

Stepping Stones Resettlement Unit Limited

Stepping Stones

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Stepping Stones is a residential care home providing care to 32 people at the time of the inspection. There are 8 different households set in 4.5 acres that can support up to 33 people living with a learning disability or autistic spectrum disorder.

People living at Stepping Stones have access on site to an art room, a music room, a gym and a sensory room as well as an outdoor swimming pool.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Based on our review of key questions of safe, responsive and well-led, the service was not always able to fully demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

The manager and provider had implemented new monitoring systems to continue to improve the quality of the service people received. However, more time was needed to allow these systems to bring about and sustain individualised outcomes for all people. In addition, some of the systems were not always effective or audited to ensure they picked up the concerns we identified during the inspection.

Right support

People were supported by staff who understood their care and support needs, and what was important to them.

Since our last inspection progress has been made in ensuring people were being supported to start accessing the community again post COVID-19 to enjoy activities and outings. Staff knew people well, however people were not always supported to identify and achieve their aspirations and goals.

People were supported to access specialist health care services and maintain contact with their families.

Right care

People's risks were identified and managed by staff. People's care records reflected their emotional and health needs and progress has been made in identifying shortfalls in people's care records and updating

these. However, some support plans still lacked comprehensive individualised details about people's social and leisure/occupational aspirations and how they wanted to be supported to achieve this. Further time and development were needed to demonstrate that people's lives were enriched by a service that focused on their wishes, needs and rights.

Right culture

Staff had positive relationships with people and their relatives. There was visible leadership and management of the service and the registered manager's vision was "to give people who live here a voice."

The model of care being provided at Stepping Stones did not always maximise people's choice, control and independence. The provider had identified areas that required improvement and was working on their service improvement plan. However further time was needed to enable the provider and management team to demonstrate how the improvements being made would enhance people's quality of life and well-being for all people living at Stepping Stones such as empowering people to live a life of their choice.

The provider recognised that their values and the principles of Right support, right care, right culture guidance still needed to be fully understood and embedded into staff practices to ensure people were explicitly supported to live a fulfilled life.

People's relatives told us that their loved ones felt safe living at Stepping Stones.

People's personal risks had been identified and assessed which gave staff guidance on how they should support and monitor people to reduce their individual risks. Risks relating to the environment were now assessed.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 June 2022).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 6 May 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. We also received information of concern in relation to people's care since our last inspection.

This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For the key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement. This is based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stepping Stones on our website at www.cqc.org.uk

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to person centred care at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive?

Requires Improvement 

The service was not always responsive.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement 

The service was not always well led.

Details are in our safe 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. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Stepping Stones is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stepping Stones is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 8 December 2022 and ended on 19 December 2022. We visited the service on 8, 9 and 19 December 2022.

What we did before the inspection

We reviewed the intelligence that we held about the service. We used this information to plan our inspection.

The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR the day before the inspection therefore we did not include this information in our planning but gathered the relevant information during our inspection.

During the inspection

We spoke with 11 people who used the service and we observed interactions with staff for people who were unable to talk, had limited communication or did not wish to speak to us.

We spoke over the telephone with 7 relatives about their experience of the care provided to their loved ones.

We spoke with 23 members of staff including the nominated individual, registered manager, deputy manager, clinical lead, recruitment manager, behaviour lead, 2 activity leads, 1 team leader, 1 senior carer and 13 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records and a number of medicine records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training data and quality assurance records and policies and procedures were reviewed.

