

Matthew & Michael Healthcare Ltd

Stepping Stones

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Stepping Stones is a residential care home that provides accommodation and personal care for up to fifteen people with a physical disability. Some people may also have some learning difficulties. The care home is located on one site but split across two bungalows and three self-contained flats.

The service was registered for the support of up to fifteen people. Fourteen people were using the service at the time of the inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. The thematic review looks in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers for improvement.

As part of the thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion, and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

The management of incidents was not always consistent. The provider had taken action to safeguard people when incidents/allegations had occurred, but had not in all cases informed other agencies in line with safeguarding procedures. This could mean that people would not be fully protected from the risk of harm/abuse. We found no evidence that people had been harmed and the provider responded promptly by liaising with the local authority in relation to gaps we found and by also reviewing their incident and reporting procedures.

We found improvements had been made in the overall running of the service and audits were more robust. However, they failed to pick up the issues we identified on inspection in relation to incidents. Improvements and processes to ensure people continued to receive a safe and good quality service needed further embedding. Improvements were still needed in relation to personalised care planning and the environment to ensure people's dignity and independence was maintained. The provider had an action plan in place to

address these areas and had shared this with us.

We found the overall culture of the service had improved. People, relatives and other agencies said people were more involved in decisions about their care, had more opportunities and their rights and independence were being promoted. The provider and registered manager understood their roles and responsibilities, and talked about improvement in staff training, recruitment, supervision and oversight to ensure improvements in culture and practice were embedded and sustained.

Healthcare professionals told us communication had improved and the culture of the service was more open and positive. People's health and dietary needs were understood and met.

People told us staff were caring and respected their privacy and independence. People said the overall care and support they received had improved since the last inspection and since the new registered manager had been appointed.

Improvements had been made to the environment and an action plan was in place for further improvement to bathrooms and accessibility.

Staff knew people well, and said they felt well supported by the registered manager and provider.

The registered manager had worked hard to address concerns raised at the previous inspection. They had developed good relationships with local professionals and attended a range of forums in relation to best practice and service improvement.

We saw lots of improvements since we last inspected six months ago. However, we did identify one new breach and one repeated breach of the regulations regarding safeguarding people and good governance. We made one recommendation in relation to the environment.

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 Inadequate (published 19 April 2019) As part of our enforcement action a condition was placed on the providers registration, which required them to send us monthly reports outlining the action taken and planned to meet the regulations and address the concerns found. At this inspection enough, improvement had not been made/sustained, and the provider was still in breach of regulations. The rating of the service for this inspection is requires improvement.

This service has been in Special Measures since April 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating and to follow up on action we told the provider to take at the last inspection.

Enforcement

We have identified breaches in relation to safeguarding people from abuse and improper treatment and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Stepping Stones

Detailed findings

Background to this 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

One inspector and an expert by experience undertook this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Stepping Stones is a residential care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Stepping Stones is located on one site in a small cul-de-sac off a quiet residential area of Plymouth. The accommodation is split across two bungalows (Bungalow one and six) and three separate self-contained flats. The bungalows both accommodate a maximum of six people living together and the flats are each self-contained for one person. All the people living at Stepping Stones had a physical disability. Some people also had needs in relation to their communication and sensory loss.

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 the inspection

We reviewed information we had received about the service since the last inspection. This included action plans required to be sent to us monthly since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in their 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. We used all of this information to plan our inspection.

During the inspection-

We spoke with 11 people who used the service, and observed the care and support being provided to people.

We spoke with the registered provider, registered manager, and eight members of the care team. This included the deputy manager, activities co-ordinator and support staff. We reviewed a range of records. This included five people's care records, medicines records, accident and incident reports and daily monitoring/communication books.

