

Steppn-Stone Limited

Steppn-Stone Limited

Inspection report

207 Sherwood Avenue
Kingsthorpe
Northampton
NN2 8TB

Tel: 07846324245

Date of inspection visit:
20 August 2018
21 August 2018

Date of publication:
02 November 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 20 and 21 August 2018. We visited the service on the 20 August. We spoke with the relative of a person using the service on the telephone on the 21 August.

This was the first comprehensive inspection of the service since it was registered with the Care Quality Commission (CQC).

The service provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. People currently using the service lived in a single 'house in multi-occupation' that could be shared by three people. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities.

At the time of our inspection, there were two people in receipt of personal care support. The service provides support to adults with learning disabilities.

Not everyone using Steppn-Stone Limited may receive regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post, they were also the provider. 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.

Improvements were required to the systems in place to ensure the effective governance and management of the service. The provider had not ensured that the necessary documentation was in place to provide staff with information on environmental risks that may be present. Audits had not identified gaps in the recording of medicines administered to people. Records relating to medicines stock levels were incomplete and did not allow this aspect of medicines to be audited effectively.

People told us that they felt comfortable and safe with staff. Relatives agreed their family members were supported in a safe way by the staff who were allocated to provide their support. Staff understood their responsibilities to keep people safe from harm and to report potential risks to their safety.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Staffing levels ensured that people's care and support needs were safely met.

The provider worked with other organisations to ensure that people received coordinated and person-centred care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were involved in their own care planning and were able to contribute to the way in which they were supported. Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

Staff induction training and on-going training was provided to ensure that staff had the skills, knowledge and support they needed to perform their roles. Staff were well supported by the provider and had regular supervision meetings.

Staff told us they had the appropriate personal protective equipment to perform their roles safely. Staff supported people in a way which prevented the spread of infection.

The provider had a process in place which ensured people could raise any complaints or concerns.

There were arrangements in place for the provider to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Improvements were required to ensure that arrangements were in place to mitigate environmental risks.

Improvements were required to the recording of people's medicines.

Staff understood their responsibility to safeguard people.

There were sufficient staff to meet people's needs.

Is the service effective?

Good 

The service was effective.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People received support from staff that had the skills and experience to meet their needs and who received regular supervision and support.

People were encouraged to eat a healthy balanced diet and their health care needs were regularly monitored.

Is the service caring?

Good 

The service was caring.

Positive relationships had developed between people and staff. People were treated with kindness and respect.

Staff maintained people's privacy and dignity.

People were involved in making decisions about their care and support.

Is the service responsive?

Good 

The service was responsive.

People's care was personalised and responsive to their needs and choices.

People were encouraged to maintain their interests and enjoyed many varied activities.

People were aware that they could raise a concern about their care and there was information available on how to make a complaint.

Is the service well-led?

The service was not always well-led.

The provider had not ensured that all the necessary systems were in place to ensure people's support was provided safely.

A registered manager was in post, they were also the provider and they were active and visible in the service.

Staff were aware of the vision and values of the service and were committed to working to these.

Requires Improvement 

Steppn-Stone Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on the 20 and 21 August 2018 and was unannounced. We visited the office location and house where people lived to meet people, the registered manager and staff on the 20 August. We spoke with the relative of a person using the service on the telephone on the 21 August.

The inspection was undertaken by one inspector and one assistant inspector.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

We reviewed the information we held about the service, including information sent to us by other agencies, such as Healthwatch; an independent consumer champion for people who use health and social care services. We also contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people.

During this inspection, we spoke with one person who used the service and the relative of a person who was unable to speak with us. We spoke with three members of staff, including the provider and support staff. We looked at records relating to the personal care and support of two people using the service. We also looked at three staff recruitment records and other information related to the management oversight and governance of the service. This included quality assurance checks, staff training and supervision information, staffing rotas and the arrangements for managing complaints.

Is the service safe?

Our findings

There was a system in place to manage the administration of people's medicines. However, we found that medicine administration record sheets (MARS) were not consistently being completed in line with current guidance. For example, codes had not been used to indicate when staff were not able to administer people's medicines because they had been admitted to hospital. There were also gaps in records of prescribed creams that had been administered to some people. We also found that improvements were required to the recording of stock levels of medicines held for people. The procedure in place to record stock levels of medicines was unclear and had not been consistently implemented; meaning there was no clear record of the medicine quantities held.

