

## Stepping Stones Care Homes (Phoenix House) Limited

# Ryecroft Apartments

### 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 

#### Overall summary

This unannounced inspection took place on 14 September 2015. The service provides support for up to five people with Mental Health needs and is a step down service from a larger home that provides more structured support. At the time of the inspection there were four people living at the service, some of whom may have a mental health diagnosis.

There was 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 that they felt safe in their own flats. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they

# Summary of findings

needed. We observed that on the day of our inspection there were sufficient staff on duty. The recruitment practice protected people from being cared for by staff that were unsuitable to work at the home.

Care records contained risk assessments to protect people from identified risks and help to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decision about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty

Safeguards (DoLS). People felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people who lived at the home. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The registered manager was visible and accessible. Staff and people living in the home were confident that issues would be addressed and that any concerns they had would be listened to.

# 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 felt safe and comfortable in their own flats and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines or self medicate.

Good



### Is the service effective?

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical and mental health needs were kept under regular review. People were supported by relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Good



### Is the service caring?

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people using the service and staff. Staff had a good understanding of people's needs and preferences.

Staff promoted people's independence to ensure people were as involved as possible in the daily running of the service.

Good



### Is the service responsive?

This service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

Good



# Summary of findings

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

## Is the service well-led?

This service was well-led.

There were effective systems in place to monitor the quality and safety of the service and any issues identified were completed in a timely manner.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People, their relatives and staff were confident in the management of the service. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

**Good**



# Ryecroft Apartments

## 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 14 September 2015 and was unannounced and was undertaken by one inspector.

Before the inspection we contacted health and social care commissioners who place and monitor the care of people living in the home. We also reviewed the information we

held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with four people who used the service, seven members of staff including care staff and members of the management team and directors.

We spent some time observing care to help us understand the experience of people who lived in the home.

We reviewed the care records and of four people who used the service and four staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

# Is the service safe?

## Our findings

People lived in their own individual flats in a large house that had been tastefully refurbished; they told us they felt safe in their own homes. One person said “I love having my own flat; It is the safest I have felt for many years after living in a bigger home.” Another said “I never have concerns about my safety because there is staff available all of the time.”

A safeguarding policy was available and care workers were required to read this as part of their induction. The provider had procedures for ensuring that any concerns about people’s safety were appropriately reported and staff demonstrated an understanding of the type of abuse that could occur and the signs they would look for. They were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to do so if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this. They were aware of the whistle-blowing procedure for the service and said that they were confident enough to use it if they needed to.

Detailed risk assessments were in place that considered risks to staff, the environment and individualised risks assessments to support people to manage for example, risk of suicide, self-harm, violence, non-adherence to care plan, physical health, self-neglect, medications, and vulnerability. The risk assessments were individualised and were tailored to each person’s particular risks and demonstrated a holistic approach to risk management and in depth knowledge of risks to people’s care. Staff were able to demonstrate through discussion their awareness of people’s risks and how to manage these to keep people safe. One care staff said “Risk assessments help us to keep people safe especially if they having a difficult day.”

Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks. When accidents did occur the manager and staff took appropriate action to ensure that people received safe treatment. Training records confirmed that all staff were trained in emergency first aid.

People told us they thought there was sufficient staff available to provide their care and support. They told us that there was always a member of staff available based in the building and staff have always been really supportive day or night. One person said “I rarely need the staff in the night but if I am feeling really anxious I will speak to them because it helps me; and staff tell me it is never a problem for me to do that.” People were also able to access staff support from the main service which a short walk away from their home. One person told us how once a fortnight they went over to the main house and supported by another person cooked a meal for everyone; they said “I really enjoy doing it, it gives me something to focus on and I feel like I am helping other people as well.” On the day of the inspection we saw that there was enough staff to meet people’s care and support needs.