We reviewed two staff files, which included recruitment records, supervision notes and training certificates. A range of records were also reviewed relating to the running of the service, including policies and procedures, audits and training plans.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives and two professionals who regularly visit the service.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

- Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's risks were assessed and safely managed. Risks relating to people's behaviour, communication, health, continence and nutrition were documented and known by staff.
- Professional, family and advocates were involved in discussions about the safe management of risks associated with people's health, care and lifestyle.
- The registered manager was in the process of updating all care plans, which they said when completed would include updated and more personalised information regarding people's risks. The updated plans we saw contained good information and guidance relating to risk. One person's plan, which had not been updated, did not have sufficient information and guidance for staff regarding risks associated with their mental health. Staff we spoke with were aware of risks associated with this person's care and how they needed to be supported. The registered manager assured us they would update this person's records as a matter of priority.
- People told us they felt safe living at Stepping Stones. Relatives told us they felt many improvements had been made since the last inspection and they trusted their loved ones were safe.
- Where people exhibited behaviours that could place them or others at risk, they were supported safely without imposing unnecessary restrictions on them.
- Risk assessments relating to the environment were in place and precautions taken to minimise risks to people. For example, water temperature and fire safety equipment were checked regularly, and people had individual plans to help ensure they could be evacuated safely in the event of an emergency such as a fire.

Preventing and controlling infection

At our last inspection the provider had failed to provide people with an environment that was well-maintained, safe and hygienic. This was a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- At the last inspection we found parts of the home were not clean and hygienic. The provider had sent us a monthly action plan detailing the improvements they planned to make and by when.
- At this inspection we found the home was clean throughout and infection control procedures were understood and followed by staff.
- A cleaner had been employed and worked at the home on set days each week. This helped ensure standards of hygiene and cleanliness were maintained.
- Personal and protective equipment such as aprons and gloves were available for use when supporting people with personal care tasks.
- Staff had undertaken training in infection control and food hygiene.

Systems and processes to safeguard people from the risk of abuse. Learning lessons when things go wrong

- Incidents in the home where people had been placed at potential risk of harm and/or abuse had not in all cases been reported in line with safeguarding procedures. Records showed that although the registered manager and provider had taken action to safeguard people, the reporting of incidents to external agencies was not always consistent. For example, we saw some incidents had been reported to the local authority and others had not. This could mean that people would not be fully protected and safeguarded from potential harm and abuse.

Immediately following the inspection, the provider raised a safeguarding alert in relation to an incident they had investigated. The provider assured us that safeguarding, and the management and oversight of incidents would be reviewed to further ensure people were protected.

Systems and processes had not in all cases been followed effectively to fully protect people from the risk of harm/abuse. This is a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- All staff undertook training to help them recognise when people may be at risk of abuse and/or harm. All staff said they would not hesitate to report any signs of abuse and felt their concerns would be acted on promptly by the registered manager and provider.
- Following the last inspection an incident tracker system had been introduced to have oversight of any themes, trends or patterns. However, this had not always identified when incidents had not been reported to other agencies as required. Incidents were recorded, and an incident tracker system has been introduced to have oversight of any themes, trends or patterns. For example, staff presence and observations were increased in a part of the home due to an increase in incidents between people in this area.

Staffing and recruitment

- There were enough staff to support people according to their needs. Some people required a high staffing ratio to support their needs. For example, one person needed one to one staffing when they had their meals and some other people needed two staff to help them transfer or to assist with personal care. We saw these staffing levels were in place.
- Staff said recent changes to the way staffing was organised allowed staff more time to spend with people and to go out doing the things people wanted.
- The registered manager used a dependency tool to work out how many staff were needed, and staffing levels were regularly reviewed.
- People's views on their own staffing arrangements were listened to and respected. For example, one person had chosen who they wanted to support them, and others had expressed a wish to be supported by

male or female staff.

- The provider had a recruitment policy. A robust system was followed to help ensure staff employed were suitable to work in the service. Records confirmed a range of checks including references, disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work in the service.
- People had been involved in the recruitment process. For example, prospective staff met with people prior to their interview, and people were supported to consider questions they would like to ask them. The registered manager said people's views and feedback had been taken into account as part of the selection process.

Using medicines safely

- At the last inspection we had made a recommendation that the provider considers current guidance in relation to PRN (As required) medicines and self-medication. At this inspection we found action had been taken. PRN protocols were in place and people were being supported to be involved in the management of medicines.
- Medicines were stored, recorded and administered safely. Medicines Administration Records (MARS) were completed in line with best practice.
- People were encouraged to be involved in the management of their medicines, by having their own individual medicines storage.
- People had support plans, which described how they wanted and needed their medicines to be administered.
- The registered manager had sought advice from the local authority medicines optimization team and local pharmacy to help ensure best practice.
- People had reviews of their medicines, and external advice was sought from GP's and other healthcare professionals when needed.
- Staff were trained in the management of medicines and had their competency regularly checked.
- Staff were able to describe the action they would take if a medicines error occurred.