During the inspection

We received feedback from one professional who regularly visits the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we found that systems were either not in place or robust enough to demonstrate people's safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- Risks to people had been identified and assessed which gave staff clear guidance on how they should support and monitor people to keep them safe. For example, diabetic care plans included information about the action staff needed to take to support people to keep their blood sugar stable and how to monitor for changes in people's diabetes health that needed to be shared with health professionals..
- Positive Behaviour Support plans were in place for those people who may experience anxiety related behaviour. Information about the events or triggers leading up to people becoming upset or agitated were recorded and analysed by the Behaviour Support Manager. This assisted them in identifying any trends or actions that needed to be taken to reduce further occurrences.
- Weekly clinical meetings took place with key staff members to monitor people's risks and any changes in people's health and well-being. Prompt action was taken to escalate concerns to professionals when needed.
- Through the new management team's appraisal of people's care and health needs, a working group was developed to review people's possible risks relating to unhealthy weights/BMI (body mass index), blood sugar levels, teeth and other comorbidities. This led to a review of all aspects of people's nutritional needs and the implementation of a healthy eating programme. People and staff participated in a healthy eating steering group to help influence, make suggestions and provide feedback about people's meals and preferences.
- Health Action Plans helped staff to monitor and manage people's on-going and routine health needs and to reduce the risk of health inequalities within the service.
- Since the last inspection, the management team had taken action to ensure people were protected from risks relating to the environment.
- The provider was reviewing people's personal emergency evacuation plans (PEEP) to ensure it described people's reactions in the event of a fire or emergency to ensure staff have all information necessary to support people safely in the event of a fire.

Using medicines safely

- People's medicines were stored safely. Staff ensured people received their medicines as prescribed.
- People's care documentation contained information about their medicines, and they had up to date medicines profiles in place.
- Where medicines were prescribed "as required", there were protocols in place offering staff information in relation to the safe administration of these medicines.
- Managers reviewed medicine related errors. The clinical lead introduced a new reflecting account to ensure meaningful reflections and any necessary actions were taken after a medicine discrepancy. Lessons learnt were shared.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse. Staff we spoke with were aware of the service's safeguarding policy and the process for raising concerns.
- We observed staff taking appropriate action when people disclosed information of concern to them.
- People's relative we spoke with told us that their relatives felt safe living at Stepping Stones. One person's relative told us: "[person] is well cared for and safe", "When I visit, [person] is happy, [person] seems happy with [their] life", "I am not concerned about [person's] welfare or safety."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff were recruited safely. All required checks were made before new staff began working at the home. Disclosure and Barring Service (DBS) checks were completed alongside seeking references from staff's previous employers. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff we spoke with reported that staffing levels across the service had been a challenge due to staff sickness and absences. This view was shared by some of the people's relatives we spoke with. Staff provided examples of how they had worked with neighbouring households to ensure people remained safe.
- The provider had recently reviewed people's commissioned hours and revised the staffing levels for all the households. They have created a contingency plan for safe staffing levels to be implemented when required. The registered manager audited sickness absence and punctuality levels monthly during their audit of the service.
- The provider was actively seeking to recruit to the vacancies they had and was using bank staff and existing staff who worked overtime to fill in the vacancies.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was following current government guidance in relation to visiting at the time of the inspection.

- Good IPC checks were being maintained when visitors entered the service to help reduce the spread of infection.
- People were supported to maintain the cleanliness of their homes by staff who had been trained and adhered to good IPC practices.

Is the service responsive?

Our findings

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

At our inspection in May 2019 we rated this key question good. At our last inspection in May 2022 we did not look at the Responsive key question and reported our findings in relation to people's individualised care under the key question of Well – Led.

We looked at all of the Responsive key question at this inspection as we had ongoing concerns about the individualisation of people's care and have therefore reviewed the rating of the Responsive key question.

At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

At our last inspection we found people did not always receive care which was personalised and focused on their needs, choices and aspirations. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made in relation to people's person-centred care, however further improvement was needed and the service was still in breach of Regulation 9.

