

Stepping Stones Resettlement Unit Limited

Riverside House

Inspection report

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Date of inspection visit:

11 January 2023

12 January 2023

Date of publication:

08 February 2023

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Riverside House is a residential care home providing accommodation and personal care for up to 12 people. The service provides support to people living with a learning disability or autistic spectrum disorder. At the time of our inspection there were 11 people using the service.

The service is a large adapted house with facilities over 4 floors. People have their own bedrooms and access to a variety of communal rooms and an enclosed garden.

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

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.

Right Support: The service was a busy, larger than average, household where people enjoyed a good quality of life. People were regularly in and out of the service, interacting with others, making use of their personal space and communal resources as they wished. They participated in individual and/or group activities within the service, at the main 'Stepping Stones' site, or in their wider community. Work was ongoing to adapt the environment in line with people's sensory needs and changing mobility.

Some people had lived at Riverside for many years, they were happy and settled in their home. People were supported to maintain relationships with others who were important to them through regular visits, phone and video calls and celebrating special occasions. This included visiting family members who lived some distance away.

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

Right Care: People's activities were tailored to their interests, preferences and needs. A professional said, "Riverside are working hard to expand meaningful activities and are thinking of the individual's specific needs, likes and dislikes and working with them directly to build on this." We saw people were confident when interacting with staff, often leading interactions and joking with them. People spent time with others and engaged in activities when it suited them.

Each person had a named staff member [keyworker] who supported them with planning and decision-making. People were supported to access appropriate health and dental care; Medicines and incidents were reviewed regularly with external professionals to ensure any restrictions were in people's best interests.

Legal authorisation had been sought as required when people were unable to consent to care. Staffing levels and staff training were reviewed in-line with activities and people's needs.

Right Culture: People lived in an inclusive and caring environment where they were valued and relationships were based on mutual respect and kindness. The manager led by example, working openly and setting clear expectations for staff. People and staff were listened to and their ideas and suggestions were welcomed.

The staff we spoke with were compassionate and empathetic and understood people's needs and risks. Staff were very positive about working at Riverside and praised the manager for ongoing improvements in the service, a staff member described their achievements as, "remarkable". Effective working relationships had been established with professionals and 5 out of 6 relatives said communication with Riverside was very good.

The provider was reviewing their governance and oversight arrangements to ensure they always had capacity to support services to make timely improvements when needed.

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 12 November 2021) and there was 1 breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider seek additional guidance in the principles of STOMP (stopping overmedication of people with a learning disability, autism or both). At this inspection we found the provider had acted upon this recommendation and STOMP (best practice) guidance had been followed.

Why we inspected

We carried out an unannounced inspection of this service on 24 and 29 September 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well Led which contain those requirements.

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.

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

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

Follow up

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?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Riverside House

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 1 inspector and an Expert 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

Riverside House 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. Riverside House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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 not a registered manager in post. The manager had managed Riverside House since September 2022 and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from commissioners. 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 used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and observed people interacting with staff. We received feedback from 6 people's relatives and 3 professionals, about their experience of the care and support provided by the service.

We spoke with 8 staff including the nominated individual, manager, senior support worker and 5 support workers. The nominated individual (NI) is responsible for supervising the management of the service on behalf of the provider. We also received feedback from the provider's clinical lead and the behavioural support lead.

We reviewed a range of records. This included people's care records and records of incidents and accidents. A variety of records relating to the management of the service, including the service's action plan and recent audits were reviewed.

Is the service safe?

Our findings

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

At 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.

Using medicines safely

At our last inspection we recommended the provider seek additional guidance in the principles of STOMP (stopping over medication of people with a learning disability, autism or both). The provider had made improvements.

