

Stepping Stone Independent Living Ltd

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Inspection report

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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 inspection took place on 22 and 23 August 2017. It was an announced visit to the service.

Stepping Stone Independent Living Ltd provides personal care support to people with a learning disability in a supported living environment. At the time of our inspection 10 people were being supported across two supported living schemes in High Wycombe.

We previously inspected the service on 1, 3 and 5 February 2016. At that inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service did not ensure it had robust recruitment processes in place and staff were not supported in their role. At this inspection we found improvements had been made to recruitment practices and staff were routinely supported by the registered and deputy manager.

At the previous inspection we found the service did not always follow the core principles of the Mental Capacity Act 2005 (MCA). At this inspection we found staff had a good understanding of how to promote people's decision making and were aware of when a mental capacity assessment was needed.

People are 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.

At the previous inspection we found there was a lack of systems in place to ensure the service was well-led. Audits undertaken did not highlight areas of concerns we found. At this inspection we acknowledged some improvements had been made. This was confirmed by what a relative told us. "[Registered manager] is the best one in a while" and "The service has improved over the years; the new manager has provided stability." However, we found some improvement was required in the development of effective quality assurance processes. Audits undertaken by the registered manager had not identified the concern we found in relation to PRN medicines. We have made a recommendation about this in the report.

At the previous inspection we had concerns that risks posed to people had not always been identified and reduced. At this inspection we found risks had been assessed and staff had a good understanding of the remedial action required to reduce risks to people.

At the previous inspection we had concerns about the management of medicine stock and the records around as required (PRN) medicines. The service did not routinely ensure it had additional guidance for staff to follow on when they should administer PRN medicine. At this inspection we found on-going concerns about the records and practice around PRN medicines. We were unable to tell why the medicine had been given and the guidance for staff was not clear. This meant there was a danger people may have been given the medicine too frequently.

There are certain events which the provider and registered manager are required to inform us about. We

checked our records and we have not been notified of at least four events when required.

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

People told us they felt safe within the home, and had confidence in the staff team to deliver safe care. People told us they knew who to speak with in the event of a concern being raised.

People had developed good working relationships with staff. We noted there was a lot of laughter in the service. People were encouraged to be independent.

People had access to a wide range of activities of their choosing.

People had a regular meeting with a keyworker to ensure their care plan was up to date and reflected their current wants and needs.

We found an on-going breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

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.

People were supported by staff who did not always have access to guidance on how to support them with medicines prescribed for occasional use.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

Is the service effective?

Good 

The service was effective.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in accordance with the Mental Capacity Act 2005.

People were cared for by staff who were aware of their roles and responsibilities.

Is the service caring?

Good 

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making

compliments and complaints about the service.

People had access to a wide range of activities and were supported to engage in meaningful interests.

Is the service well-led?

The service was not always well-led.

The service did not always ensure it notified CQC of events it was legally required to do so.

A programme of audits had been introduced; however they were not always effective in highlighted areas of improvement.

Requires Improvement 

Stepping Stone Independent Living Ltd

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.

The inspection took place on the 22 and 23 August 2017 and was announced. We gave the service 24 hours' notice of the inspection. We needed to be sure that the registered manager would be in. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with five people who were receiving care and support, three relatives; the registered manager, deputy manager and two care staff. We reviewed four staff recruitment files and four care plans within the service and cross referenced practice against the provider's own policies and procedures. Prior to the site visit we sent out questionnaires to people, their relative, staff and community professionals. From the questionnaires we sent we received seven replies.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals responsible for people supported by Stepping Stone Independent Living Ltd.

Is the service safe?

Our findings

We previously undertook a comprehensive inspection on 1, 3 and 5 February 2016. We found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always protected from risks associated with their medical condition. We issued a requirement notice to ensure improvements were made in the management of risks. The provider sent us an action plan which detailed the improvement they had planned. At this inspection we found people's risks had been assessed and there was clear guidance for staff on how to minimise the risks. The service had worked with external health and social care professionals to develop behavioural management plans for people. Staff were able to tell us how they supported people who presented with challenging behaviour. We have been satisfied the requirement notice in relation to risk management has been met.