- There was not a detailed support plan in place for each person to show how their social and leisure/occupational needs and aspirations had been assessed and how the support they needed to achieve this had been planned.
- Since our last inspection, the provider had identified the improvements they wanted to make to people's care plans, so they reflected the person-centred principles underpinned by Right Support, Right Care, Right Culture statutory guidance. A new care plan format was being introduced and 8 people's support plans now set out how they would acquire the skills and support to achieve their goals. Further improvement was needed to ensure all people's care planning contained information about their future plans and how they were to be supported to achieve their longer-term aspirations and enhance their independence.
- Where people had activity plans in place these did not always show how this information was obtained from people or reviewed with them to ensure it remained current and reflective of their wishes.
- People had key workers and a system was in place for monthly reviews to be carried out with people, however these were not always filled in for all people, therefore evidence was not always available to establish how people's voice was gathered. The provider had identified the key worker system was not always effective and was working at making improvements to ensure all people would be actively involved in reviewing their care.
- For some people there was limited information in their daily notes to show the daily activities they

enjoyed or evidence that the activities on their planners had been offered. Information of the activity related support people received varied across the households and some people went some days without a documented meaningful activity other than watching televisions, listening to music or relaxing.

- Some people had individual support hours commissioned to support their social and wellbeing needs. Care plans did not detail how these additional hours were to be used to support people to achieve their agreed personal goals or attend community-based activities. Daily records did not always show if people were supported through these individualised support hours to engaged in their desired activities as per their activity plans.

People's care had not always been planned and delivered in a way that was personalised to their needs and promoted their wellbeing in line with the principles of Right Care Right Support Right Culture. This was an ongoing breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people were being supported to engage in old and new activities such as sailing, horse riding, attending college and going on holiday. We observed staff positively engaging with people throughout the inspection.
- We were also provided with several examples of how people were being supported to develop skills. For example, one person was involved in a training session delivering a talk about how they would like to be supported and were also involved in weekly cleaning tasks of communal areas of the service. Another person was involved in the weekly vehicle checks with a goal to become confident again to use the vehicle to access the community. One person was being taught to read on a 1:1 basis at night, with a night staff member.
- Following feedback from the people living at Stepping Stones, a steering group for activities was being implemented starting in January 2023.
- People told us; "We go out a lot, on the motorway, Cirencester, we do singing every day" and "I like to listen to music in my room."
- Comments from relatives in relation to activities varied. Relatives told us; "[staff] support [person] to do things on [their] own, [person] helps in the kitchen, does [their] own washing" and "Trampolining and cooking sessions" and [person's] name is on the waiting list for Carriage Riding. [person] likes swimming, but nothing's happened there."
- At the last inspection we found the communal areas of some people's homes looked tired in parts and it was not clear how people were involved in decisions about their home and their sensory needs. At this inspection we found people had been involved in painting murals on the walls of the communal areas and their rooms with the support of the activities lead.
- Comments from people's relatives in relation to the environment included; "Lovely, it's very homely, [person] has got all [their] personal photos" and "[person's] bedroom has been done lovely, there are patterns on the walls, and posters of [their] favourite [cartoon characters]."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs had been assessed and recorded. People's care plans detailed how people preferred methods of communication and how staff could approach communicating with people

- Pictorial social stories had been used with people to help staff to assess people's mental capacity about decisions relating to people's personal care and support.

Improving care quality in response to complaints or concerns

- The service had systems and processes in place for people to raise concerns and complaints.
- The management team kept a record of complaints and concerns they had received. These were responded to in line with the providers policies and procedure.
- We saw examples of how complaints had been used to improve the service. When a relative was concerned that they had not been informed of an incident, the service asked all relatives and representative what information they would like to be shared with them to ensure they remained up to date.

