

# Stepping Stones Resettlement Unit Limited

# Stepping Stones

## Inspection report

Riverside Lane  
Broadoak  
Newnham  
Gloucestershire  
GL14 1JF

Tel: 01452760304

Website: [www.steppingstonesru.co.uk](http://www.steppingstonesru.co.uk)

Date of inspection visit:

28 May 2019

29 May 2019

Date of publication:

15 July 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Stepping Stones is a care home for 33 people with learning disabilities. Accommodation is provided in a number of houses and bungalows on one site. At the time of our inspection there were 33 people being supported by the service.

People's experience of using this service: Audits and quality checks supported the registered manager to identify areas where the service needed improvement. However, these quality monitoring systems were not always effective in identifying all shortfalls in the service provided. Although the provider had implemented improvements to their quality monitoring promptly we could not judge at this inspection whether these changes would be effective in all shortfalls being identified and addressed. The provider needed to complete their planned actions to avoid breaching a legal requirement in future and to improve the service. We have therefore rated the key question 'Is the service Well-led?' as requires improvement.

We found improvements to staff recruitment procedures and the management of infection control in laundry rooms.

People were safeguarded from the risk of abuse and from risks from receiving care. People were supported by sufficient numbers of staff.

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.

Staff received support to develop knowledge and skills for their role. There were arrangements in place for people and their representatives to raise concerns about the service.

People's individual needs and wishes were known to staff who had achieved positive relationships with them. People and their representatives were involved in the planning and review of their care. People were supported to maintain contact with their relatives.

People were treated with respect and kindness and their privacy and dignity was upheld, they were supported to maintain their independence as much as possible. People and their representatives were involved in the planning and review of their care and people took part in a range of activities. The management were visible and accessible to people and their visitors.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways, promotion of choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection: At our previous inspection the service was rated good (last report was published

on 26 November 2016). At this inspection the rating for this service remains as good.

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

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

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

# Stepping Stones

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Prior to the inspection we gathered information from a number of sources. We also reviewed information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return as part of our Provider Information Collection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted health care professionals with previous involvement with people using the service. They shared their views about the service with us. Our information did not identify significant concerns about the service.

During the inspection we spoke with one person who used the service. We also spoke with the registered manager, one of the deputy managers, the clinical lead, the human resources manager, the behavioural support lead and four members of care staff. We looked over the premises, looked at documentation relating to four people using the service and information relating to the management of the service and staff support and recruitment. Following the inspection, we spoke with five relatives of a person using the service on the telephone.

# Is the service safe?

## Our findings

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

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

### Staffing and recruitment

- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Following our previous inspection there had been improvements to the system of completing risk assessments for information on applicant's DBS checks before they were offered or started employment. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
- There were sufficient numbers of staff to meet people's needs. On the day of our inspection we saw there were enough staff to ensure people received support in line with their assessed needs.
- A bank of staff meant that agency staff were not used, ensuring people were supported by staff that knew them.

### Preventing and controlling infection

- When we visited we found the care home was clean. People's relatives confirmed they also found the care home clean when they visited. Following our previous inspection, we found improvements to laundry rooms to ensure effective infection control procedures.
- The latest inspection of food hygiene by the local authority in January 2018 had resulted in the highest score possible.
- Staff had received training in food hygiene and infection control.

### Using medicines safely

- People received their medicines as prescribed. At this inspection we found areas where medicines storage temperatures were high, including one area where temperatures were consistently high. Staff had taken action to manage temperatures to ensure the medicines would remain effective although the provider had not realised a more permanent solution was needed. Action was taken during the inspection to address this.
- Where errors had occurred with people's medicines, appropriate action was taken to investigate and remedy the situation. Staff responsible for administering medicines and had received appropriate training and competency checks. Individual protocols were in place for medicines prescribed to be given to people as necessary, for example for pain relief or to relieve anxiety.
- To ensure the safe management of people's medicines, monthly audits took place of medicine administration records and weekly audits checked stock levels.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people.
- Staff were able to describe the arrangements for reporting any allegations of abuse relating to people

using the service and contact details for reporting a safeguarding concern were available.

- 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.

#### Assessing risk, safety monitoring and management

- People were protected against identified risks. For example, there were risk assessments for personal care, behavioural support and going out in the community. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis.
- People were protected from risks associated with legionella, fire, electrical and gas systems, through regular checks and management of identified risks.
- A plan for dealing with any emergencies that may interrupt the service provided was in place. People had personal emergency evacuation plans.

#### Learning lessons when things go wrong

- A system was in place to investigate and learn from accidents and incidents. The behavioural support lead had introduced new forms to record and analyse how incidents were responded to. For example, one person's behavioural support plan had been updated following the analysis of how one incident was responded to.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed which included ongoing involvement of their close relatives and if needed health professionals.
- Staff completed training in equality and diversity.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training for their role.
- Staff had completed training such as, moving and handling, first aid and health and safety. Staff had also received training specific for the needs of people using the service such as behavioural support, epilepsy and autism. Some staff had completed nationally recognised qualifications in social care.
- Staff had regular individual meetings called supervision sessions with senior staff as well as annual performance appraisals. Staff told us they were well-supported. A staff member told us " They do look after us".

