Care Quality Commission

Stones Holdings Limited

Stepping Stones Red Marley

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on the 21 and 25 August 2015 and was unannounced.

Stepping Stones Red Marley is a care home with nursing for 19 people with mental health conditions and learning disabilities.

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

Although there was an understanding and correct use of the Mental Capacity Act 2005, the associated Deprivation of Liberty Safeguards (DoLS) had not been used correctly to uphold people's rights.

People were protected from the risk of being cared for by unsuitable staff because robust recruitment practices were operated. Medicines were well managed. People

Summary of findings

were supported by sufficient numbers of staff who received appropriate training and had the right knowledge and skills to carry out their role. People were protected from the risk of abuse by staff who understood safeguarding procedures.

People were supported by staff with the knowledge and skills to carry out their roles. People were active in choosing menus and received support to eat a varied diet. They were supported to maintain their health through support in accessing healthcare.

People were treated with kindness, their privacy and dignity was respected and they were supported to develop their independence.

People received individualised care through regular review and consultation by staff. They were enabled to engage in a range of activities both in the care home and in the wider community. There were arrangements to respond to any concerns and complaints by people using the service.

The vision and values of the service were clearly communicated to staff. The registered manager maintained an accessible presence at Stepping Stones Red Marley. Quality assurance systems were in place to monitor the quality of care and safety of the home. As part of this, the views of people using the service were taken into account and responded to.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were safeguarded from the risk of abuse because staff understood how to protect them.

There were sufficient numbers of staff. People were protected from the risk of the appointment of unsuitable staff because robust recruitment practices were operated.

People's medicines were managed safely.

Good

Is the service effective?
The service was not fully effective.

People's rights were not protected because the Deprivation of Liberty Safeguards were not understood and had not been used correctly.

People were cared for by staff who received appropriate training and support to carry out their roles.

People were consulted about meal preferences with some people supported to eat a particular diet of their choice.

People were supported through access and liaison with health care professionals.

Requires improvement

Is the service caring?
The service was caring.

People benefitted from positive relationships with staff.

People were treated with respect and kindness.

People's privacy, dignity and need to develop independence was understood, promoted and respected by staff.

Good

Is the service responsive?
The service was responsive.

People received individualised care and were regularly consulted to gain their views about the support they received.

People were enabled to engage in activities in the home and the community.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The vision and values of the service were clearly communicated to staff.

The service benefited from an accessible and approachable manager.

Quality assurance systems which included the views of people using the service were in place to monitor the quality of care and safety of the home.

Stepping Stones Red Marley

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 inspection took place on 21 and 25 August 2015 and was unannounced. Our inspection was carried out by one inspector. We spoke with four people who use the service.

We also spoke with the registered manager, the administrator, three members of support staff, the service's psychologist, two visiting health care professionals and two advocates. We carried out a tour of the premises, and reviewed records for six people using the service. We also looked at six staff recruitment files. We checked the medicine administration records and medicine storage arrangements (MAR) for people using the service.

Before the inspection we looked at notifications the service sent to us. Services tell us about important events relating to the service they provide using a notification.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding of safeguarding policies and procedures. Information given to us at the inspection showed all staff had received training in safeguarding adults. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. Information about safeguarding including contact details for reporting a safeguarding concern was available for management and staff. People using the service told us they felt safe living at Stepping Stones Red Marley. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely.

People told us they felt there were enough staff to meet their needs. One person said "Staff are there when you need them". The registered manager explained how the staffing was arranged to meet the needs of people using the service. A bank of staff was available to cover absences and provide for 'one to one' support when required. Staff told us they felt staffing numbers were sufficient and safe. One person commented there were not enough nurses employed. This was confirmed by the registered manager and one of the nurses. Recruitment of nurses to fill vacant posts was in progress with the registered manager covering some shifts until this was complete.

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People had individual risk assessment management plans in place. For example for risks identified for leaving the premises, managing changes in people's moods and managing confusion and aggression. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessment management plans had been reviewed on a regular basis. Individual information had been prepared with photographs for use in the event of a person going missing. People also had personal fire evacuation plans. People were protected from risks associated with legionella, fire and electrical equipment through checks and management of identified risks. Regular infection control audits were also completed.

People's medicines were managed safely. People were given their medicines on time and appropriately. Staff responsible for administering medicines had received training. Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts. Individual detailed protocols were in place for medicines prescribed to be given as necessary. These had been reviewed on a monthly basis. Where these medicines were given for people's anxiety, there were clear instructions for their use. For example one person received medicine only for when they experienced anxiety around health care appointments. There were appropriate records of medicines received into the care home and of medicines returned to the pharmacy. People's medicines were stored securely and storage temperatures were monitored and recorded daily. Records showed where staff had taken action using ice packs and fans to maintain correct storage temperatures of medicines during hot weather. Regular audits were undertaken by nursing staff in each house to check on the management of people's medicines.