At the previous inspection we had concerns about the management of medicines in particular the management of people's medicine stock and recording of their medicines prescribed for occasional use (PRN). Further improvements were needed in relation to medicine management before the provider would meet all the requirements of this regulation. At the time of our previous inspection staff did not always have additional guidance for PRN medicines. At this inspection we checked if the service had made improvements in the management of medicine. We noted there were PRN protocols in place for people. However these did not provide enough guidance for staff to ensure people received safe care. For instance, one person was prescribed a maximum of three milligrams of a medicine, however the PRN protocols stated the maximum dose was 10 milligrams. We asked the registered manager about this. They informed us it was the national maximum dose. Another person's PRN protocol referred to a gender specific side effect which would have not been relevant to the person concerned. The registered manager agreed that the PRN protocols did not give staff the guidance required to ensure people received the right medicine when needed. PRN medicines were prescribed for supporting people who displayed challenging behaviour to support them to manage their anxiety. However there were no clear records of why the medicine had been administered and what effect it had had. We spoke with one person who was prescribed a PRN medicine. They were able to tell us about when they took the tablet. However we could not tell from the records kept why it had been given and what other actions the staff had undertaken to manage the situation prior to giving the person the medicine. This meant there was a danger of people being given PRN medicines too frequently.

This was an ongoing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received initial and refresher training in the administration of medicines. Medicines were stored appropriately and people told us they received their medicine when they needed them.

People were supported by staff with the appropriate experience and character to work with people. The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

Staffing levels were adjusted to meet the service needs. For instance, we noted the staff member responsible for managing the rota, discussed with people what activity they wanted to attend. One person spoke about attending the local theatre. We also overheard staff arranging for additional staff to be rostered when outings were arranged. We reviewed the last four weeks of the rota. We noted that one member of staff had worked a late shift and then had stayed to work a waking night. We expressed our concern to the registered manager. They advised us the member of staff had provided emergency cover. We noted that one member of staff regularly worked a late shift followed by a waking night. This meant they worked 14 hours without a break. However this was followed by a long break before working again. The registered manager had acknowledged this was not an ideal situation. They had actively recruited additional staff to cover the waking nights. The registered manager informed us night spot checks were undertaken to ensure staff were awake and working. Staff who worked at the service had signed a risk assessment to accept the long working hours. The registered manager feels the actions taken to recruit new staff will significantly reduce the need for staff to work long hours.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Staff had access to the local safeguarding team contact details. People we spoke with stated they knew who to speak with if they had any concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority.

People told us they were aware of what to do in the event of a fire. We noted people were encouraged to discuss how they kept safe.

Incident and accidents were recorded; staff informed us that they had confidence to raise concerns to the registered manager if they felt people were at risk. The registered manager undertook an audit of incidents and accidents to identify any trends.

Is the service effective?

Our findings

We previously undertook a comprehensive inspection on 1, 3 and 5 February 2016. We found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. One person was prescribed a PRN medicine, we had concerns the person was unaware of what the medicine was for. There was no evidence the service had given consideration to the person's mental capacity to decide to take the medicine. The provider sent us an action plan which detailed what actions they had planned to ensure they complied with the regulation. At this inspection we found improvements had been made and the provider was meeting the requirements of this regulation.

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. Staff had received training in the MCA, and were able to tell us how they supported people to make decisions about their care. Staff told us if they had concerns about people's understanding they would use other methods to help the person understand decisions which needed to be made. For instance one person was supported with an easy read version of a health appointment information sheet.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people being supported by Stepping Stone Independent Living Ltd legal authorisation could only be granted by the court of protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. One person had a court of protection authorisation to deprive them of their liberty, as they were unable to consent to live in the supported living home. The service had also worked with the local authority care management team in referring another person to the court of protection. The registered manager was aware of the need to inform us when a decision on an application to deprive a person was made.