We discussed these concerns with the provider, who agreed to undertake a review of medicines procedures to ensure that there are sufficient measures and checks in place to monitor the quality and consistency of medicines records and stock. Prior to the inspection they had recognised that improvements were required to medicines systems and had recently sourced a new pharmacy service to support their medicines management; this was scheduled to begin soon after the inspection. All staff received training in the administration of medicines and had regular checks of their competency to administer medicines; training was refreshed annually.

Improvements were required to the measures in place to assess the safety of people's home environment and to ensure food safety requirements were complied with. The provider had not carried out risk assessments of environmental hazards in people's homes. There was a risk that hazards would not be recognised or addressed. We saw that some areas of flooring in the kitchen had lifted, which could pose a tripping hazard to people and staff. We discussed our concerns with the provider who agreed to carry out the required risk assessments and take action to address the lifted areas of flooring.

Appropriate action had been taken to manage people's individual risks. The service supported people with learning disabilities, autism and mental health needs who may at times display behaviours of concern. Staff were knowledgeable about people and were able to identify when people may feel anxious and therefore more likely to display behaviours that may challenge. People had risk assessments in place for all areas of their lives and these were focussed on supporting people to be as independent as possible. For example, we saw risk assessments and risk management plans that provided staff with comprehensive information on how to support people to manage risks posed by their behaviour, medicines and when out in the community.

People and their relatives told us they felt safe with the staff who supported them. One person nodded and responded positively when asked if they were happy with how staff supported them. Another person's relative said, "Yes, I think [family member] is safe." Our observations were that people were relaxed and comfortable in the presence of staff.

People were protected from avoidable harm and abuse because staff understood the possible signs of abuse and knew how to report any concerns. The staff we spoke with had a good understanding of

safeguarding procedures. One member of staff said, "I would report to the [provider] or [use] whistleblowing to go beyond the company and [provider]". Staff told us and records demonstrated that regular training was provided in safeguarding.

People were safeguarded against the risk of being cared for by unsuitable staff because there were safe recruitment practices in place. All staff had been checked for any criminal convictions and employment references had been gained before they started work. Recruitment files contained the necessary employment checks, for example, criminal record checks and references.

There were enough staff to meet people's needs as staff were specifically allocated to people based on the support they required. The staff we spoke with all felt that enough staff were available to make sure people got the support they needed. Rotas we looked at confirmed that staffing was consistent and people's needs were being met. Our observations during the inspection were that people were safely supported by the correct amount of staff to meet their assessed needs.

There were processes in place to ensure that accidents and incidents were recorded and reported to the provider and outside agencies as necessary. All staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made. Staff we spoke with confirmed that any issues were discussed with the team, usually at team meetings or during one to one supervision. One member of staff said, "All incident reports are checked by [provider] and we discuss them to see how we can prevent it from happening again." Where people had been involved in an incident related to their behaviour, these were recorded and reviewed to agree whether any changes were required to their support.

People were protected by the prevention and control of infection. Staff we spoke with were aware of the principles of infection control, they told us that they washed their hands and wore disposable gloves and aprons when providing personal care. Staff received regular training in infection control.

Is the service effective?

Our findings

People's needs were assessed to ensure that the service could provide them with effective support. One person's relative told us, "We were all involved in the assessment and given information about the place." The assessment covered people's physical, mental health and social care preferences to ensure the service was able to meet their needs. The provider encouraged the involvement of the person, their relatives, people who knew the person well and any health or social care professionals if appropriate in the assessment.

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. One member of staff said, "I've done training for working with people with learning disabilities and autism as well as things like safeguarding and health and safety."

Staff told us they were well supported when they first started working at the service and had completed an induction. They told us they worked alongside an experienced staff member until they were confident to work unsupervised; records reflected this. Newly recruited staff completed the Care Certificate, which covers the fundamental standards expected of staff working in care.

Staff had received on-going training to enable them to confidently and competently support people. Staff training was relevant to their role and equipped them with the skills they needed to support people appropriately. There was a range of basic mandatory training as well as more specific training based on the needs of the people supported by the service; for example, training in supporting people whose behaviour may challenge the service.

