

# Stepping Stone Independent Living Ltd

# Regis House

## Inspection report

29 Causeway  
Rowley Regis  
West Midlands  
B65 8AA

Tel: 01215596667

Date of inspection visit:  
27 January 2016

Date of publication:  
24 February 2016

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

Our inspection was unannounced and took place on 27 January 2016.

The provider is registered to accommodate and deliver personal care to seven people. At the time of our inspection seven people lived at the home. People lived with a learning disability and/or other related needs.

The home had been taken over by a new provider. This was their first inspection since being registered with us in 2014.

The previous manager had recently de-registered and a new manager told us that they were in the process of applying to be the registered manager. It is a legal requirement that a registered manager is in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider was not meeting all legal requirements as they had not notified us of five Deprivation of Liberty Safeguardings (DoLS) approvals as they are required to do.

Quality monitoring systems were in place but had not identified that some processes and records needed a review.

The staff had received training on procedures they should follow to ensure the risk of harm and/or abuse was reduced.

The staff had been trained to manage medicines safely. Medicines were given to people as they had been prescribed.

Helpful and kind staff were provided in sufficient numbers to meet people's needs.

The recruitment processes the provider followed ensured that unsuitable staff was not employed.

Staff received induction training and the day to day support and guidance they needed to ensure they met people's needs and kept them safe.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This ensured that people received care in line with their best interests and would not be unlawfully restricted.

People were encouraged to make decisions about their care. If they were unable to their relatives were

involved in how their care was planned and delivered.

Staff supported people with their nutrition and dietary needs to prevent malnutrition and dehydration.

People received assessments and/or treatment when it was needed from a range of health care professionals which helped to prevent deterioration of their health and well-being.

People were offered and enabled to engage in recreational activities that they enjoyed and met their preferred needs.

Systems were in place for people and their relatives to raise their concerns or complaints if they had a need.

People, their relatives, and staff felt that the quality of service was good.

## 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.

People felt safe and protected from the risk of harm or abuse. Processes were in place for staff to follow to ensure that people were not placed at the risk of abuse.

People were given their medicines as they had been prescribed.

People felt that there were adequate numbers of staff to meet their needs.

Recruitment systems prevented the risk of unsuitable staff being employed to work at the home.

### Is the service effective?

Good 

The service was effective.

People, relatives and staff felt that the service was effective and met people's needs.

People's needs were managed in the way that they required and preferred. Staff had the knowledge they needed to meet people's needs.

Staff understood the principles of the Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS). People were appropriately supported and were not unlawfully restricted.

People were supported with their nutrition and dietary needs to prevent malnutrition and dehydration.

### Is the service caring?

Good 

The service was caring.

People were supported by staff who were kind and caring.

People's dignity, privacy and independence were promoted and maintained.

People were glad that their relatives could visit when they wanted to and were made to feel welcome.

### Is the service responsive?

The service was responsive.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were offered recreational activities that they enjoyed.

Complaints procedures were in place for people and relatives to voice their concerns.

**Good** ●

### Is the service well-led?

The service was not always well-led.

The provider was not meeting all legal requirements as they had not notified us of five Deprivation of Liberty Safeguardings (DoLS) approvals.

Quality monitoring systems were in place but had not identified that some processes and records needed a review.

Staff felt adequately supported by the management team. A manager was in the process of being registered with us as this is required by law.

People, relatives, and staff felt that the service was well-led.

**Requires Improvement** ●

# Regis House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection was unannounced and took place on 27 January 2016. The inspection was carried out by one inspector.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We met and spoke with six of the seven people who lived at the home and two relatives. We spoke with three care staff, the manager and the provider. We looked at the care files for two people, medicine records for four people, recruitment records for two staff, supervision records for two staff, training records and complaints, safeguarding, quality monitoring processes and completed provider feedback forms.

## Is the service safe?

### Our findings

People, relatives and staff told us that they did not have any concerns regarding abuse. A person said, "No one has hurt me or anything". A relative told us, "They [person's name] are treated well no mistreatment or anything like that". The provider's safeguarding policy detailed types of abuse and staff we spoke with were aware of these. Staff told us that they had received training in how to safeguard people from abuse and records confirmed this. All staff we spoke with told us that there were no concerns or abuse. A staff member said, "If there was any concern of abuse I would report it straight away". The manager had previously reported any concerns to the local authority as was required to keep people safe.

We checked the records and money held in safe keeping for two people. We saw that records of transactions were signed by two staff to witness and verify that they were correct. The manager and staff told us that the money was checked on a daily basis to ensure that it was correct. Only a limited number of staff had access to the money. The keys for the storage were held by the manager. This helped to ensure that money held by the provider for people would be safeguarded.