People were regularly consulted about what they wanted to do on a daily basis, we observed consent was routinely sought from people before staff supported them. Where the person was able to they also signed care plans to consent to the support detailed.

At the previous inspection we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were not always offered one to one meetings in line with the provider's policy. The provider sent us an action plan which explained how they intended to improve. At this inspection we checked what actions had been undertaken. We have been satisfied the provider was now in compliance with the regulation. The service had a new registered manager in post. We noted that staff had received regular one to one meetings with either the registered manager or deputy manager. Staff informed us they felt supported.

Staff had access to training to support them in their role, this included training the provider deemed

mandatory like equality and diversity and more specific training for working with people supported by the service. This included epilepsy and autism training. The registered manager had systems in place to monitor staff training and it was discussed at one to one meetings. We noted training was placed on the rota to ensure there was enough staff to cover supporting people with their chosen activity.

People were encouraged to be independent with making drinks; we noted people had free access to drinks and snacks throughout the day. People were encouraged to contribute to decide what meals were offered. Each day one person was given the opportunity to cook a meal of their choice. We received feedback from one relative that they were concerned with their family members weight gain. We discussed people's weight with the registered manager. They advised us they did try to encourage people to have healthier food options. We also noted people were encouraged to undertake some gentle exercise.

People were supported to access healthcare when needed. One person was routinely reviewed by the diabetic nurse. Each person had a 'Health Action Plan' which detailed how they needed to be supported in the event of them requiring healthcare. One person developed anxiety around healthcare appointments. We found the staff were aware of this and supported the person when they were visited by the district nurse.

Is the service caring?

Our findings

We observed people had developed close relationships with staff. We observed positive interactions between people and staff. This included staff asking people what they needed support with. Staff understood people's likes and dislikes. One person was interested in music. We observed staff talking to them about what music was being held at a local venue in the future.

Staff spoke respectfully about people and addressed them by their preferred name. We noted staff treated people with dignity and respect. This was confirmed by 100 percent of the community professionals who completed a questionnaire.

One hundred percent of staff who completed a questionnaire told us they were always introduced to people before they worked alone with people. People told us about staff who they liked. One person told us "I like [Name of staff] as they are always nice to me." Another person told us about how staff had supported them to work in a café.

People were involved in the design of their rooms. We noted rooms were decorated to people's own choice. People were involved in the running and the making of any changes in the home, for example, re-decoration of the home was discussed with people. We noted there had been a recent structural change to the living space. People spoke positively about the change as the kitchen and lounge area was lighter and more of an open space.

People were supported to be as independent as possible. People attended tenant meetings where their responsibilities within the home were discussed. For instance, people were encouraged to take control over their room cleaning and laundry.

The staff told us about a person who had been supported through the service. They had started living at the main house, and then moved into a supported flat, and had subsequently moved on into their own accommodation. The person had married and was expecting their first child. A staff member told us "We were really a stepping stone for them."

The registered manager told us in the PIR they had planned to introduce people to an independent advocacy group. This was to offer people an opportunity to discuss wants and wishes away from regular staff. They informed us it was hoped people would feel more able to disclose things they wanted. Advocacy gives a person independent support to express their views and represent their interests.

People were supported to express their sexuality. Two people had developed a relationship. The staff had spoken with them about this and what support they needed if any. We spoke with a relative of one of the couple. They spoke positively about the relationship and supported it.

Each person had a keyworker, this was a dedicated member of staff who would spend time with the person and support them to achieve their wants. We observed one person had a session with their keyworker on

day of the inspection.

One person became upset on day one of our inspection; the member of staff responded quickly and went over to the person to console them. This was done in a professional and sensitive way.

A relative told us "They [Staff] don't just look after [Name of person] they look after me. [Name of registered manager] has really helped me with forms that I needed to complete." Another relative told us why they had liked the service. "People are compatible, they all get along together."

Is the service responsive?

Our findings

People received responsive person focused support. There was a clear pre-admission process, involving a comprehensive assessment. Important information was gathered about previous life history, as well as people's important relationships. People received individualised care that met their needs. Where people had been referred by the local authority the social work assessment was also shared with the service. The Registered manager advised us they ensured people were compatible with other people living in the service.