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 Inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last inspection we found the provider had failed to maintain an environment that promoted people's independence and dignity. This was a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15. Improvements had been made to the environment during the six months since we last inspected. Parts of the environment still needed improvement and the provider had an improvement plan in place which had been shared with us.

- Access was not sufficient to enable people to mobilise around their home safely and independently. Doors to bedrooms, bathrooms and communal areas were heavy and people who required wheelchairs to mobilise struggled to open doors without support. The providers action plan included an action to address this, and we were told quotes had been raised for a rolling programme of replacement doors.
- People, relatives and other agencies said there had been much improvement in the standard of the environment since the last inspection.
- Maintenance staff had been employed, which the registered manager said helped ensure any work or repairs needed could be addressed promptly.
- Entrances to the home and communal hallways had been re-decorated, creating a more homely and welcoming environment for people and visitors.
- A programme of re-decoration was in place for people's bedrooms. Areas of damp and immediate concerns relating to people's bedrooms highlighted at the last inspection had been addressed.
- Grab rails in communal bathrooms, which we found to be rusty and unsafe at the last inspection had been replaced. One of the communal shower rooms still had some damp areas, which the registered manager told us was being addressed.
- The garden area had been cleared and provided a more attractive outdoor space for people.

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

At the last inspection consent to care and treatment had not in all cases been sought in line with legislation and guidance. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. 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, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At this inspection we found the service was working within the principles of the MCA.
- Staff had a good understanding of consent and we saw them asking people for their consent before providing support.
- Where people were unable to consent to receive care and support, capacity assessments had been undertaken and best interest decisions made on people's behalf.
- Where restrictions had been placed on people's liberty to keep them safe, authorisation had been applied for, and kept under review.
- People told us their views and consent were sought in relation to aspects of their care. One person said, "Things are so much better now, we manage our finances in the way we choose to now, we have so much more freedom and choice".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
Supporting people to live healthier lives, access healthcare services and support

At the previous inspection the planning and delivery of care in relation to people's health was not personalised and did not always reflect their assessed and individual needs. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans were in the process of being reviewed and of the updated care plans we looked at detailed guidance was available regarding people's health and daily support needs.
- People's care was planned and delivered in line with their individual assessments, which were reviewed regularly or when needs changed.
- People, relatives and other agencies said communication had improved and they had greater confidence in the management and staff's ability to meet people's on-going and changing health needs.
- Good communication between care staff meant people's needs were well known and understood within the team.
- People had hospital passports, which helped ensure their needs were known and understood should they require an admission to hospital.
- When people were admitted to hospital staff supported them and their families to help ensure the stay was as comfortable as possible.
- People had routine health checks for example, eye tests, dental care and annual reviews with their doctor.

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

- At the previous inspection concerns were raised by other agencies that guidelines had not always been followed by staff and care was not always consistent. At this inspection we were told by other agencies that since the new registered manager had started in post communication and consistency of care had improved.
- The registered manager had worked hard to build relationships with other agencies, including the local authority and health care professionals. Reviews with healthcare professionals had been arranged and multi- disciplinary meetings held to discuss people's particular needs in relation to their health, behaviour and well- being.

Staff support: induction, training, skills and experience

- Staff received support in their role, by way of supervision, staff meetings and training. All staff said they felt well supported by their colleagues, the registered manager and the provider.
- New staff undertook an induction programme, which included a period of shadowing more experienced staff before working unsupervised.
- Staff new to care were required to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards, which staff complete during their induction.
- Since the last inspection the registered manager had reviewed and developed the staff training programme. All staff said they had opportunities to attend training relevant to their role and needs of people they supported. Comments included, "The training is brilliant, we have recently had fire safety, first aid, health and safety and enema training."

