

Stepping Stone Independent Living Ltd

Ash Tree

Inspection report

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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?	Good ●

Summary of findings

Overall summary

About the service

Ash Tree provides care for up to five people who have a learning disability.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a small domestic style property. It was registered for the support of up to five people. Five people were using the service. This is in line with current best practice guidance. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything suggesting they were care staff when coming and going with people.

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

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

People were safe from abuse and avoidable harm. Safeguarding procedures were in place and staff followed these. There were enough staff to support people. Staff were recruited safely and, had the skills and experience to meet people's needs. The environment was clean, well maintained and a safe place for people to live. Staff followed infection prevention and control procedures to reduce risk of infection and people received their medicines as required.

People's needs, and choices were assessed before they used the service. Risks to people's health and well-being were managed. Staff received training and updates on best practice guidelines that were appropriate to people they supported.

People were treated to kind and compassionate care. Staff protected people's dignity and confidentiality. Staff were sensitive to people's individual needs and they understood how best to support people. Relationships between people and staff were positive and staff knew people's needs.

Changes to people's health were reported and monitored, and staff supported people to their appointments.

Support was person centred and delivered the way people preferred and met their individual needs. Staff

understood people's needs with regards to the protected characteristics of the Equality Act 2010. Information was available to people in accessible formats and staff knew people's communication needs and understood how best to engage people and support people.

People were occupied with activities, hobbies, and interests of their choosing. The atmosphere in the home was warm and friendly and people looked happy in their surroundings.

People knew how to make a complaint and would feel confident doing so. People had opportunity to meet with the manager to discuss any concerns and visitors were welcomed to the service anytime.

The service was managed well and there was an effective quality assurance processes in place. Action plans were developed following any shortfalls in the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure people who use the service can live as full a life as possible and achieve the best possible outcomes including control, choice and independence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (report published 21 December 2016). Following this inspection the service remained good overall.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Ash Tree

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Ash Tree is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 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. Inspection activity took place on 08 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and we used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and two

care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. One relative told us, "I feel [family member] is safe there and I am perfectly at ease."
- Staff had received training and knew what to do if they had any concerns about people's safety. Staff could identify signs of abuse and followed the safeguarding policies and procedures in place. Procedures to report any concerns for people were openly displayed in the service.
- Staff felt confident their managers would take their concerns seriously. One staff member said, "I know if I was concerned about anyone's safety I would report it to the manager and they would deal with it."

Assessing risk, safety monitoring and management

- People's care files had detailed risk assessments associated with their care and support. For example, people who were at risk during community visits had measures in place for staff to follow to reduce this risk and keep people safe.
- People's risks were regularly reviewed, and staff told us they were informed of any changes. This meant people could continue to be supported safely.
- People had evacuation plans in place in case of emergency. They detailed how to support people safely. The registered manager told us, "We have regular fire drills to make sure we can continue supporting everyone out of the building safely and timely."

Staffing and recruitment

- People were individually assessed for the level of support they needed, and there were enough staff to meet people's needs. Staff on duty during our inspection and rotas confirmed this.
- During our visit one person was being supported to go shopping with the level of staff support the person was assessed to need.
- There was a robust recruitment policy so, as far as possible, only staff with the right character and experience were employed. Disclosure and barring service (DBS) security checks and references were obtained before new staff started. These checks help employers to make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely, and people received their medicines on time. One person told us, "I always get my medicines".
- Staff were trained in the safe administration of medicines and their competency was checked.
- Records were accurate and up to date and medicines were stored securely, and at the right temperatures.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had undertaken training in infection control and knew the importance of protecting people from the risk of infection.
- Staff followed good practice guidelines, including washing their hands and wearing personal protective equipment.

Learning lessons when things go wrong

- The manager knew the importance of learning lessons when things went wrong. Actions were followed, and staff were informed to prevent further occurrences.
- It was identified the handover process was not robust as it was not detailing all the events during each shift. The registered manager implemented a new handover policy, this was communicated to all staff and they commented on the improvement of the information between each shift.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and found they were.