Staff told us they received regular supervision and were happy with the level of support available to them. One staff member commented, "We have supervision with [provider] regularly. It is helpful, we get good understanding from [provider], she is very experienced and can break things down into a way you can understand." Records showed staff received regular formal supervision and that the provider often worked alongside staff; they told us that they used this as an opportunity to monitor staff performance.

People were supported to eat and drink and maintain a healthy balanced diet. People were supported to do their own food shopping and choose their meals. Staff understood the importance of encouraging people to make healthy choices.

People were supported to prepare their own food to develop their skills. We observed people being supported by staff to cook their meals during the inspection. People's care plans described how they were supported to make their own food choices. There was guidance for staff in relation to people's dietary needs, likes, dislikes and preferences. For example, one person's care plan described how they preferred food that was cooked in the tradition of a particular nationality and referred staff to cook books that would assist them in this.

The service worked and communicated with other agencies and staff to enable consistent and person-

centred care. People had input from other professionals as needed to monitor and contribute to their on-going support. The provider had detailed knowledge of how to work in partnership with funding authorities to adjust the support provided if people's needs had changed.

People had access to the health care support they needed. Care plans included detailed information about people's health requirements. However, people's individual records would benefit from more detail regarding the input from health professionals. People were supported to attend appropriate health screening appointments, one person's relative told us that they were impressed that the provider had supported their family member to attend a type of health screening that they had previously found difficult to cope with. We saw that people were supported to access health care support promptly when needed, for example the doctor and dentist. Staff had up to date knowledge of people's health requirements and the input they were receiving.

People's support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The provider had a good understanding of the principles of the MCA and when to make a Deprivation of Liberty Safeguards application (DoLS). Staff explained they always sought people's consent before providing any care or support and our observations confirmed this.

Is the service caring?

Our findings

Staff treated people with kindness, respect and compassion. We observed good interactions between the people and staff, and people appeared comfortable in the company of staff. People's relatives told us that their family members had positive relationships with staff and the provider. The relative of one person who had difficulty communicating with others told us, "[Provider] talks to [family member] all the time, I think she's really good."

People were supported to maintain their relationships with the people who were important to them. One person's relative told us that staff regularly supported their family member to meet them in town so that they could spend time together.

Staff spoke of people they supported in a caring and compassionate way. They were able to demonstrate their knowledge of people and tell us what was important to people, their likes and dislikes and the support they required. Staff told us that they were encouraged to consider people's emotional needs and get to know people well, so that people benefitted from continuity and the relationships they had built with the staff that provided their support. One member of staff said, "We use positive thinking cards on a regular basis with [person's name], they are good for promoting their self-esteem." Positive thinking cards contain phrases that promote feelings of self-worth.

People were actively involved in making decisions about their support and were involved in the initial assessment of their needs and in developing and reviewing their support plans. Support plans were person centred and written to give staff guidance on how people wanted their support to be delivered. For example, one person's support plan identified that they only wished to receive support from female staff, we saw that this was followed in practice. People had signed their support plans to demonstrate their involvement and agreement with the information they contained.

The service could source information for people should they wish to use an advocate and advocacy information was available to people. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to make their needs and choices known.

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs, their personal preferences and choices. Support plans contained information regarding people's cultural and religious needs. Staff were aware of this information and told us how they supported one person to attend a religious service as this was something they gained comfort from. We saw in another person's care plan that staff had recorded how their religious beliefs affected their diet. The provider had sourced detailed information to guide staff in how to provide the person's support in a way that was appropriate to their religious beliefs.

Staff encouraged people to maintain their independence and offered support and encouragement when needed. One member of staff said, "We try to give [person's name] a sense of independence and encourage them to be more independent. For example, when we're cooking their meal we get them to do as much as

they can."

Staff understood the importance of respecting people's privacy and dignity when providing people's support. We saw that staff interacted with people in a respectful manner and staff were able to describe how they upheld people's dignity when supporting them with personal care. One member of staff said, "I always let [person's name] know what I am about to do and ask their permission and I always knock on the door of their room and wait before going in."

