

Matthew & Michael Healthcare Ltd

Stepping Stones

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Stepping Stones is a residential care home that provides personal care and support for up to 15 people with a learning disability, autism or who have complex needs associated with their mental health. At the time of the inspection there were 14 people living at the service.

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

Right Support:

People were not always supported to have maximum choice and control of their lives and staff were not always supporting people in the least restrictive way possible. The service could not always demonstrate they were acting in people's best interests.

People had fulfilling days and staff supported people by focussing on their strengths and encouraging people to be independent. People were supported to receive specialist health and social care support locally in line with their assessed needs. The service was homely, clean and people's bedrooms were personalised.

Right Care:

Staff respected the people they supported and provided care that was caring and compassionate. People were encouraged to take positive risks to enhance their wellbeing and support plans reflected their individual needs and preferences.

Right Culture:

The ethos, values and attitudes of staff helped to ensure people using the service were enabled to lead confident, inclusive, and empowered lives. Staff understood their role in making sure that people were always put first, and their care and support was tailored to their individual needs and preferences.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns. The management team had created an open and transparent culture, where constructive feedback was encouraged.

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 7 November 2019). The service remains rated requires improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been rated requires improvement for the last three consecutive inspections. You can see what action we have asked the provider to take at the end of this full report.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 have identified breaches in relation to safe care and treatment, need for consent, deprivation of liberty safeguards (DoLS), recruitment and good governance. We have also made recommendations in relation to staffing levels and accessibility of information. 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?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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

This inspection was carried out by 2 inspectors and 2 Experts by Experiences who spoke with people and made telephone calls to people's relatives with their consent. 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 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of this inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the information we held about the service, including notifications we had received.

Notifications are changes, events, or incidents the provider is legally required to tell us about within required timescales. We sought feedback from the local authority. We used this information to plan the inspection.

During the inspection

We spent time with and spoke with 10 people living at the service, 8 relatives, 5 members of staff, 2 visitors and the registered manager. To help us assess and understand how people's care needs were being met we reviewed 6 people's care records. We also reviewed a number of records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems. We also spoke with and received feedback from partner agencies.

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, policies and procedures and risk assessments.



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 for this key question has remained requires improvement.

Using medicines safely

- People's medicines were not stored securely.
- On the second day of the inspection we found some people's medicines were not being stored securely in accordance with the regulations. The keys to people's medicine cabinets were stored in a place which could be accessed by all staff. We discussed what we found with the registered manager who took immediate action.

The failure to store people's medicines securely was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Where people were prescribed medicines they only needed to take occasionally, the service had guidance for staff to help ensure those medicines were administered in a consistent way. However, we found the guidance provided was not always clear when to give a variable dose.

We recommend the provider seeks advice from a reputable source and reviews 'as and when' protocols to ensure they contain sufficient detail.

- Medicines were administered and disposed of safely.
- People's support plans described how they wanted/needed their medicines to be administered.
- Staff who administered medicines were trained and checked as competent before giving medicines to people.
- Systems were in place to audit medicine practice.

Staffing and recruitment

- People were not always protected by safe recruitment practices.
- We looked at the recruitment information for four staff members. Whilst some recruitment checks had been carried out, others had not. For example, one application form did not contain evidence of a full work history.
- Two staff appeared to have started work prior to the service receiving their full Disclosure and Barring Service (DBS) checks. There was no evidence that the provider had carried out a risk assessment prior to these staff commencing their employment or that these staff had not worked unsupervised. This meant the provider was unable to demonstrate they had followed a thorough recruitment process.

The failure to operate safe and effective recruitment procedures is a breach of Regulation 19 of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us there were enough staff to meet their needs safely. One person said, "Yes, they help me when I need them." Another said, "I press my pendant alarm and they come and help. But if they are too busy, they come and ask if we can wait. But apart from that, they are very good." Relatives' comments included, "There's always been enough staff, either when we go there or on the phone, there's always staff around," "There is more than enough staff," and "There's plenty of staff."
- However, we found the provider could not be assured the current staffing levels were sufficient to meet people's assessed needs, as the registered manager did not have an up-to-date list of people's commissioned hours. We also found the staffing levels at night had not taken account of the layout of the service. We discussed what we found with the registered manager who told us night time staffing levels were in the process of being reviewed.