End of life care and support

- Staff had worked with end of life health care professionals to ensure people remained comfortable and pain free and supported by staff who were familiar to them at the end of their life.
- Information about how the person wished to be cared for at the end of their life such as pain, nutrition/hydration and things which made them comfortable was documented in their care plan to guide staff.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection systems were either not in place or robust enough to demonstrate the quality and safety of the service was effectively monitored. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the management and provider had made improvements in relation to the quality and risk monitoring of the services and were continuing to implement and appraise the effectiveness of systems. Although further time was needed to allow these systems to bring about and sustain good outcomes for all people, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- New systems had been implemented to monitor the quality of the service people received. We found improved governance arrangements in, for example, the monitoring of environmental risks and infection prevention control. However, there were some systems which were still being embedded to monitor whether people received individualised care and that medicine records were always completed.
- An effective monitoring system was not yet in place to monitor that people had received their allocated individual support hours and to ensure records accurately reflect how this care was planned and delivered and that people engaged in their desired activities following the implementation of a system to record this support.
- We found some gaps in people's medicine administration records. These had not been identified by the provider's medicine audit and action was being taken to increase the effectiveness of this audit.
- Since our last inspection, the provider has recruited a new manager who has taken up registration with CQC to become a registered manager.
- The provider and management team assessed the service and identified areas of improvement needed such as auditing people's care documentation and identifying which aspects require updating as well as further developing people's mental capacity assessments by involving people in a person-centred way. However, as the management team was also aware, that more time was needed for this process to be completed and improvements embedded.
- Systems were in place to monitor staff training and development and the registered manager was working

with the management team to take action to ensure this was being brought up to date. Staff with spoke with told us; "We have regular supervisions. Seniors go around and do supervisions" and "Training here is good, and they listen to what we say. For example, if I said I needed a catch up or more training in something, they would sort it."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were being supported to improve their health through a new healthy eating initiative.
- Staff and people were still adjusting to the new nutritional approach and the managers were working on ensuring that people were supported to make healthy meal choices that reflected their preferences.
- The service's action plan identified that people needed care reviews. These were being set up and had started involving people's relatives or representatives in decision's about people's care and support.
- The provider was in the process of implementing their Right Support, Right Care, Right improvement plan. The management team was aware that more time was needed for this to be completed and improvements embedded. Further work was needed to ensure that people's care was strongly focused on their wishes and choices and how the provider would evidence this.
- People's relatives we spoke to share feedback in relation to the care and support their loved ones receive at Stepping Stones. Comments included: "[Person] in the right home". [Person] told me that the carers are "all nice, they're all good" and "[person] is well cared for and safe. When I visit, [person] is happy, [person] seems happy with [their] life". Some concerns have also been shared which have been addressed and discussed with the registered manager who provided assurances that the service acted upon this information.

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

- The manager and provider understood requirements in relation to duty of candour and had an open and honest approach.
- The provider displayed their Care Quality Commission (CQC) rating within the service and on their website.

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

- The registered manager had implemented a series of engagement systems to addressed staff's concerns about communication within the service through a series of drop-in sessions, supplementary team leaders at each shift, staff meetings and having an open-door policy. They had worked along night staff to understand their experience of supporting people and was working on implementing actions following night staff feedback.
- Comments from staff in relation to the management of the service included: "Feel supported by the management. The registered manager is ok, [registered manager] is very new but has been working in the house and is very involved" and "Management are supportive, and it is nice to feel supported. My colleagues are great and we all work well together. I love it here."
- The registered manager had identified further work was needed to train and embed staff's understanding in the current principles of supporting people with a learning disability/autism. They were empowering staff to make daily decisions about how they could support people to have meaning to their day and reach their personal goals and aspiration such as supporting people plan activities in house or offsite.
- People could attend a food steering group to express their views and preferences in relation to their meals. People had suggested they wanted an activities steering group which the service was planning to implement in the next month.
- Feedback from the relatives we spoke with in relation to communication with the service varied. One

relative told us there were "No concerns with communication", while another relative told us that they were not always kept informed of certain aspects of their relative's care and would like to know more. The provider was taking action to improve information sharing with relatives/representatives.

- Records showed that staff worked in partnership with health care services and supported people to attend routine health care and health screening appointments.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People's care had not always been planned and delivered in a way that was personalised to their needs and promoted their wellbeing in line with the principles of Right Care Right Support Right Culture.</p>