At the time of inspection confidential information regarding people's care was not stored securely. Some records that were completed by staff on an ongoing basis were kept in a communal area. The provider explained that as people received one to one support, staff were always present when people were in this area and were able to ensure the confidentiality of this information. We raised our concerns with the provider that these measures were not sufficiently robust. The provider took immediate action and has arranged for this information to be stored in a lockable filing cabinet.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs and staff were committed to providing individualised support. One member of staff said, "We use lots of positive thinking and encouragement. [Person's name] tends to forget things so we use a diary and go through this with them at the beginning of the day, so they know what is planned."

Care planning was personalised to people's needs. Care plans that we looked at showed us people were involved in deciding how their support would be provided, and that their choices, likes and dislikes were clearly outlined for staff to follow. The information in people's care plans guided staff to respond to each person in a way that they were comfortable with.

Each person had a detailed positive behaviour support plan that recorded possible triggers for behaviour of concern and described how this should be responded to. Reviews and updates to care plans took place, with the involvement of people as and when their needs had changed. This ensured people consistently received appropriate care and support.

Staff were made aware of any changes to people's care needs through regular handover of information meetings, during which, changes to people's care needs were discussed and staff updated. Staff used the information they received at handover to ensure that people received the care and support they required.

Staff supported people with a wide variety of social activities. One person told us, "I go to the cinema, ten pin bowling, trampolining, go into town, I've been to McDonald's and I do my own food shopping with staff." Another person's relative said "[Provider's] taken [person's name] to church and they do yoga." The provider had also supported people to go on holidays and at the time of inspection was asking people if they would like to go abroad for their next holiday.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. We saw a range of information in different formats; for example, people's tenancy agreements were in a pictorial format.

Care plans were designed to meet people's information and communication needs. We saw that social stories had been developed for people to support their understanding of their care needs and the support they required. Social stories are a tool to help individuals on the autism spectrum better understand communication, interpersonal skills and processes.

People and their relatives were encouraged to raise any concerns or complaints. People and their relatives said that they would speak to the provider if they had any complaints. We saw that there was a clear

complaints policy and procedure in place.

The service did not routinely support people with end of life care; but systems were in place to support people with decisions in this area should they need to.

Is the service well-led?

Our findings

Improvements were required to the systems in place to ensure the effective governance of the service.

The provider had not recognised that environmental risk assessments should be carried out to ensure that any risks in a person's home environment were minimised. They had not considered that environmental risks could impact on the safety of staff and the safety of the support provided to people.

Staff carried out audits to monitor quality and safety, however, these were not always effective in identifying shortfalls and driving improvements. Medicines audits had not identified that improvements were required to medicines record keeping. Improvements were also required to the recording of stock levels of medicines to ensure that staff had access to accurate, up to date information regarding the amount of medicines that were held for people.

These concerns were discussed with the provider during the inspection. They agreed to take action to rectify the concerns identified.

A registered manager was in post, they were also the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider was committed to developing the service and passionate about the support provided to people. However, the provider was allocated to provide people's direct support on a regular basis and was working a high number of hours. They had a plan in place to develop staffing at the service and recognised that as the service grew they would need to review this arrangement to ensure sufficient oversight was in place.

We saw that the atmosphere within the service was positive and friendly. The provider had a good knowledge of the quality of the care and support people received. People and their relatives told us that they regularly saw the provider. One person's relative said, "[Provider] is very nice."

Staff told us that the provider was approachable and supportive and had a good awareness of all aspects of the running of the service. One member of staff said, "There is a sense of teamwork here. [Provider] is very hands on...they are very clear that things have to be done properly." Another member of staff said, "[Provider] works alongside staff...[I] feel very valued." Regular staff meetings were in place to provide staff with the opportunity to be involved in the running of the service. We saw minutes of meetings where discussions had taken place around people's wellbeing, training and supervision and staff roles. The actions from the previous meeting were followed up and any outstanding actions addressed.

At the time of inspection, the provider was planning a survey of people's views. We saw that they had devised pictorial survey forms to enable people to more easily provide their opinion of the service.

The service worked in partnership with other agencies in an open honest and transparent way. The provider shared information as appropriate with health and social care professionals; for example, social workers and health care professionals involved in commissioning care on behalf of people.