People, relatives and staff we spoke with told us that the people who lived there were safe. A person told us, "I am safe here. The staff watch over me". A relative said, "I think [person's name] is safe there. I do not have any concerns". All staff we spoke with told us that in their view all of the people who lived at the home were safe. We saw that risk assessments had been undertaken and were reviewed monthly. These included risk assessments relating to behaviour that could challenge and people using kitchen equipment. Staff we spoke with were aware of the risk assessments. They were able to describe people's risks and what was needed to reduce them. A staff member said, "Risk assessments have been undertaken and we [the staff] are aware of what is in them and follow them". A staff member told us that one person was recovering from an illness and needed help to go up and down stairs. They said, "We support them [person's name] to make sure they do not fall". We saw that head protection was worn by people who were at risk of falls and head injury due to a specific health condition.

People and the relatives we spoke with told us that there were enough staff. A relative said, "Sometimes I think that a few more staff are needed but generally I think the levels are alright". Staff we spoke with told us that they felt that there was enough staff to supervise people, provide support, and take them out into the community whenever they wanted to. We observed that staff were available during the day to supervise people and to keep them safe. During the day a person went out into the community supported by a staff member. Staff told us that they covered each other during holiday time. They also told us that there were bank staff who people were familiar with and knew people's needs who could be called upon at short notice. Bank staff are employed to cover staff sickness or staff holiday leave. This was confirmed by the manager. This should ensure that people would be supported at all times by staff who were familiar to them and knew their needs.

A staff member said, "All of the checks had to be done before I was allowed to start work". All staff we spoke with told us that checks had been undertaken before any staff were allowed to start work. This was confirmed by the manager. We checked two staff recruitment records and saw that pre-employment checks

had been carried out. For both these included the obtaining of references and a check with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. These actions decreased the risk of unsuitable staff being employed.

People we spoke with told us that they wanted the staff to manage their medicines. A person said, "I don't want to do my tablets. I want the staff to do them for me". Another person told us, "The staff give me my tablets in the way I like". We saw that assessments were available if people wanted to manage their medicines and records highlighted how people preferred to take their medicines. The manager and staff we spoke with told us that only staff who had been trained and deemed as competent to do so, were allowed to manage and administer medicine. This was confirmed by records we looked at.

We saw that medicines were stored safely in locked cupboards this prevented unauthorised people accessing the medicines. We also saw that processes were used for ordering and returning unused medicine to the pharmacy. This meant that an excess stock of unwanted medicine would not build up, and that people's medicine would be available for them to take as they had been prescribed. Staff we spoke with and records confirmed that medicine audits were undertaken regularly. The undertaking of the audits had ensured that medicine systems were safe and that people were being given their medicine as they had been prescribed.

Medication Administration Records (MAR) that we looked at highlighted that some people had been prescribed medicine on an 'as required' basis. We saw that there were protocols in place to instruct the staff when the medicine should be given. Staff we spoke with knew of the protocols and told us that they followed them. This prevented staff not giving people their medicine when it was needed, or giving people the medicine when it was not needed.

We found that medicines left over from the previous month or months had been carried over onto the current records. This meant that there was always a record of the exact amount of medicine available and an audit trail for staff to follow if a medicine error occurred. We counted two people's medicines to confirm if the number of tablets available balanced correctly against the MAR and found that they did.



## Is the service effective?

### Our findings

People we spoke with told us that they felt that the service provided was good. One person said, "I am happy with the staff and how they look after me". Another person told us that they thought things were, "Good". The two relatives we spoke with felt that the service was effective and met their family member's needs. One relative said, "I don't think we could find a better place. The staff care for people well". The other relative told us, "It is a good home". A staff member said, "It is good here. People go out when they want to, go on holiday, see their relatives and have what they want to eat and drink". All other staff we spoke with also told us it was their view that the service provided was effective and met people's needs.

A new staff member told us, "My induction training when I started was very useful. I worked with other staff to see what was required. As I am new I have been told what I can and cannot do until I have gained more experience". Another staff member told us, "During my induction everything was explained". Staff files that we looked at held documentary evidence to demonstrate that induction training had taken place and that some new staff were working with the new 'Care Certificate'. The Care Certificate is an identified set of standards that care staff should follow when carrying out their work.

All staff we spoke with told us that they felt effectively directed and were supported on a day to day basis. A staff member said, "The managers are very good. They help and advise us when we need to know something". Staff told us that they had supervision with a manager regularly and records that we viewed confirmed this. A staff member said, "I have supervision sessions with a manager and find them useful".

