

Matthew & Michael Healthcare Ltd

Stepping Stones

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on the 9th and 10th December 2015 and was unannounced.

Stepping Stones is a residential care home providing care and accommodation for up to 15 people. On the day of the inspection 15 people were using the service. Stepping Stones provides care for people with a learning disability and people with physical disabilities.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are “registered persons”.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection people and staff were relaxed; the environment was clean and clutter free. There was a happy, calm and pleasant atmosphere. People confirmed staff were kind to them and told us “Very caring, they ask

Summary of findings

me what I want to do”; “They are kind and caring, no problems with the staff, they are gentle and make me laugh, they spend time talking to me, play games with me.”

Care records were focused on giving people control and encouraging people to maintain their independence. People and those who mattered to them were involved in identifying people’s needs and how they would like to be supported. People preferences were sought and respected. People’s life histories, disabilities and abilities were taken into account, communicated and recorded, so staff provided consistent personalised care, treatment and support.

People’s risks were known, monitored and managed well. There was an open, transparent culture and good communication within the staff team. Accidents and incidents were recorded and managed promptly. Staff knew how to respond in a fire and emergency situation. There were effective quality assurance systems in place. Incidents related to people’s behaviour were appropriately recorded and analysed to understand possible triggers and reduce the likelihood of a reoccurrence.

People were encouraged to live active lives and were supported to participate in community life where possible. Activities were meaningful and reflected people’s interests and individual hobbies for example football, theatre trips and shopping outings. People also enjoyed activities within the home such as arts and crafts and board games.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for where possible. People were supported to maintain good health through regular visits with healthcare professionals, such as GPs and dentists and the specialists involved in their specific health care needs.

People and staff were encouraged to be involved in regular meetings held at the home to help drive continuous improvement. Listening to feedback helped ensure positive progress was made in the delivery of care and support provided by the home.

People knew how to raise concerns and make complaints. People and those who mattered to them explained there was an open door policy and staff always listened and were approachable. People told us they did not have any current concerns but any previous, minor feedback given to staff or the registered manager had been dealt with promptly and satisfactorily. Any complaints made would be thoroughly investigated and recorded in line with Stepping Stones own policy.

People told us they felt safe and secure. People’s personal possessions and their money was kept safely. Comments included, “Yeah, they help you; they make sure I’m safe – check my wheelchair is working, I’m wearing my belt”; “I have my own bank account, my card is kept safely in the office and I can have it whenever I want.”

Staff understood their role with regards the ensuring people’s human rights and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by staff. All staff had undertaken training on safeguarding adults from abuse; they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

Staff received a comprehensive induction programme specific to Stepping Stones and the Care Certificate (a new staff induction programme) had been implemented within the home. There were sufficient staff to meet people’s needs. Staff were very kind, caring and thoughtful. Staff ensured people mattered and cared for people’s families and relatives. Staff were appropriately trained and had the correct skills to carry out their roles effectively.

Staff described the management as open, very supportive and approachable. Staff felt like part of a large family and talked positively about their jobs. Comments included “X is always positive, well organised, our ideas are listened to; and “There is always someone to go to.”

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected from harm. Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People received their medicines safely. Staff managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept for all medicines.

The environment was clean and hygienic.

Good



Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People's human and legal rights were respected. Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet and involved in shopping and creating the menu.

Good



Is the service caring?

The service was very caring. People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people, relatives and staff.

People were informed and actively involved in decisions about their care and support.

Good



Is the service responsive?

The service was responsive. Care records were personalised and met people's individual needs. Staff knew how people wanted to be supported and respected their choices.

Care plans were personalised and reflected people's strengths, needs and preferences. Activities and outings were meaningful, enjoyable and planned in line with people's interests. People were encouraged to achieve their personal goals and dreams where possible.

People's opinions mattered and they knew how to raise concerns.

Good



Is the service well-led?

The service was well-led. There was an open, friendly culture. The management team were approachable and defined by a clear structure.

Staff were motivated to develop and provide quality care for people.

Quality assurance systems drove improvements and raised standards of care.