- People's medicines were reviewed regularly by health care professionals to ensure they remained appropriate and to monitor the effects of medicines on their health and wellbeing. Where possible, medicines to manage people's behaviours had been reduced. This had a positive impact on one person we tracked who staff noted had more energy and was communicating better.
- People were supported by staff to make their own decisions about medicines wherever possible.
- People were supported to take their medicines safely. Clear protocols were in place for 'as required' and rescue medicines and staff could describe these processes. Protocols and homely medicines had been approved by health care professionals.
- People's medicines were stored correctly, and appropriate records were kept. Medicines administration records (MARs) and were clear, complete and easy to follow. Records showed people received their medicines as prescribed.
- Staff who supported people with their medicines had completed appropriate training and their competency was checked.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. People interacted confidently with staff and sought reassurance and comfort when they were uncertain or feeling emotional.
- People were protected from the risk of abuse as staff followed the processes in place to safeguard them. Staff knew what they should report and to whom and which external agencies should be involved in response to safeguarding concerns. Incidents had been reported to the local authority and CQC appropriately.
- The provider's systems were followed to protect people from the risk of financial abuse.
- Behavioural incident reports, including use of 'as required' medicines for distress related behaviours, were reviewed by the manager and behavioural support lead to ensure staff responses were appropriate. Staff training was recognised by the Restraint Reduction Network.

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 had been sought to deprive a person of their liberty. At the time of the inspection, 1 application had been authorised with no conditions attached.

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

- Risks to people were assessed and actions for staff to keep people safe, were detailed in related support plans. Feedback from health care professionals included, "Riverside work hard to manage individual's risks and are aware of trigger periods and respond in a timely manner to any concerns highlighted to keep the individual's safe. Riverside are always forthcoming with concerns and do report this through appropriate channels when prompted to do so."
- Staff understood risks to people and how these were managed. Staff told us how they managed risks to people including seizures, falls and the risk of choking. We saw recommendations from health care professionals were implemented, adaptations made, and records updated.
- The service ensured people had access to the equipment they needed. Equipment and the building were appropriately maintained. Risks relating to fire and legionella had been mitigated.
- Learning from incidents, feedback and inspections was shared with staff to improve the service.

Staffing and recruitment

- Safe recruitment practices ensured staff were suitable to work with people using the service. Where indicated, risk assessments were completed to support safer recruitment decisions. The suitability of new staff was assured during their induction and probationary period.
- Staffing levels were safe as the manager kept people's support needs under review and took appropriate action when people's needs changed. The manager had secured additional funding to support 1 person whose anxieties had increased during the pandemic. Records were maintained to monitor how these hours were used and ensure safe staffing levels were maintained.
- We saw staff supporting people appropriately and delivering care in a timely manner. The manager told us they adjusted staff numbers on specific days, to support social activities, or in response to people's heightened support needs.

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.
- There were no restrictions on visiting the care home. Guidance from the health protection team was

followed during a COVID-19 outbreak.

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.

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

At our last inspection the provider had failed to ensure people received care and support that met their needs and reflected their preferences. This was a breach of regulation 9 (Person centred care) 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 9.

- A person-centred approach had led to a reduction in incidents in the service in the last 12 months. Staff told us how much happier people were. We saw people rarely needed 'as required' (PRN) medicines to help them regulate their emotions. A staff member said, "We are here to support, not to give PRN, we are very proud, we are managing behaviour with different [low-arousal] techniques."
- People and their relatives, (where appropriate), were involved in planning and reviewing their care. Each person had a named 'keyworker' who supported them to express their views. People were confident in letting staff know what they wanted, we saw staff respected their wishes.
- People's support plans were detailed and educational, yet easy to follow, providing staff with clear information and guidance in meeting people's specific health and support needs. Staff said they found these documents helpful.
- The manager worked closely with professionals and the provider's specialist leads to ensure people received the right care and staff followed best practice. Feedback from health care professionals included, "[Manager] is also prompt to raise concerns and send relevant recordings to us. She is prompt to follow recommendations provided."
- When people's needs changed, the manager ensured they continued to receive the right support. One person sometimes needed extended 1-to-1 support to manage their anxiety; the manager increased staffing numbers in response to this. The manager monitored use of their 1-to-1 hours to ensure the level of support remained appropriate.

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 were able to communicate their needs and wishes as staff knew them well and used communication methods and tools the person understood. This included easy read documents, shorter sentences, signs, objects of reference and pictorial cards.
- People and their relatives told us staff understood their needs and preferences. Relatives told us about times they had seen this in action, including when people needed extra support as they were ill or anxious. Relative's said, "From what I see, I would say they understand her well" and "I can not thank them enough for what they did."
- The manager was exploring use of communication applications on mobile devices to enhance communication with some people using the service.