People’s medicines were safely managed. One person said “I am learning to do my tablets myself so I get a weekly pack on a Monday and staff check throughout the week I am taking them when I should.” The staff confirmed they had received training on managing medicines, which was refreshed annually and competency assessments were carried out. Records in relation to the administration, storage and disposal of medicines were well maintained and medicines management audits took place.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

# Is the service effective?

## Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on mental health, conflict resolution and understanding the client's perspective training. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. Care staff worked in the main house where there are supervisors to guide and direct them until they have completed their probationary period and assessed as competent before they work in the community houses. One staff member told us "The induction was really good; I also learnt a lot about the criminal justice system which is really important to understand because our service users talk about this a lot of the time." The provider was also working to good practice guidelines and implementing the new 'care certificate' for all new employee's.

Training was delivered by a mixture of face to face and e-learning modules and the providers mandatory training was refreshed annually. Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). The registered manager who is also the clinical lead for the service delivers training on 'understanding the client's perspective'. This is bespoke training individualised to each person who uses the service and raises awareness of the importance of empathy and empowerment in the planning of effective person centred care. All the staff we spoke with found this training positive and helped them to understand why a person may react or respond to certain situations and how important it was that this was identified in their care plan.

People's needs were met by staff that received regular supervision and received an annual appraisal. We saw that

supervision meetings were available to all staff employed at the home, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. Staff said "Supervision is good because we talk about how people are progressing, additional support required and training."

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. All of the people supported at the service had capacity to make decisions and we saw this was recorded in people's care plans.

People were supported to eat a balanced diet that promoted healthy eating. People received support to menu plan and then purchased their groceries independently. One person told us "It is a difficult to purchase all the food I want on the budget I have, but I manage it." Another person told us how they have difficulties with shopping and they had been supported to purchase their groceries on-line and have them delivered, they said "It solves all the anxieties I had every week; now I order from the comfort of my own flat."

The staff team were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene and actively encourage this good practice with the people they supported. The staff team were aware of the Speech and Language Therapy Team if people they supported had difficulties with swallowing food and knew how to refer people. At the time of our inspection no one had any specific dietary needs that required monitoring.

People's healthcare needs were carefully monitored and detailed care planning ensured care and support could be delivered effectively. Care Records showed that people had access to psychologists, mental health workers and other professional directly involved in the care programme. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

# Is the service caring?

## Our findings

People were happy with the care and support they received. They told us they liked the staff and said they were 'really supportive'. One person said "I was really suspicious when I first came here; I never thought people could be this caring, but they have been from day one." All of the people we talked to spoke very highly of all the staff.

People were treated with kindness, compassion and respect. The staff took time to speak with the people they were supporting and we saw many positive interactions. Observations showed staff had a caring attitude towards people and a commitment to providing a good standard of care.

People were fully involved in personalising their own flats. Each flat was furnished to people's own liking and people were supported to purchase to their own furnishings. One person told us "It really helps having a nice flat to live in and I chose all of my own furniture, I feel really lucky because I don't think I would have got this anywhere else."

Care plans included people's preferences and choices about how they wanted their care and support to be given and we saw this was respected. Staff understood the importance of respecting people's rights and staff celebrated people's diversity. People who used the service all had different interests and we saw staff interacting and discussing a wide range of topics and giving practical support to people.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a staff communication book which was a confidential document or discussed at staff handovers which were conducted in private.

People's privacy and dignity were respected by the care staff. Staff did not enter anyone's flat without permission. One person said "I am always treated with dignity and respect; it still surprises me two years down the line that staff are still so respectful of all of us."

There was information on advocacy services which was available for people and their relatives to view. No-one currently living at the home used an independent advocate but staff and people were knowledgeable about how to access or refer people to advocacy services and what advocacy services could offer people.

Visitors, such as relatives and people's friends, were encouraged and made welcome. People told us that their families and friends could visit when they want. One person said "My [relatives] visit me every week, I cook for them and they can stay as long as they like; it shows the progress I have made."