We recommend the provider takes advice from a reputable source and reviews the current staffing arrangements and skill mix at night.

Assessing risk, safety monitoring and management

- Storage arrangements and records relating to the management of some people's monies were not always safe or accurate. Although the provider had clear procedures in place for recording people's financial transactions, we found staff were not always following these guidelines. We also found improvements were needed in the management of people's bank cards to prevent unauthorised access. Whilst we did not find people had been disadvantaged this placed people at risk. We discussed what we found with the registered manager who told us they would review the current system.
- Where some risks had been identified, it was unclear what action had been taken to mitigate those risks and keep people safe [see effective section of this report]. For example, we noted Stepping Stones had in place a locked door policy, as some of the people living at the service would not be safe if they left without support. We found some doors leading to the outside were not locked and had not been fitted with any device that would alert staff if someone left the building unattended. We discussed what we found with the registered manager who assured us action would be taken in relation to what we had found.
- People's needs were assessed and risks to people had been considered and there were plans in place to manage and mitigate those risks. For example, detailed care plans and risk assessments were completed in areas such as choking, mobility, moving and handling and managing people's emotional distress.
- Staff were vigilant in monitoring people's safety; reporting concerns and where necessary, specialist advice was sought from healthcare professionals.
- Checks were undertaken in relation to the maintenance and safety of equipment.
- Fire safety systems were serviced and audited regularly.
- People had individual evacuation plans for emergency situations. These detailed the level of support required to keep people safe.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider had failed to refer all safeguarding concerns to the local authority. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 13.

- People told us they felt safe and were happy living at Stepping Stones. One person said, "I feel safe here and I don't want to leave." Another said, "Yes, I do feel safe, the staff are nice, they help me and know what

they're doing."

- Relatives did not have any concerns about people's safety. Relatives' comments included, "[Person's name] is very safe, we could not wish for anything more," "Yes, very safe," and "we do not have any concerns about [Person's name] safety."
- The provider had clear policies and procedures in relation to safeguarding adults. Staff had received training in safeguarding and were able to tell us the correct action to take if they suspected people were at risk of abuse and/or avoidable harm.

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.

Visiting in care homes

- The service supported people to have visitors in line with government guidance. People and their relatives told us there were no restrictions on visiting and they were always made to feel welcome by staff. One person said, "There are no restrictions, my friends and family can visit whenever they like, although they generally ring first to check that its ok with me." A relative said, "Absolutely no problem. We visit [Person's name] all the time, and at all hours it has never been a problem."

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager to identify any learning which may help to prevent a reoccurrence. This information was also shared with the provider through regular monthly meetings.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 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 were being met.

- Through discussion we identified that some members of the management team did not always have a good understanding of the Mental Capacity Act and DoLS process.
- People were not always supported to have maximum choice and control of their lives. For example, where the service held or supported three people to manage their finances. There were no mental capacity assessments to show that people did not have capacity to manage their finances or that the decision to hold their monies had been made in a person's best interests.
- Where restrictions had been placed on people to keep them safe, through the use of lap belts or constant supervision, this was not recognised by staff as restrictive practice and people's capacity to consent to these arrangements had not been assessed nor had staff followed a best interests process.

The failure to properly assess and record people's capacity and best interest decisions risked compromising people's rights. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We found staff had not recognised that some people were subject to continuous supervision and control as part of their care and support arrangements and were not free to leave the service due to safety concerns. There was no legal framework in place to support these restrictions.
- Where other restrictions had been placed on people's liberty to keep them safe, the provider had worked with the local authority to seek authorisation to ensure this was lawful. However, there was no system for reviewing existing DoLS authorisations. This meant the provider could not be assured there was a continued legal basis or framework in place to support these restrictions or that any restrictions continued to be in people's best interests.

The failure to provide care and support in line with Deprivation of Liberty Safeguards code of practice was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed prior to admission. Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practice. Information from these assessments were used to develop individualised care plans and risk assessments which provided staff with guidance about how best to meet those needs in line with people's preferences.