- At our last inspection we identified people had not always received a mental capacity assessment. During this inspection we found improvements had been made. Records showed people's capacity was always assessed, and where required, decisions were made in people's best interests. The service worked in partnership with the local authority to make these improvements.
- Staff had undertaken training about the MCA and DoLS and were aware of how this legislation affected their work.
- People's permission was sought prior to care and support being delivered. Staff were explaining to people what they were doing and why.
- One person told us, "Staff always ask me when I want a shower and shave." A staff member told us, "I always knock on people's doors first and if they do not want support at the time I respect their choice."

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

- People's needs were fully assessed before they came to the service to ensure they could be met. Where people had been referred to the service from organisations, such as the local authority, their assessment of a person's needs was fully considered to support the service's own assessment process.
- Assessments had been completed with the person, or where appropriate, with their family. Where a representative supported a person, we saw they were involved in the assessment process.
- People's life history had been fully explored so people received care and support how they wished.

Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge required to meet people's needs. New staff were supported with an induction programme to the service.
- Staff received comprehensive training and records confirmed this was regularly refreshed. This meant staff kept up to date with any changes in legislation and best practice.
- Staff were provided with access to specific training relevant to their role. For example, all staff were enrolled on a 'behaviour support training programme' to provide effective support when people became distressed.
- Staff felt they were well trained to meet people's care and support needs. One staff member said, "I feel I am trained well enough to do my job." One relative told us, "Staff are trained well, I feel they understand [family member's] needs."

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

- People's nutritional needs were met, and their preferences considered. One person told us "My favourite food is pizza and staff know this."
- People received the support they needed to meet their dietary needs. For example, one person required their weight, food and fluid to be recorded daily. Records showed this was completed.
- Staff understood people's nutritional needs and followed guidelines by health professionals. For example, where people were unable to eat independently staff were assisting people with their meals.
- Where people were able to prepare their choice of meal we observed staff supporting people appropriately. Records for one person commented '[named person] helped to prepare their evening meal of pie, mash potato and vegetables.'

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

- Staff worked closely with other agencies such as the local authority and healthcare professionals. For example, records showed people had been visited by GP's, chiropodists and opticians when required.
- Care plans recorded any changes to people's health needs. Staff knew people's health needs so any deterioration in their health could be identified promptly.
- One relative told us, "[family member] needed the doctor after an injury. They [staff] made a doctor's appointment straight away. Checks and blood tests were done and [family member] is fine. It is reassuring they [staff] keep a close on them."

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

- The environment was safe, clean and hygienic. The home had been adapted according to people's needs. For example, people had safe and secure access to gardens and communal areas.
- People had choice and control of how their rooms were decorated and presented. For instance, one person had photos, pictures and mementos on display.
- Some areas of the service needed improvement to the décor. These improvements had been identified and were ongoing at the time of our visit.
- One relative told us, "It always looks clean and tidy. It [the service] could do with a bit of decorating but mainly it's fine."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People were treated to kind and compassionate care. We saw caring interactions between people and staff during the whole inspection. For example, we saw one staff member reassuring a person with tender touch of the hand.
- One relative told us, "Staff are very caring, I see this every time I visit. They communicate with people nicely. I don't just see this with [name relative] but with everybody here."
- Staff were patient, had time to support and talk to people, and there was a relaxed atmosphere in the home. Staff responded to people timely and appropriately when they needed support.