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 supported to develop and maintain relationships with others who were important to them. One person was regularly supported to stay with their relative despite this being a 5 hour round trip for staff. Staff were working closely with one person's family to minimise anxiety around family contact triggered by changes due to COVID-19.
- People told us about activities they had enjoyed recently and spoke with staff to make plans. These included cinema trips, meals out, visits, parties, a variety of community-based groups, activities and courses. Each person had a personalised activity plan, these were kept under review and changes made to ensure they remained meaningful to the person.

Improving care quality in response to complaints or concerns

- Easy read information to support people to make a complaint was available in the service. People were supported by staff to use easy read complaints and feedback forms as needed.
- No concerns or complaints had been raised in the 12 months before our inspection. While 3 of the 6 relatives we spoke with said they did not know how to make a complaint, 5 out of 6 said they would call the service with any concerns. One said, "I feel comfortable complaining, definitely. If nothing was done, I would find where to go next."
- The manager followed the provider's complaints policy and a complaints log was maintained.

End of life care and support

- People's wishes and preferences for end of life had been recorded. People's families had been involved in decision-making around end of life care where appropriate.
- The provider's policies promoted end of life care that should be delivered with compassion, dignity, comfortable and be pain free in a familiar environment.

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 has changed to good. This meant the service was consistently managed and well-led. Leaders 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

- The manager understood regulatory requirements and had notified CQC of key incidents as required. The manager had submitted the required applications to add Riverside House to their CQC registration and to remove the location they had previously managed on behalf of the provider. These applications were being assessed.
- Staff and relatives had confidence in the manager who carried out regular checks to monitor the quality and safety of the service. The manager ensured staff understood their roles and accessed the support, guidance and training they needed to work safely in-line with the provider's policies.
- The provider had maintained oversight of the service through site visits and remote monitoring by the nominated individual (NI). The NI worked closely with the manager to review their audits and monitor progress on action plans.
- While improvements were well underway at Riverside, the provider recognised their capacity to support their services to improve, while simultaneously improving their monitoring systems, was limited. The nominated individual told us governance arrangements and capacity were being reviewed by the Board to ensure timely improvements could always be made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager led by example, creating a positive, open and inclusive culture based on equality and mutual respect. People, staff and relatives felt listened to. Staff and relatives said their ideas and feedback were sought and acted upon. A staff member said, "[Manager] was a breath of fresh air. Things got done, people seem more relaxed, staff are much happier." A relative said, "I have seen many, many managers over the years and [Name] is standing out as one of the best."
 - We saw people were relaxed and confident and very much 'at home' with staff and each other. People led interactions, seeking out staff when they wanted their company, comfort or support. One person joked with us about staff being, "Nice and kind and plentiful." A relative said, "As a parent, they have become like an extended family with the other residents' brothers and sisters."
 - People were encouraged to try new things without pressure or expectation. One person had attended drama but rarely joined-in so alternatives were being explored. As they enjoyed cooking, a trial in the kitchen of a local café supporting people with a learning disability was being arranged.
- A staff member said, "They have got a good life, we try to give them a good life and keep it as normal as

possible."

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 provider and manager were aware of their responsibilities under the duty of candour. They worked openly and transparently in response to incidents and significant events. A relative said, "[Manager] is very responsive to me and keeps me informed of everything I should be aware of."

Continuous learning and improving care; Working in partnership with others

- The manager used the resources available to them, working closely with others to improve outcomes for people. All feedback from health care professionals was positive; Comments included, "The manager has highlighted situations within the home that could have been improved upon and has managed this efficiently and is quick to educate the support staff around new approaches", "Staff worked incredibly hard with myself and CLDT (Community Learning Disability Team)", "Organised and efficient" and "We have a positive working relationship."
- People's feedback about the service had been sought and acted upon. Relatives told us they were able to express their views and discuss any concerns. A relative said about communication, "Very clear and very helpful and it is a two-way conversation."