked the capacity to make certain decisions, their capacity had been assessed. Where needed, staff had involved relevant people and professionals to help make decisions in their best interests. This included where people needed hospital care to stay well or improve their health.
- Staff recognised where people may be subject to restrictions and the relevant applications had been made to ensure any restrictions were lawful.

# 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

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 told us staff were kind and caring.
- We saw that the staff knew people well and they spent time speaking with people about their day and how they were.
- Social networks and friendships were supported and encouraged.
- People attended their preferred church and social groups. Staff knew which Church people preferred to attend and how they wanted practice their faith.

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

- People told us they felt listened to.
- People made choices about how they spent their time. We saw two people had expressed a wish to go out for dinner and this had been arranged.
- People told us they knew about their care plans and they could decide what care and support they needed.
- We saw people were treated with kindness and were positive about the staff's caring attitude.
- Each person had a keyworker to support them to make decisions and achieve their goals.
- People could have access to an advocate and would be supported to make decisions about their care and support. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- We saw that staff communicated well with people and treated them in a caring and respectful manner.
- Staff respected people's privacy and promoted their dignity. People had an intercom in their bedroom and used this to let staff know they were well. Staff told us people liked their privacy and spending time alone and this system allowed them to contact staff.
- We saw staff knocked on people's bedroom doors before entering and addressed people by their preferred names. Staff told us how they respected people's privacy when providing personal care.
- People had access to all communal areas of the home and we saw where people wanted anything to eat or drink, they made this independently and asked others if they wanted anything too.
- People were supported to maintain and develop relationships with those close to them. People told us friends and family members were welcome to visit anytime.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were knowledgeable about people and their support needs.
- Care plans contained detailed information about how to support people and what was important to them.
- The care plans were reviewed with people to ensure they continued to reflect that was important to them and how they wanted to be supported. One person told us, "Every month we talk about my care plan and if anything has changed." Another person told us, "The staff will help me to read it or I can ask them to read it out to me, so I know what it says."
- People were involved in activities that interested them and spoke enthusiastically about the places they visited and how they spent their time. One person told us, "We all like watching the soaps and loved it when we went to see Coronation Street." Another person told us they enjoyed going on holiday and was looking forward to planning their next holiday abroad and they liked going on planes. People told us they chose the staff they wanted to support them on holiday.
- People had a travel pass which enabled them to travel freely on public transport. One person told us, "We use this a lot. We like going to look around large churches and cathedrals."
- When people went out, they told us they were responsible for their personal money. One person told us, "We keep our money locked up but when we go out, it's up to us what we spend it on and I have my own purse to carry it in."
- People chose how to spend their time in their home and we saw people talking together, crocheting and watching personal electronic tablets. People told us they were happy that staff supported them to do the things they enjoyed.
- Where people needed documents in a different format, the staff told us this could be provided as they kept everything on the computer. One person had flash cards to help them to make decisions and let people know what they wanted and how they were feeling.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and people knew how to raise any concern. One person told us, "There is always room for improvement, but I can't think of anything they need to do here or what I could complain about."
- Resident meetings were held in the home and people told us staff reminded them of the importance of sharing anything they were worried about or if they were unhappy.

End of life care and support

- People were encouraged to discuss their future care arrangements and one person told us, "We talk about what we want when we are older and if we want to have a funeral and what songs we want."

- Where people had shared information about their future care, this was recorded in people's care plans.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People felt the service was well managed. People knew who the registered manager was and who they could talk to if they wanted to discuss something.
- The staff felt the registered manager and senior care staff were a positive example for them and they valued and felt listened to.

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

- Staff had clear lines of responsibility to effectively manage all aspects of the service.
- The registered manager completed checks on the quality of the service and how it was managed to ensure where improvements were needed; these were identified and acted upon. Quality audits were completed for reviewing the service including infection control, catering audit, health and safety, care plan reviewed, and reviewing risk assessments.
- The registered manager understood their role and informed us of significant events which occurred within the home.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We saw the rating from the last inspection was displayed in the home.
- The staff felt comfortable raising any issues of concern and were familiar with the service's whistleblowing procedure. Whistle blowing is a term used to describe the reporting of concerns about the care being provided by a person who works at the service. The staff felt confident to raise concerns and were confident these would be dealt with.
- The staff understood their role and felt they received the support they needed to develop their skills and understand how to support people.

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

- There were opportunities for people to share their views about the quality of the service provided. Staff attended monthly staff meetings to talk about the service, future improvements and developments, and any concerns.
- People attended resident meetings to hear and share their views about the service. We saw at the last meeting, people talked about keeping well, what activities they wanted to do and keeping their room tidy. People told us they could all have a say at these meetings and were happy with how they were conducted.

- Surveys were sent out quarterly to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided. People had surveys in an easy to read style and were asked to comment about the service provision, their home, decision making, religious and cultural views, and confidentiality. People could discuss their response with their key worker or use an advocate to support or to help to make decisions.
- Newsletters were completed for staff and people and recorded what activities people had been involved with, any birthdays and any changes with staff and reminders such as making sure people wash their hands and the importance of this.

#### Continuous learning and improving care

- Information from the quality checks, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improvements to the quality of care people received.
- There were internal systems in place to report accidents and incidents and the management team and staff investigated and reviewed incidents and accidents. The registered manager told us that following any incidents there would be a review where the staff involved were de-briefed on the incident. Where needed, the support plans would be updated and if needed new strategies introduced.

#### Working in partnership with others

- Staff worked in partnership with other agencies that included health professionals from different specialisms, for example, health professionals such as GPs.
- Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.