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

- People were supported to eat a varied diet which reflected their needs (including cultural needs) and preferences.
- Meal planning, shopping and preparation had recently been organised separately for each individual house to ensure people have more involvement and independence.

Adapting service, design, decoration to meet people's needs, Staff working with other agencies to provide consistent, effective, timely care

- People had access to gardens, a swimming pool and rooms dedicated to activities such as music, cookery and sensory rooms. Adaptations had been made in some areas to aid the access of people with physical disabilities.
- Summerhouses had been provided in the gardens of some of the houses where people's needs required a space of their own away from others.
- People's individual rooms were decorated in response to their needs and choices.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were met through regular healthcare appointments and liaison with healthcare professionals.
- Arrangements had been made with a local GP practice for people to easily access appointments that met

their individual needs.

- People's health needs were monitored by the Clinical lead, a registered general nurse.
- Staff had improved their knowledge and skills with managing one person's health care needs which resulted in them no longer needing regular visits from healthcare professionals.
- Two people had been supported to live healthier lifestyles through referrals to lifestyle coaches. One person told us how they had been supported to lose weight.
- People had health action plans and hospital assessments. These were written in an individualised style. They described how people would be best supported to maintain contact with health services or in the event of admission to hospital.
- The service had liaised with mental health professionals to support people's mental health needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Assessments had been completed of people's capacity to consent to receive care and support.
- Where some people received medicine covertly, this had been assessed in their best interests through consultation with health care professionals and relatives.
- Applications for authorisation to deprive people of their liberty had been made. Where approvals had conditions, these were included in people's care plans to ensure they would be met.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people were treated in a caring way by staff who used a warm and friendly approach with them. One person told us staff were kind to them.
- We noted staff spoke to people to check on their wellbeing and engaged with them and responded to their requests.
- A health care professional had contacted the service with positive comments following a person's visit to a local hospital. They described staff as "Caring and decent staff who showed the utmost care and respect to the patient".
- People's needs in respect of their religious beliefs were known and understood.

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

- People were involved in decisions about the care and support they received through reviews and regular meetings with key members of staff.
- People made use of advocacy services; people had used the services of both statutory and lay advocates to help them express their views about important decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff checked with people if they were happy for us to view their rooms when we looked over the home.
- One person told us staff would knock on the door of their room before entering and respected their privacy.
- People were able to keep in touch with family and friends, receiving visitors with no unnecessary restrictions.
- People's relatives told us they were made to feel welcome. One relative told us they were offered lunch when they visited. Staff ensured arrangements were made for people to meet with their relatives where distance or lack of transport may have been an obstacle.
- People's care plans highlighted areas where staff should promote their independence such as with selecting clothes and personal care.

# Is the service responsive?

## Our findings

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

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

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

- People's care plans included detailed personalised information for staff to support them, for example, with managing their behaviour.
- Staff were aware of people's individual communication needs and how to support people to express their wishes and be involved in their care.
- Information had been provided for people in an accessible format in line with the Accessible Information Standard when required. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.
- A relative told us how action had been taken to move a person to a more suitable room when noise had an adverse effect on them.
- People were supported to take part in activities such as trampolining, swimming and using sensory rooms. One person told us how they enjoyed taking part in music activities.
- Since our previous inspection there had been a move to providing activities on a more individualised basis in people's own accommodation or in the community.

Improving care quality in response to complaints or concerns

- Records showed that no complaints had been received since before the previous inspection.
- We saw a system was in place to manage complaints appropriately if needed. Previous complaints had received appropriate written responses with any areas for improvement noted.
- A relative described the service as "Very proactive" and "If there is a problem they deal with it".

End of life care and support

- End of life care was not currently being provided.
- People's wishes for the end of their life had been recorded for future reference where this was known.

# 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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Although notifications were submitted relating to incidents, there was an inconsistent approach to the submission of notifications relating to Deprivation of Liberty Safeguards (DoLS) approvals. We found seven required notifications had not been submitted. Although the provider ensured these were submitted following our inspection visit, a lack of management oversight and a lack of quality checks had resulted in a failure to submit these notifications at the time the approvals were confirmed. It is a legal requirement to inform CQC as this information is used to monitor the service and ensure the provider responds appropriately to uphold people's rights.
- Regular audits were in place to support the registered manager to meet the regulatory requirements and identify shortfalls in the service. However, checks on medicine storage temperatures had not identified that in some areas a more permanent solution was needed to ensure people's medicines were always stored at the correct temperature to ensure they were effective.
- Following our inspection visit the provider informed us of improvements to the audit tool. Although the provider had implemented improvements to their quality monitoring promptly we could not judge at this inspection whether these changes would be effective in all shortfalls being identified and addressed. The provider needed to complete their planned actions to avoid breaching a legal requirement in future and to improve the service.

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

- The values of the service included "providing an ethical, person-centred service with integrity, dignity and empathy; respecting, nurturing and empowering Service Users and Staff". We saw examples of these values being followed during our inspection visit.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and management team were visible and accessible to people using the service, staff and visitors.
- The registered manager reported a good working relationship with the local community learning

disabilities team to ensure people received the support they needed.

- A survey had been conducted to gain the views of relatives of people using the service and health and social care professionals although the results were not available at the time of our inspection visit.