People were involved in the creation of their care plans. People's likes and dislikes were detailed and staff understood these. Care plans included a timetable of what support people received. This included activities within the home and outside of the home. For instance, some people attended college and other people went to different social groups. Care plans and risk assessment were updated when required, however the system for logging the reviews made it difficult to understand when the original care plan had been written.

People were encouraged to maintain important relationships. We noted one person was visited regularly by their grandparent and another person went to their parental home once a week. Staff were knowledgeable about family members and what they were doing. This meant staff could have a meaningful conversation with people about their family members.

People were given the opportunity to discuss any changes they wanted in the level of support they received. Each person met with their key worker monthly and regular tenant meetings were held. We also noted people freely approached the registered manager's office to give feedback or ask questions.

People had access to activities of their choosing. One person had expressed an interest in going to the seaside. The person required two staff to be with them when away from the home. The deputy manager worked to arrange it so staff would be available all day to support the person go to the seaside.

One person was interested in watching films; on the first day of the inspection they had watched four films by lunchtime. They were able to tell us what they had watched. We observed how they interacted with staff. This was a positive experience for the person and it was clear by their body language they were happy.

We observed there was good communication between staff and relatives. Relatives told us they were able to raise concerns with staff and felt when they had raised any issues they were dealt with swiftly.

The service had a complaints procedure and people were encouraged to share their views with staff. At the time the PIR was completed the service had received two complaints. We noted these had been responded to. The registered manager has systems in place to learn from complaints.

Is the service well-led?

Our findings

We previously undertook a comprehensive inspection on 1, 3 and 5 February 2016. We found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found it difficult to locate information requested as systems were not in place to manage records. We found there was a lack of managerial oversight of the service. The provider sent us an action plan which detailed how they intended to improve. At this inspection we found improvements had been made and the provider was now meeting the requirements of this regulation. Staff told us the registered manager had made significant improvements, this was supported by what an external social care professional told us. We found records were easily accessible and clear to understand. Some improvement was still needed to ensure all care plans had a date of completion so staff would know if information was the most up to date. The registered manager had introduced a new set of policies and procedure for staff to work under. Staff were expected to read the policies. We noted the registered manager reminded staff when this was needed.

The registered manager had introduced a programme of audits and a number of spread sheets to track information where action was needed. For instance, these included an incident and accident tracker, and a complaints tracker. However the audits did not always pick up on some of the issues we found. For instance, the medicine audit undertaken did not highlight the issues around the use of PRN medicine and the detail within the PRN protocol. Other monthly audits undertaken were financial, first aid, infection control and support plans.

We recommend that the service seek advice and guidance from a reputable source, about effective medicine auditing to drive improvements.

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when incidents have been reported to or investigated by the police. We found there had been two occasions when the police had attended the service. We checked our records and we had not been notified. Another notifiable event is when there has been an allegation of abuse. We checked with the local authority safeguarding team and they had received four referrals since our last inspection. We checked our records and we had not been informed about two of the incidents.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Staff told us they had confidence in the registered manager, there was a positive culture to promote people's rights and support them achieve their goals. One hundred percent of staff who completed a questionnaire told us they felt the registered manager had taken their views into account when making changes. Relatives gave us positive feedback. One relative told us "[Registered manager] is the best one in a while" another relative commented "The service has improved over the years, the new manager has provided stability."

The Accessible Information Standard is a framework put in place from August 2016 making it a legal

requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We noted the service had easy read guides available for people. Staff told us they used them prior a hospital appointment as an example. Staff understood people's communication needs. For instance, some people used picture boards and sign language to aid communication.

There is a legal requirement for providers to be open and transparent. We call this duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. There had not been any incident which met the duty of candour threshold. However the registered manager was aware of what actions were required if an incident did meet the threshold.

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
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The service did not always ensure it reported events to The Care Quality Commission when it was legally required to do so.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service did not ensure appropriate guidance was available for staff to follow when people were prescribed medicines for occasional use.