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

- People's support plans contained key information about their physical and emotional health to inform staff and guide them on how best to support each person.
- People were supported to access a range of health care professionals to enable them to live healthier lives. This included access to GP's, dentists, as well as specialist consultants from the local hospital.
- Guidance from external healthcare professionals had been included in people's care plans. This helped to ensure staff had a good understanding of how people should be supported to manage any existing health condition or change in their needs.

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

- People told us they enjoyed the food, had choice and were able to access the kitchen with staff support. One person said, "It's a lot better now than it used to be. There's more choice." Another said, "They (meaning staff) do come and ask you what you want, they are good cooks. I get to eat what I want."
- The registered manager described how people and staff had worked with an external company to develop balanced and nutritious menus that suited everyone's taste. One person said, "We've got new menus. We had some chefs come in to teach the staff new recipes and how to cook more healthily and asked us what we liked."
- Staff knew people's likes and dislikes. Support plans contained clear information about people's preferences and staff had a good awareness of people's dietary needs and healthy eating was encouraged.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals were consulted for support and advice.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and experience to meet their needs safely. The provider monitored staff training on a training matrix. The training matrix identified staff had received training in a variety of subjects. For example, privacy and dignity, safeguarding adults, medicines administration, and first aid. Specialist training was also provided for people's specific care needs. For example, learning disabilities, Autism awareness, stoma and catheter care.
- Staff had opportunities for regular supervision and appraisal of their work performance. Staff told us they

felt supported, valued, and appreciated by the service's management team. One staff member said, "Both deputy managers are very supportive and approachable." Another said, "I have regular supervision with one of the deputies but [registered manager name] is amazing too, she is not afraid to help out and is always available for support and advice if we need it."

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

- Stepping Stones is located on one site which is split across two bungalows and three individual flats in a quiet residential area of Plymouth. The design and layout of the service was suitable and appropriate to meet the needs of the people living at the service.
- The service was homely, clean and free from clutter. At the time of the inspection we saw the provider was in the process of replacing all the fire doors within the main bungalows. The registered manager described how the service had undergone refurbishment to improve the safety and standard of accommodation to ensure the building was able to meet people's needs. For example, we saw bathrooms and communal areas had been decorated, as well as a new raised pond feature with sensory planting.
- Facilities were all on one level, which meant people were able to easily access all areas of the service. Doors leading to the gardens and patio areas were electronic which meant people could access the grounds without staff assistance should they wish. Specialist equipment in bedrooms and bathrooms meant people could have their individual needs met.
- People's bedrooms were personalised with ornaments, pictures and other memorabilia to make them feel more at home and reflect their personalities. For example, one person who had a passion for Plymouth Argyle was having their bedroom decorated in their teams' official colours.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 told us they were happy living at Stepping Stones. One person said, "I think it's nice, I like it here. Now that I'm here I don't want to leave." Another said, "I like living here, it's my home. Staff are nice and kind to me, they give you time and chat when you are sad or down."
- People were treated with kindness and supported by staff who had a good understanding of their individual needs. Staff did not discriminate against people based on any of their protected characteristics, which included their race, religion, gender, disability or sexuality.
- Relatives spoke positively about the care and support people received. One relative said, "They are all very kind and caring, they go over and above." Another said, "I wouldn't have anyone else looking after [Person's name]. I'd recommend Stepping Stones to anyone."

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

- People were encouraged and supported to express their views and make decisions about their day-to-day routines and personal preferences. During our visit we saw members of the staff team supporting people to make choices with regard to how they spent their day.
- People were allocated a 'keyworker' who was responsible for consulting with people and their relatives about their care and whether they felt they were being supported in the way they wished.
- People, and those acting on their behalf, were provided with a range of opportunities to express their views about the care and support through regular reviews, meetings, and surveys. One relative said, "If I have any queries, they deal with it. We are constantly updated; they give us a ring. They always let us know of any changes." Another said, "[Person's name] has a care plan, it was created with [Person's name] and my wife's assistance. I know it is updated regularly and we can see it whenever we want."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff were seen to be discrete when asking people if they required support with personal care. Bedroom doors were closed and staff were seen to knock and wait for an answer before entering.
- People's support plans contained clear information about what each person could do for themselves such as, personal care, choosing their clothes or getting dressed. Staff described how they took a positive approach in encouraging people to be as independent as possible whilst recognising when people needed additional assistance.
- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships. Relatives described Stepping Stones as

people's home were family and friends could visit. One relative said, "When we go and visit, if [Person's name] hears people coming back and when he sees them, we know it's time for us to go."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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.