People we spoke with told us that staff were good and looked after them well. The relatives we spoke to agreed with this. A relative said, "The staff are doing everything right for them [person's name]". Staff we spoke with told us that they had the training they needed to enable them to do their job effectively. A staff member said, "I feel all staff are trained and supportive and are able to do their jobs well". Staff files that we looked at confirmed that they had received mandatory and specialist training for their role to ensure they could meet people's individual needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. The manager told us and records that we looked at confirmed, that five DoLS applications, had been made to the local authority and had been approved. We identified from training records that only four staff had received MCA and DoLS training. The manager told us that they were in the process of securing the training for the

remaining staff. However, staff we spoke with were aware of MCA and DoLS. Some staff had a very good knowledge and gave us a detailed account of the principles of the MCA and DoLS. Staff knew the reason for the current DoLS approvals and knew that people should not be restricted for reasons other than what had been approved.

A person said, "The staff always ask me first". Staff we spoke with told us that they asked people's permission before they provided care and support. A staff member said, "We don't just do for people without asking first". We heard a staff member ask a person if they could provide support and waited for them to reply. We heard the person said, "Yes" in response and happily went with the staff member.

A person told us, "We have what we want to eat and drink". We looked at people's care plans and saw that their food and drink likes and dislikes had been documented. We heard staff giving people food and drink options at both breakfast and lunch time. A staff member told us, "It is a small home and we know what each person likes to eat". We observed that mealtimes were flexible to meet people's needs and preferences. One person did not get up until midmorning and had their breakfast shortly after they got up.

Staff told us and records that we looked at confirmed that people's risks and health needs had been determined concerning each person's food and drink. This included any food allergies that people may have had. Staff knew that if risks were identified that included poor swallowing or weight loss referrals should be made to Speech and Language Therapy (SALT) and/or the dietician.

People told us that they received a range of healthcare services as they needed. A person said, "I go to the doctor if I am not well". A relative said, "The staff deal with their [person's name] health needs". Staff we spoke with told us that they supported people to access health and social care appointments that included people seeing the dentist, optician and community psychiatric nurses. Records highlighted that physiotherapy and occupational therapy had been secured for a person whose mobility had decreased. During the day we heard staff reminding a person that they had a health appointment and supported them to go. This showed that staff accessed the health support that people needed to prevent poor health. We saw that a 'My day, my plan' document was available this highlighted people's medical conditions and needs and what was required to address them. Staff we asked knew of people's conditions and what support was required to maintain their health.

## Is the service caring?

### Our findings

People we spoke with told us that they liked the staff. A person said, "The staff are nice. Another person told us, "The staff are kind". A relative said, "The staff are lovely. They bend over backwards to help people". A staff member told us, "It is like a little family here we [the staff] all really care about the people". We saw that staff were helpful towards people. We heard staff speaking with people on an individual basis. They asked each person how they were and showed an interest in them. We found that the atmosphere was happy and welcoming. We saw people chatting, smiling and laughing. A relative told us "It is home from home and it is a pleasure going there".

A person said, "Oh I think the staff are polite". A relative told us in their view that the staff were polite and respectful. People told us that they had a key to their bedroom door. One person said, "Staff do not go in my room unless I say they could". A person told us that they enjoyed personal time and space to be alone in their bedroom and that they did that often. Records highlighted that staff had determined the name they liked to be called by. We heard that staff used this name when speaking with people. Staff we spoke with knew the importance of promoting people's privacy and dignity. They told us that when they provided personal care they made sure that doors and curtains were closed. This highlighted that staff promoted privacy and dignity and showed people respect.

A person told us, "I know what the staff say to me". Our observations highlighted that people all understood what was said to them. A staff member said, "Some people may not have the ability to speak much but they all understand what we [the staff] say". We saw that people understood what staff said to them as they responded appropriately. We saw that care plans were in use that highlighted how people communicated and gave staff information about how individual people would show that they were sad, happy, or in pain.

A person told us, "I always get my own clothes out. I like wearing these". The person pointed to their trousers. Staff knew that it was important that people dressed in the way that they preferred. A staff member told us, "Mostly people get their own clothes ready each day. If they had difficulty choosing we would show them different clothing items". We saw that people wore clothes that were appropriate for the weather [warm clothing as it was a cold day] and reflected their individual tastes.

A person said, "I look after myself. I do everything I can". Another person said, "The staff do not need to do much for me". A staff member told us, "A fair number of people here need prompting only. We [the staff] encourage people to do what they can independently". A relative told us, They [person's name] wash and dress independently". We heard staff encourage people when they were about to undertake a task. We observed people in the kitchen making their own snacks and drinks. This showed that staff knew the importance of encouraging people to be as independent as possible.

People told us that they enjoyed visits from, and going out with, their families. A person said, They [their relative] can come here when they want to". A relative told us, "I visit often. The staff make me a cup of tea and make me feel welcome". Staff told us that people could have visits from family and friends when they wanted to.

We saw that information was available that gave contact details for advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. A relative told us that an advocate had been involved in a recent meeting for their family member. The registered manager told us and records confirmed that they referred people to advocacy services when there was a need.