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

- People were encouraged to eat a balanced and healthy diet. One person said, "No problems with the food, I have my healthy bars, and I drink lots of strawberry water, I am watching what I eat and my weight, so I choose what I want to have".
- People were supported to help plan, buy and prepare their meals. The communal kitchen areas and self-contained flats had facilities for people to partake in the preparation of meals, snacks and drinks.
- We saw fresh fruit and drinks were available for people to help themselves to throughout the day. People went freely to the kitchen areas to make snacks and hot drinks.
- Due to the size of the service, staff knew people's likes and dislikes. This information was also documented. A menu and photos of meals were shown to people to help them choose what they might like to eat. On the day of the inspection one of the senior staff sat with people to chat about and plan the meals for the week.
- People's nutritional risk and weight was monitored. Referrals were made promptly when people's needs changed for example, if they gained/lost weight or their health declined.
- Some people had risks in relation to eating, for example risk of choking. Records provided clear instructions for staff about how to support people during mealtimes and we saw these guidelines were understood and followed.

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 Requires Improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence. Ensuring people are well treated and supported; respecting equality and diversity

At the previous inspection the environment, practices and culture did not always promote people's privacy, dignity, and independence. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10. We found the culture in the service had improved and people's dignity and independence were being promoted. However, these improvements were on-going, and needed to be fully implemented and embedded into the overall running and culture of the service.

- People said the way they were treated had significantly improved since the last inspection and since the new registered manager was in post.
- Relatives said they felt their loved ones were well cared for and also said care had improved. One relative said, "When we suffered a loss in the family the staff went over and above to support us and [person's name]".
- Staff interactions we observed were kind, and staff were gentle and used humour and understanding of individuals to engage people in daily activities and support. We heard plenty of friendly conversation and laughter in the communal areas and as people were supported. All staff spoke in a caring and compassionate way about the people they supported.
- People were supported to be independent and to develop their skills where possible. We saw staff encouraging people to make their own drinks and to do tasks for themselves when possible.
- Changes had been made to the environment and were on-going to ensure people's dignity, privacy and independence was maintained. For example, people now had their medicines administered privately in their bedrooms. The general décor of the home reflected the age and needs of people being supported. It was noted that the communal bathrooms did not have a place for people to change when they had received personal care. This meant people may have to be supported back through the communal areas to get dressed. The registered manager said they recognised this needed to be improved and had formed part of their on-going improvement plan.

We recommend the provider seeks guidance in relation to the environment and providing facilities that promote people's on-going dignity and independence.

- People said that staff respected their privacy. Comments included, "The staff always knock on my door and

yes, they know I like to have a lie in and respect that".

- The registered manager and provider recognised improvements in the culture of the service still needed to be embedded and sustained. This was evident in the discussions we had regarding staffing, recruitment and on-going training.
- At the previous inspection information about people's religious and cultural needs had not been documented. The provider had appointed an activities coordinator who was now gathering this information. Links had been made with local community groups and a local church was visiting and meeting with people to offer any pastoral support.
- Staff had undertaken training on equality and diversity and staff demonstrated respect and understanding for the people living at Stepping Stones and their diverse needs. For example, staff spoke respectfully about one person's needs in relation to their behaviour and recognised how their past may have had an influence on how they behaved now.

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

At the previous inspection people's decisions and preferences had not always been taken into account in the planning and delivery of care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People and their relatives said they felt more involved in decisions about their care. One person said, "I feel more listened to, it was a problem before." A relative said, "I don't really know what has happened, but suddenly [person's name] has a voice".
- The registered manager said they believed the culture of the service was continuing to change and improve and people had more of a voice than they may have had in the past. We observed this change during the inspection. People told us they were doing more, were more independent and were thinking more about things they may like to do in the future.
- People who were able to participate in the planning and review of their care met with staff to discuss their needs and any changes they wished to make.
- The registered manager and staff met regularly with relatives and liaised with other agencies when people were unable to partake in reviews and planning of their care.
- People said the registered manager and staff frequently asked them if they were happy with their care and if there was anything they wanted to discuss or change.

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 Requires Improvement. At this inspection this key question has now improved to requires improvement. This meant people's needs were not always met.