- Support plans identified people's communication needs and how they could be supported to understand any information provided.
- Staff had a good understanding about how people communicated and used this knowledge to support people to make choices and share their views. However, we found more work was needed to develop information in an accessible format, such as easy read or pictorial to help ensure people's support plans are fully accessible.

We recommend the provider seek advice based on current best practice, around how to develop support plans in an accessible easy format.

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

- People received individualised care and support from staff who knew them well. Support plans were informative and provided staff with detailed information on people's likes, dislikes, personal preferences, care needs and medical history. This enabled staff to support people in the way they wished to be supported to live full and active lives and to develop their independent living skills.
- Support plans and risk assessments were reviewed regularly and updated when people's needs changed.
- Relatives were actively involved in the planning and the development of their loved one's care and told us they felt valued. One relative said, "They [meaning staff] fully involve us in her support and send us updates when things change. They know [Person's name] better than I do, I know that sounds silly but they're there more than I am."

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

- People were encouraged and supported to lead active lifestyles, follow their interests and take part in social activities. Each person's support plan included a list of their known hobbies/interests and staff supported people to take part in things they liked to do.
- Staff described how they supported some people to go shopping, go out for meals and/or take part in

activities in which they had expressed an interest such as bowling, going to the cinema, or planning holidays. For example, on the day of the inspection we saw two people and the staff supporting them were all dressed up, complete with suits and ties for a night at the theatre to watch Buddy Holly the musical, which everyone was clearly excited about.

- Relatives were pleased with the activities and the effort made by staff to support them with their families. One relative said, "If they have something going on that we can't get to they make us part of it through facetime calls." Another said, "[Person's name] has a better social life than any of us. [Person's name] takes part in art classes, music classes and has lots of people visiting. Staff organise singalongs, parties' outings – all sorts of things."

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to make a complaint and felt comfortable raising concerns if something was not right or if they were unhappy. One person said, "I haven't any. I'd speak to the management and if they're not here I'd tell the staff." Another said, "I can talk to [deputy managers name] or [key workers name]."

- Relatives told us they would feel comfortable raising any concerns. One relative said, "If I had a complaint, I'd have no problems mentioning it and I'm confident it would be sorted out immediately. I have no complaints whatsoever." Another said, "I would have no problem in making a complaint if I needed to. The manager is so approachable, I can contact them anytime day or night. I have their mobile and email and they always respond quickly."

- A formal complaints process was in place and this was displayed for people's information.

End of life care and support

- Stepping Stones was not supporting anyone with end-of-life care at the time of the inspection. Most of the people living at the service were younger adults and did not have life limiting conditions. As such, end-of-life care planning had not been formally discussed with all the people living at the service.

- However, a relative wanted to share with us how kind and compassionate the registered manager and staff had been following the loss of their loved one. They said, "Right from the start they put [Person's name] first and made sure all their wishes were honoured. The registered manager arranged for a motorcycle guard of honour; they are simply amazing."

- We discussed what we had been told with the registered manager who said they recognised the impact on people, relatives, and staff when a person living at the service passed away. They described how important it was for people and staff to be supported through the grieving process and given time to reflect and remember the person and their friend who had passed.

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 requires improvement. This meant more work was needed to ensure the service was consistently managed and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the previous inspection we found systems were not in place to ensure correct procedures were followed when incidents of potential harm occurred. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst we found improvements had been made, more work was needed to fully embed systems and processes to ensure compliance with the regulations.