Requires improvement

Is the service effective?

Our findings

People were at risk of their rights not being protected. At the time of our inspection visit there had been no assessments of people relating to restrictions on their liberty. This did not reflect the latest Supreme Court judgement in relation to the Deprivation of Liberty Safeguards (DoLS). The DoLS protect people in care homes from inappropriate or unnecessary restrictions on their freedom. One person had a support plan which addressed the fact they were "at risk of leaving the premises unattended" and "can become distressed and has a history of leaving the house. This may be due to his confused state or an active attempt to leave by walking over to the main gates and sometimes climbing over them". The persons support plan described how they would need supervision when they were confused or agitated due to a risk of leaving the premises. We discussed this person's needs with the registered manager. No application had been made for authorisation to deprive this person of their liberty.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person had a 'best interests' decision made under the Mental Capacity Act 2005 (MCA). This was for dental treatment which had been provided following a process of consultation with relatives, staff supporting the person and health care professionals. Staff had received training in the MCA and shared their understanding of this with us. However they were less clear about DoLS.

People using the service were supported by staff who had received training for their role. Staff gave examples of recent training they had received such as food hygiene, first aid and medicines. They told us they felt the training and support provided by the service was enough for their role.

Information given to us following the inspection visit confirmed the training staff had received. Some additional training had been carried out for the specific needs of people using the service such as epilepsy and autism awareness. Staff had regular individual meetings called supervision sessions with the manager or a senior member of staff and received an annual performance appraisal.

People were regularly consulted about meal preferences. Minutes of meetings for each of the three houses showed how people were asked for their opinions on menus and if there was anything they would like to be added to the menu choices. People were positive about the meals offered and confirmed there was a choice of meals available. One person told us how they enjoyed the occasions when takeaway meals were provided. Two people followed specific diets of their choice and records showed suitable meals had been provided.

People's healthcare needs were met through regular healthcare appointments and liaison with health care professionals. People had health action plans completed, this was the responsibility of nurses who oversaw the process of ensuring people were up to date with health care checks. People attended their GP, dentist and other health care appointments as needed. Health care professionals were able to write comments in the appropriate section of people's health action plans. Hospital assessments formed part of people's health action plans and provided important information about the person for hospital staff in the event of an admission. Staff told us how they supported people to access health care appointments through ensuring that appointments were attended and providing practical support such as transport. A visiting health care professional made positive comments about how people's health needs were monitored by the nursing staff at Stepping Stones Red Marley.

Good

Is the service caring?

Our findings

Our conversations with people showed positive caring relationships had been developed with staff. People told us they would approach staff if they were unhappy about anything. Staff were positive about their respective roles and demonstrated knowledge of people's support needs and how they would act to meet these. One member of staff clearly understood the importance of how one person's beliefs should be taken into account when providing support. People told us staff were kind and polite to them.

People took part in regular review meetings with allocated staff about their support and care needs which enabled them to contribute directly to the review process and share their views and opinions. People were involved in decisions about how they spent their day and aspects of how the service was provided. Minutes of house meetings demonstrated how people using the service were able to express their views. Subjects discussed included decoration of the premises, meals and allocation of keyworkers. Where issues required a response from the manager, such as issues raised about decoration of the care home, these were recorded and the responses communicated to people at a later date.

Independent Mental Health Advocates (IMHA) visited the service once a fortnight to be available to people if they wished to talk. IMHAs are statutory advocates who work within the framework of the Mental Health Act 1983. This had been initiated by Stepping Stones Red Marley to enable people to have easy and regular access to advocates. Issues raised with advocates would be shared with management. Information about local advocacy services was also readily available for people. A visiting health care professional commented positively about the approach of the service to enabling people to access advocates.

People's privacy and dignity was respected and promoted. We observed staff treating people respectfully during our inspection visit. People we spoke with confirmed that staff knocked on their door before entering their room. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. For example when supporting people with personal care they would ensure people were appropriately covered and doors were closed. Staff were aware of and acted on people's preferences to receive support from staff of the same gender. Detailed support plans reflected staff's approach to preserving people's privacy and dignity. Adjustments had been made to one person's room to meet their specific needs for ensuring their privacy and dignity was maintained. One member of staff described how knowledge of one person's needs around continence would enable staff to act proactively to preserve the person's dignity. Staff told us how when they accompanied a person to a healthcare appointment such as with a GP, the person would see GP alone if this was appropriate for the person's needs.