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

At the previous inspection care and treatment was not in all cases personalised and did not always take into account people's preferences and wishes. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. Although staff had a good understanding of people's needs and how they preferred to be supported some people's care records still needed updating to ensure care remained consistent. We found overall people's care was more personalised and responsive to their needs. However, these improvements were on-going, and needed to be fully implemented and embedded into the overall running and culture of the service.

- Since the last inspection the registered manager had started to update people's care records. The provider had sent us a monthly action plan detailing their improvements and timescales. At this inspection we saw five of 14 people's plans had been updated onto a new electronic recording system. The five updated plans included detailed and personalised information about their care. The care records for the other nine people were still in an old format and did not in all cases include information about how people chose and preferred to be supported.
- We discussed these gaps and the plan to update records with the registered manager. They responded promptly and updated care records where we had pointed out gaps, or where information was not personalised. We were told the plan to complete the updating of all care records would be completed as a matter of priority.
- Staff we spoke with knew people well and were familiar with their daily routines and preferences. For example, staff told us when people preferred to get up and go to bed and if people preferred a shower or a bath. This information reflected what people told us about their care.
- People said they felt their care arrangements were more personalised and delivered in a way they wanted and preferred. One person said they were now able to manage their own money and had not been able to do so in the past, they said "They used to look after my money like everyone else's even though I could do it myself. Now I manage my money independently".
- Relatives and other agencies said the care provided at Stepping Stones was more personalised since the new registered manager had been in post. They said they felt staff had a better understanding about people's needs and how care should be delivered.

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.

- Staff had a good understanding about how people communicated and used this knowledge to support people to make choices and have control over their care and lifestyle.
- Some people were unable to communicate verbally, or had other communication needs due to their sensory loss and/or learning disability. We saw some people were supported to communicate using signs, pictures and symbols. One person preferred to communicate by writing down their thoughts and requests and were provided with the tools they needed. Another person used an electronic device to communicate and their care plan advised staff about the setting needed to ensure they could see and read the information.

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 and relatives told us there were now more opportunities for people to go out and to occupy their time.
- An activities coordinator had been appointed and had been supporting people to access the community more frequently and to pursue particular interests and hobbies. They told us, "People can do whatever they want, anything is possible".
- People were able to occupy their time when they stayed at home. We saw people relaxing in their rooms, watching television and listening to music. There were plenty of items available, such as craft items, books and magazines. During the inspection some people went out to organised activities and to local shops and cafes. Others spent time with staff doing craft activities and were pleased to show us what they had made.
- The planning and organisation of staff was more personalised, and supported people's social needs. Comments from staff included, "The hours we work now means we can stay out all day with a person and complete a full activity rather than coming back half way through", and "People go out more now, to the pub, to do their own shopping".
- People were supported to pursue their particular interests. One person had a long-standing passion for a local football team. Their room was decorated in the team's colours and staff said they never missed a match.
- People had enjoyed holidays with family and others in the home. Some people were in the process of planning future holidays.
- People were supported and encouraged to maintain relationships with friends and family. A relative said, "We are always made to feel welcome, and they support any arrangements for visits".

Improving care quality in response to complaints or concerns

- The provider had a written complaints procedure, which was available in a range of formats for people, relatives and other agencies to use.
- Not everyone living at the home had the capacity to understand or raise concerns/complaints independently. The registered manager and staff said they checked regularly if people were happy with their care by observing body language, meeting and chatting with people informally and getting feedback from others that knew people well.
- Relatives told us that since the new registered manager had been in post they felt more confident that any concerns would be listened to and acted on promptly.

End of life care and support

- At the time of the inspection there was no one at the service receiving end of life care.

- People's end of life wishes were being sought and documented as part of the providers on-going review of people's care records.
- Relatives said management and staff had provided thoughtful care and compassion when they had lost a loved one within their family. They said this compassion had been extended to all family members, which had impacted positively on their loved one living at Stepping Stones.