- Systems were either not embedded into practice or undertaken robustly enough to identify and monitor the quality of the service and effectively drive improvements. This meant systems operated by the provider had failed to identify concerns and shortfalls we found during this inspection and could not be relied upon as a source to measure quality and risk. Issues included concerns with regards to the storage of medicines, recruitment, staffing levels, management of some people's monies, MCA and DoLs.
- Following the inspection in April 2019, a condition was placed on the providers registration, which required them to send the Care Quality Commission monthly reports. At this inspection we noted the provider had stopped sending these reports. This meant they were in breach of a condition of their registration. The registered manager told us, that following a previous conversation with the Commission in 2022 they genuinely thought the condition had been removed. Although they acknowledged they had not submitted a formal request which they would be required to do.

The failure to comply with a condition of registration and ensure systems and processes were embedded into practice, was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the registered manager has formally asked the Commission to amend the conditions of the providers registration.
- The management team were committed to providing good quality care and were responsive to the feedback we gave them, immediately addressing any shortfalls we highlighted.

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 registered manager was aware of their responsibilities in relation to duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- The management team shared information with external agencies such as healthcare professional's when things had gone wrong as well as liaising with families where appropriate to do so. One healthcare professional said, "I was very impressed with the way the registered manager managed a recent incident, it showed real integrity and focused on good outcomes for the people involved."

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

- People spoke positively about the service, the staff and the care and support they received, they were happy living at Stepping Stones . One person said, "I like it here, the staff are very good." Another said, "When I first came it wasn't very good because we used to have the old manager and we didn't have the things we do now, we didn't go out. [Registered managers name] is very good, it's so much better."
- Relatives had confidence in the service and told us Stepping Stones was well managed, comments included. "It's improved so much with the new management," "The manager, very approachable, kind and caring and listens to me," "They are always improving there, they're always making the lives of the residents so much better." And "It has improved under new manager. It's like chalk and cheese. Now it's tremendous. It's a lot to do with the new manager."
- The registered manager promoted a positive culture within the service, which was open, inclusive, and mostly empowering [see effective section of this report]. Staff talked about personalised care, promoting independence, and increasing people's opportunities.
- The registered manager had a clear vision for the service and described how the whole team worked in a person-centred way.

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

- Systems were in place to gather people's, relatives, and staff's feedback on the quality of the service. One person said, "It's very good now [registered managers name] has taken over. Less regimented and you can do what you want to do within reason. If you want to go out, we can". Another said, "Staff asked me how I wanted my room decorated and I chose what I wanted."
- Relatives confirmed they had been asked to provide feedback via questionnaires and welcomed the opportunity to tell management and the staff how pleased they were with the care and support provided to their family members. One relative said, "We get questionnaires, I can't remember how often, they come in the post or by email." Another said, "We've received several surveys and questionnaires."
- The management team were aware of people's equality characteristics and took this into account when supporting people to plan their care or providing support.
- Staff told us they felt appreciated and could contribute their ideas to the running of the service. One staff member said, "[Registered manager name] has made such a difference since taking over. She engages with people and staff and she is visible, and listens to what we have to say, the whole service is very different, better." Another member of staff said, "We have plenty of opportunities to contribute. We have regular meetings, and the office door is always open."
- The registered manager said that regular handover meetings between shifts and daily 10 at 10 meetings helped to ensure essential information about people's care needs was shared within the staff team and or escalated if needed.

Continuous learning and improving care; Working in partnership with others

- Learning took place from accidents and incidents, and concerns and complaints were listened to and acted upon to help improve the services provided by the home.

- The registered manager described how they promoted continuous learning through meetings with staff to discuss work practices, training, and development needs.
- The service had developed good working relationships with other health and social care professionals which meant advice and support could be accessed as required.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not acted in accordance with the principles of the Mental Capacity Act 2005. Regulation 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not always stored securely. Regulation 12(1)(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to ensure people were not being deprived of their liberty for the purpose of receiving care or treatment without lawful authority. Regulation 13(1)(5)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to effectively operate systems to assess, monitor and improve the

safety and quality of the service.

Regulation 17(1)(2)(3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The failure to operate an effective recruitment procedure exposed people to unnecessary risk.

Regulation 19(1)(2)(3)(a)(b)