People were supported to maintain independence. Staff gave us examples of how they would act to promote independence such as enabling people to budget money to buy ingredients for cooking their own meals. People using the service ran and organised their own social club called Satellite. This took place on a regular basis using facilities at the care home separate from the three houses. The choice of activities led by people and supported by staff. A visiting health care professional praised the work staff had done to enable one person to access the local community and make use of public transport.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. Staff demonstrated knowledge of personalised care and how this would be provided. One staff member told us "it's about us caring for them rather than their needs fitting around what we do". Support plans contained detailed information for staff to follow to support people. These had been kept under regular review through meetings between people and their keyworkers in the staff team. The plans demonstrated an in-depth knowledge of the person's needs built up over time through regular review. In addition information about people's life histories and their interests and preferences was recorded for staff's reference in a 'pen picture overview'. One member of staff described the importance of continually checking people's interests and preferences through informal conversations as well as regular review sessions. People using the service had access to a psychologist based on site who provided one to one sessions to people including talking therapies and relaxation sessions with the aim of building therapeutic relationships with people and promoting happiness and well-being. The psychologist also provided input into people's review meetings and support to staff through analysis of people's behaviour any of any incidents.

People were supported to take part in activities and interests both in the home and in the wider community. Activities in the care home included gardening and looking after poultry, art and crafts, cooking and games such as pool and darts. Completed art work was on display. Trips out took the form of mystery tours, this approach was found to benefit people who may become anxious about visiting a particular destination if they knew in advance. Destinations were chosen from previous trips out where visits had been successful. People also took part in swimming, visiting a gym and horse riding. One person received regular visits from a representative of a local church. Another had an interest in photography and had attended a photography course at a local college. One person engaged in paid work within the care home performing cleaning duties. In the past people had taken up opportunities for employment in the community although this was not taking place at the time of our inspection.

People had the use of a kiln to produce ceramic items. During our inspection visit we were shown a number of ceramic objects in various stages of completion. These and greetings cards made by people using the service were being prepared for sale at a local event to raise money for charity. The registered manager told us how a previous sale had been successful and was viewed as a positive experience for people using the service. The sale helped people to make contact with the local community as well as engage in a purposeful activity.

People were also supported to maintain contact with family members in response to their wishes. Specific support plans were in place to guide staff with this where appropriate. The registered manager described the success of keeping one person in regular contact with a significant family member. A visiting health care professional commented positively about how staff had worked with this person to enable them to maintain the relationship.

There were arrangements to listen to and respond to any concerns or complaints. No complaints had been received about the service provided in the 12 months prior to our inspection. People we spoke with had not raised any concerns but told us they would have no problem approaching the staff or the registered manager if they had the need. Information was available for people using the service to guide them in how to make a complaint. A record of previous complaints received and the responses to them had been kept.

Good

Is the service well-led?

Our findings

The provider had a clear set of values and a mission statement setting out the aims for the organisation as a whole. The values of the service were shared with staff and displayed in areas of the care home. The values statement for 2015 was "We are a fun, committed, professional, caring organisation dedicated to providing an ethical, person-centred service with integrity, dignity and empathy; respecting, nurturing and empowering Service Users and staff." These values were evident in our conversations with the registered manager and staff.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

The home had a registered manager who had been registered as manager of Stepping Stones Red Marley since October 2010. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred.

The registered manager was visible and accessible to people using the service, staff and visitors. People using the service commented positively about the management of Stepping Stones Red Marley. One person told us the registered manager was "brilliant and you can approach her". Another said "this is a well-run place, a lot better than where I came from." A member of staff commented "It is very well led" and another said "I honestly think I haven't experienced a manager as good as (the registered manager) both with staff and for people living here". A visiting health care professional told us the management was "approachable and open".

People benefitted from checks to ensure a consistent service was being provided. The registered manager told us there were plans for surveys to be sent out later in 2015 to people using the service and staff. Surveys had previously been sent out in 2013. People were asked their opinions of the meals provided through an annual survey, responses were analysed and any areas for change or improvement, were noted for action. This asked peoples' views on helpfulness of management, staff professionalism and speed of response to enquiries. In a separate survey people were asked their opinions of the meals provided through an annual survey, responses were analysed and any areas for change or improvement, were noted for action.

A quality improvement action plan had been produced in June 2015 for issues identified for improvement in the environment of the care home. A similar plan had also been produced for one of the houses detailing action to improve people's rooms as well as action on medicine temperature checks and how meetings were conducted.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: The registered person had not applied for authorisation for lawful authority to deprive a person of their liberty.