# Is the service responsive?

## Our findings

People's care and treatment was planned and delivered in line with people's individual preferences and choices. Information about people's past history, where they lived when they were younger, and what interested them, featured in the care plans that care staff used to guide them when providing person centred care. This information enabled care staff to personalise the care they provided to each individual. One person said "I know everything that is in my care plan and it is really clear in the plan what support I need and all about any anxieties I have and how to support me with them."

Care plans and 'recovery star action plans' which support people to manage their own mental health recovery progress were reviewed on a regular basis with the people who used the service to help ensure they were kept up to date and reflected each individual's current needs. The manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in the care plans we saw. People participated in reviews of the service they received and this was documented in their personal files.

The risk of people becoming withdrawn and lonely was minimised by the friendships people had developed with each other. One person said "There are two of us that do all the gardening, we both find it rewarding and we love to see the end result." People chose the activities that they wanted to be involved in within the local community. Another person told us how they make greeting cards for people and how this increases their confidence when people like the card they have made.

Staff were responsive to people's needs. They spent time with people and responded quickly if people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking with people about how they were feeling. One person said "The staff are really kind, if I am struggling they notice and offer me some support."

People participated in a range of activities. Some people were in paid employment, other people offered their services as a volunteer in the local town charity shop and another person had developed their own role as the 'handyman'. The directors of the service told us "If ever we need any odd jobs we call [the person] and they will put up shelves and fix things for us around the office and gardens; it's a great two way relationship, we value the work they complete and they know they have a trade that is valued."

When people first came to the service they and their representatives were provided with the information they needed about what to do if they had a complaint. There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. People we spoke with told us they had no concerns with raising any complaints and felt their complaints are taken seriously and actions are taken. One person said "I complained that I didn't get a good signal on my television; the next day the manager had called an aerial company and they came out and fixed the problem; you can't get better than that."

# Is the service well-led?

## Our findings

People told us the manager and staff were 'excellent' and that they could speak with them at any time. Staff said "The manager is great, always available and approachable and they take actions on things we tell them." We saw that people were relaxed around the manager and staff were at ease in interactions they had with them.

Communication between people, families and staff was encouraged in an open way. People told us they felt at ease talking to manager and the directors and they regularly went the office for a chat. The manager told us they had an open management style and wanted to involve people, relatives and staff in the day to day running of the home as much as possible. One person said "Staff can make suggestions but the choice the choice is our in whatever avenues we want to pursue."

People using the service were able to feedback on the quality of the service they received; this was done on an informal and formal basis. We saw that feedback had been acted on and actions had been completed. The manager told us how important it was that people were empowered to make decisions and choices and for them to know that they have a voice. One person said "I don't believe I would get a better service anywhere else, everything they do is positive and they [staff, manager and directors] go the extra mile all of the time."

The manager spoke about the vision for the service which was to 'support people to progress so they reach the point of living as independently as possible'. It was clear from our observations and talking to people that this vision had been achieved and it was an on-going objective, responding to people's needs and reflecting on best practice. People has spent up to two years in the main service getting the help, support and knowledge that they

needed before moving to the step down service and people told us that it was so important for them during these two years that there was a goal in sight and everyone around them supported that goal.

During the inspection we observed that the staff team worked well together and had the people's needs as their focus. All the staff said that they worked as a team and they enjoyed supporting people. Staff confirmed they received regular support from the manager and team meetings took place on a regular basis and were scheduled throughout the year.

The manager told us they were about to support the local university with offering placements to nursing students in the near future and had developed a positive working relationship with the university. The manager had also considered the use of volunteers in the service but after a discussion with people who used the service felt it was not appropriate because people had concerns that the 'general public' would have access to their personal and confidential information. It was clear from these discussions with the manager that people were listened to and their views were always taken into consideration when developing the service.

Quality assurance audits were completed by the registered manager to help ensure quality standards were maintained and legislation complied with. We saw that any issues that required action was dealt with in a timely way. Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment and training were up to date and regularly audited. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training or were taking a qualification in care work. Where care staff had received training prior to working at the home they were required to provide certificated evidence of this.