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

- People, and where appropriate, their relatives were involved in making decisions about their care and day to day lives. People and their relatives were involved in developing their care plans. Staff carried out care plan reviews with people and recorded any change made.
- Staff gave people choices, they knew the most effective way to communicate with them. One relative told us, "Staff are 'tuned in' to [named person's] likes and dislikes." For example, one person, liked performing different tasks around the home. Staff knew this and devised a list of tasks with the person ensuring they were achievable and safe.
- Care plans contained information and instruction to staff about the things important to people and the way they preferred to be supported. For example, one person's care plan stated how important it was to talk about their hobbies. Staff were able to tell us about information contained within people's care plans and how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully, and their privacy and dignity maintained. Staff gave us examples of where they closed people's doors when delivering personal care and ensured people were covered with towels.
- People were supported to remain as independent as possible and staff supported them to achieve this. For instance, one person's records stated, '[person] helped with washing up, hung out the washing and baked biscuits with staff'.
- People's information was stored securely within the office, and staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had been involved in developing their plans of care and these were person centred. We saw that care records were supported by a 'my involvement' document which set out people's likes and dislikes and their life history.
- Care plans and risk assessments were in place and reviewed regularly. These included for people who displayed behaviour that could cause harm to themselves or others. To support people using best practice guidelines staff received positive behaviour support training (PBS). PBS training aims to improve people's lives by focussing on things people can achieve in a person-centred way based on their individual communication needs.
- A new style care plan was being implemented at the time of our inspection. The service was working closely with a specialist from the local authority whose expertise was supporting providers with people who displayed behaviour that challenged.
- Staff treated people as individuals and knew their personalities well. This meant people were assured their care needs were met as they wished.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Clear signage and pictures were displayed around the home, including photographs of staff and people who used the service. Information had been made into an easy read format, such as activities people could choose to participate in.
- People's care plans guided staff about how they could adapt the way they communicated with people to enhance their understanding. Staff were observed using verbal and non-verbal communication to enable people to understand information.
- One person's care file detailed the importance of staff reading a favourite magazine with the person, so the pictures could be explained in detail. This meant the person could fully understand the subject matter.
- One relative told us, "They [staff] have known [family member] a long time and because of this they have developed their own ways of communicating between each other."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service focussed on supporting people with their interests and hobbies and supporting people to take

part in community life. For example, one person's hobby was collecting memorabilia of a sports team. The person invited us to their room to show us their collection. Another person kept a pet. We saw records how the person was supported to keep it well looked after.

- Staff had time to support people and followed their activity plans. We saw people were being supported into the local community during our visit. One relative told us, "[named person] goes out bowling and shopping regularly."
- People were supported to maintain relationships with people who were important to them. One relative told us, "I visit [named person] weekly. I am always made welcome and can visit any time."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and this was displayed within the home.
- The registered manager told us no formal complaints had been received.
- One relative told us, "I have no complaints with the service. I know the deputy manager very well and I know if there were any concerns they would be dealt with. I am kept informed of how things are going."

End of life care and support

- Care plans provided opportunity for discussion and arrangements for end of life care to be made according to people's wishes. Although no one was receiving end of life care at the time of our inspection care plans contained the opportunity for people's wishes to be recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- All of the people we spoke with held positive views of how the service was managed.
- There was an ethos of togetherness throughout the service. Staff were supportive of each other and demonstrated a strong team ethic.
- Staff took pride in their work and the quality of care they delivered to people. One said, "I love what I do. If I had a family member who needed this type of care I wouldn't hesitate in them moving into here." Another said, "I am thrilled to be working here."
- The culture of the service was transparent. Managers told us there was an 'open door' policy and encouraged people to approach them at any time. Staff told us they could approach managers for support when needed.
- The provider visited the service frequently and meetings to monitor the quality of the service were held.
- There was a clear staff structure and staff knew their roles, their limitations and who to ask for support.
- A programme of audits was in place and reviewed regularly. The audits were used to identify any shortfalls and when it was needed, action plans had been put in place to improve the services provided.
- The registered provider had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.
- The registered manager reported any incidents to the relevant authorities and worked collaboratively with them.

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

- The service supported people to be part of the local community, have opportunity to be as independent as possible, and any disability not to be a barrier to this right.
- People and their families had opportunity to share their views of the service. Satisfaction surveys, available in easy read format when required, were mainly returned, and responses were positive.
- One reply commented, "My [named person] receives good care is well supported and when something happens I am told."

- Staff were provided with regular supervision and appraisals, and afforded time to prepare for them.
- Meetings were held frequently, and staff told us they could air their views and opinions openly.

Continuous learning and improving care

- The registered manager was a member of a recognised 'care association' who supports providers to achieve sustainable excellence in care settings.
- The registered manager worked closely with the local authority quality team to improve aspects of documentation. We saw evidence the programme of improvements had been completed.

Working in partnership with others

- The registered manager worked in partnership with other agencies, such as health professionals and the local authority to ensure people received joined-up care. This meant people had the right access to support when they needed it.