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 Inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. We saw improvement in several areas over the six-month period since the last inspection, but further improvement was required, and the timeframe did not allow for sustained improvement to be evidenced.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

At the previous inspection the lack of robust quality assurance meant people were at risk of receiving poor quality care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We found improvements had been made in the overall running of the service and audits were more robust. However, they failed to pick up the issues we identified during this inspection. Systems and processes needed further embedding to ensure improvements were sustained. Improvements were still needed in relation to personalised care planning and the environment to ensure people's dignity and independence was maintained.
- We found some inconsistencies in the management and reporting of incidents, when people had been placed at potential risk of harm. Although the provider had taken action to safeguard people this had not always been done in line with safeguarding procedures and did not allow for other agencies to make decisions on the action and outcomes. The provider had not in all cases identified these discrepancies as part of the quality monitoring and oversight of the service.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to ensure correct procedures were followed when incidents of potential harm occurred. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed reports had been sent to the local authority and the Commission regarding incidents where people may have been placed at harm and advice sought regarding appropriate reporting procedures. This is a legal requirement under the regulations.

- A registered manager had been appointed and had full oversight of the day to day running of the service. People, relatives and other agencies spoke positively about the registered manager. Comments included, "The environment is so much better", "people are doing so much more" and "The registered manager and provider are always around and checking everything is as it should be".
- Following the last inspection, the provider sent monthly reports to the Commission detailing their plan to improve the quality of care and meet the regulations. The registered manager had liaised with a range of external agencies to ensure people's care was being delivered in line with best practice and attended a range of external forums in relation to service improvement and best practice.
- We found improvements had been made to the environment and checks were in place to help ensure an appropriate standard was maintained. Improvement was on-going, and the provider had an action plan in place, which included further refurbishment of communal bathrooms and replacement of doors. These improvements would further ensure people lived in an environment that met their needs and promoted their dignity and independence.
- The provider now visited the service on a regular basis. During these visits the provider met with people, staff and management. They undertook regular quality audits and had oversight of the service improvement plan.

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

- At the last inspection concerns were highlighted about the culture of the service, and a failure to consistently promote the principles of choice, independence and inclusion. At this inspection we found improvements had been made. However, the short time frame since the last inspection did not allow for sustained improvement to be fully evidenced.
- People and relatives did tell us the care people received had improved and that people had more opportunities, choice and freedom. Comments from relatives included, "We can see a difference [person's name] has been here 20 years, it is the best it has ever been".
- Other agencies who had supported people in the service were also positive about the improvements and change in culture. Comments were made about the positive influence the new registered manager had on the overall culture of the service and the improved experiences and outcomes for people. Other agencies did comment that these improvements were "Quite recent" and needed to be sustained across the whole service to further ensure people received safe and consistent care.
- Staff spoke positively about the improvements in the service and used the terms "Person-centred" "People's rights" and "choice and independence" when describing people's care.
- The provider and registered manager understood their roles and responsibilities, and talked about improvement in staff training, recruitment, supervision and oversight to ensure improvements in culture and practice were embedded and sustained.

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

- People told us they were more involved in issues relating to their care and lifestyle.
- Relatives said they felt people had more of a voice and were listened to. One relative said, "[person's name] used to apologise frequently. They don't do that as much anymore and seem to realise it is their home, and their choice."
- People were more involved in decisions about the service. For example, people were involved in the recruitment of staff and their views helped influenced who was appointed.
- People's equality characteristics were considered in the planning and delivery of care. Staff undertook equality and diversity training and spoke respectfully about people's differences.
- The provider had used surveys to engage people, relatives and other agencies about the quality of the service.

Continuous learning and improving care

- The provider and registered manager showed through improvements that had been made they had learned from the last inspection. Action plans were in place for further improvement.
- The provider and registered manager responded promptly to address any issues raised at this inspection.
- The registered manager demonstrated a commitment to embed and sustain improvements in the overall culture and quality of the service.

Working in partnership with others

- Following the last inspection, the registered manager had received support from local agencies, including social services to address concern and to make the required improvements. Other agencies had fed back that the registered manager had been very pro-active in seeking support and ensuring people received the best and appropriate care. This included liaising with the local medicines optimization team to ensure people's medicines were administered safely and, in the way, they needed.
- The registered manager had requested reviews of people's care arrangements and liaised with a range of health and social care professionals to ensure people's needs were being met effectively by the service and others.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to follow systems to ensure people were protected from the risks of harm and/or abuse. Reports had not been made to external agencies and ensure appropriate safeguarding procedures were followed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality monitoring systems had not identified when processes had not been followed to safeguard people from potential harm/abuse.</p>