## Is the service responsive?

### Our findings

A person told us that they had visited the home before they moved in. They said, "When I looked around I wanted to stay". A relative told us, "We visited Regis House to see if it would be suitable. The staff asked lots of questions to make sure they would be able to support them [their family member]". Staff we spoke with told us that all people had an assessment undertaken to determine if they could meet people's needs. They also told us that people were offered as many visits to the home as they needed to make sure that they liked it before they moved into the home.

A person said, "I think the staff know me well". A relative said, "The staff seem to know all the people well who live there". The care plans that we looked at captured people's needs. We looked at two people's care plans then asked staff about people's needs and wishes. They gave us a good account of these and had a clear understanding of what was needed to meet these. A person said, "I know what is in my record". A relative told us, "I am involved with everything. I attended a meeting last week". We saw that care plans were updated regularly and that a monthly review of each person was undertaken. This would ensure that staff were aware of people's needs and how to meet them.

We found that the staff had responded well to a person's whose needs had changed. The person had suffered a health condition and their walking had become limited. We saw that staff had purchased a pendant alarm (this was designed to be worn around the neck) for the person as it was easy for them to use. They said, "I press this and the staff come".

A person said, "I like going to church every week. The staff help me". People could be supported to attend religious services if they wanted to. Records that we looked at confirmed that staff had identified people's preferred faith and if they wanted to follow this. Staff we spoke with confirmed that some people followed their chosen faith weekly and were supported to do so.

A person told us, "I like doing my drawing. I like shopping as well". We saw that the person was drawing and that another person was knitting. Another person said, "I go shopping around here a lot and like that". People told us and records confirmed that if they wanted to they could go out into the community every day. This was confirmed by relatives we spoke with. People told us that they enjoyed trips and outings to places of interest. Two people were smiling when they told us about a holiday they went on last year to Spain. They both told us that they had really enjoyed the holiday. One person was laughing and said, "It was very hot". A relative told us that their family member enjoyed undertaking household tasks. The person said, "I like doing this". They were mopping some floors. Other people told us that they enjoyed helping in the kitchen and food shopping with staff.

A person said, "If I was not happy I would speak with the staff". A relative told us that they knew how to complain. They said, "If I had any concerns at all I would be happy to raise them. I would go to the staff or social services". No recent complaints had been made. We saw that the complaints procedure was available within the home. It had been produced in words and some pictures that could make it easier for people to understand.

## Is the service well-led?

### Our findings

Providers are legally required to notify us when Deprivation of Liberty Safeguardings (DoLS) have been approved. The manager told us that the local authority had approved (DoLS) for five people. The manager told us they did not know that they needed to inform us about approved DoLS and had not done so. The highlighted that the provider was not meeting this requirement.

Although quality monitoring systems were in place they had not identified that some processes and records needed a review. We found that some systems and areas of record keeping that required improvement. The system in place for the safeguarding of people's money was that available money in the home was pooled and stored as one. This meant that the system was not personalised to each individual. We spoke with the manager and provider about this who told us that they would review the process in place to make it more personalised. We saw that some of the complaints procedure documents were still headed in the previous provider company name. This could be confusing if people needed to make a complaint, or delay responses and breach their confidentiality if people sent their complaint to the wrong provider.

A person told us, "The manager is nice and good". A relative told us, "The managers are pretty good. They are approachable". The provider was undergoing changes with the management structure. The previous manager had deregistered with us in January 2016. They were however, providing a support role in the short term. A manager who was previously the deputy manager, so familiar with the running home and the people who lived there, told us that they had started the process to register with us. A new deputy manager had been promoted from their senior care staff post.

We saw that the management team were visible within the home. During the day we saw them interact with the people who lived there. It was clear that the people knew all the management team well. We saw that people were comfortable in their company. They were smiling and looked relaxed when speaking with the managers. Our conversations with the management team confirmed that they knew all of the people who lived at the home well.

A staff member said, "The manager is good. We have support". Another staff member told us, "We have regular meetings and can raise any issues". Staff told us that there were on-call arrangements in place so that they could access advice and support outside of business hours. Staff told us that on the occasions they had used the on-call arrangements they had been adequately responded to.

A person said, "We have meetings and can talk about where we want to go and food. We said we wanted to go to Spain last year and we went". A staff member told us, "We do have meetings and people are asked if they want anything changed. We do listen and try to meet their requests". Records we looked at confirmed that regular meetings were held for people who wanted to attend and share their views. Relatives we spoke with told us that staff asked their views about the service and that they felt listened to. We saw that provider feedback forms had been used. We saw that issues raised were acknowledged and work to deal with these was on-going.

Staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. A staff member told us, "If I saw something I was concerned about like staff doing things they should not. I would feel confident to speak up about it. To the managers or owners". We saw that a whistle blowing procedures were in place and accessible for staff to follow.