Good



Summary of findings

Good communication was encouraged. People, relatives and staff were enabled to make suggestions about what mattered to them.

Stepping Stones

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 checked 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.

The unannounced inspection took place on 9 and 10 December 2015.

The inspection was undertaken by one adult social care inspector. Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with 11 people who lived at the service. We spoke with one relative, the registered manager and five members of staff. We observed the care people received and pathway tracked three people who lived at the home. Pathway tracking is where we follow a person's route through the service and capture information about how they receive care and treatment. We also looked around the premises and observed how staff interacted with people throughout the two days.

We looked at three records related to people's individual care needs and five people's records related to the administration of their medicines. We discussed staff recruitment process with the registered manager, reviewed staff training records and looked at records associated with the management of the service including quality assurance audits and minutes of staff meetings.

We contacted the local authority quality team for feedback and spoke with the local learning disability team following the inspection.

Is the service safe?

Our findings

People told us they felt safe. Comments included “Yeah, they help you; they make sure I’m safe – check my wheelchair is working, I’m wearing my belt”; “I have my own bank account, my card is kept safely in the office and I can have it whenever I want.” Staff told us “Visitors sign in and out; windows are shut, fire doors shut, monthly fire tests; we check footplates on the wheelchairs are on, brakes are on. We have training in using the hoists safely, they are serviced regularly and we check them daily and each week.” A relative told us “X feels secure and that’s what it is all about.”

People were protected by staff who knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Training records showed that staff completed safeguarding training regularly and staff accurately talked us through the appropriate action they would take if they identified potential abuse had taken place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the service. Staff told us safeguarding issues and signs of abuse were discussed regularly within team and residents’ meetings to ensure everyone understood the different forms of harm and abuse. All staff understood their roles to protect vulnerable people and confirmed they had received training in safeguarding. Staff explained how they might know someone was worried if they were unable to communicate their fear verbally “They might be quieter than usual, withdraw – I’d tell my senior or the manager.” People had participated in abuse awareness training to help them understand, they told us “I feel safe here”, “Staff know me well, and I trust them. I understand what abuse is and would talk to staff” and “I’m really happy here. If I was worried I’d talk to my facilitator, X has been here many years and is a good listener and kind.”

People’s finances were kept safely. Some people had appointees or family to help manage their money but held their own cash and bank cards, others were kept safely in a locked office. Keys to access people’s money were kept safely and staff signed money in and out. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure and people’s money

was audited regularly. One person told us “I’ve got my own bank account, staff keep receipts for what I spend, it is regulated and all above board, I have never been concerned.”

People’s needs were considered in the event of an emergency situation such as a fire. There were clear protocols in place in the event of a fire and staff and people knew what to do, “We would all meet at the fire point, check which zone the fire was in and follow procedures.” People knew to stay in their room until they were assisted by staff. Staff had undertaken fire quizzes to test their knowledge in this area which helped ensure they knew how to respond in the event of a fire.

Regular health and safety checks had been undertaken, electrical equipment was tested for safety, temperature checks were undertaken on the water, hoists were checked before use and the service had contracts with external agencies to help ensure any equipment was safe and fit for purpose.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. People who lived at Stepping Stones were involved in meeting potential staff during their visit to the home and were encouraged to give their feedback and be involved in the recruitment of staff to the home. The recruitment process ensured staff had the values the home wanted. The registered manager told us they observed how potential new staff interacted with people when they visited and obtained feedback from people and staff as part of the recruitment process.

Staff, people and relatives told us there were sufficient numbers of staff on duty to keep people safe. Staff were visible throughout our inspection, they had time to sit and support people, engage them in activities and support them to attend activities and appointments. People told us staff were there when they needed them. Staffing levels varied depending on people’s needs, activities and appointments.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People told us “I get them when I need them and on time” and “I get my medicines on time. I had ear drops for wax in my ears – they always remembered, drops at 8am, 12pm and 10 pm.”

Is the service safe?

Medicine administration records were accurate and fully completed. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. People had their medicines kept in a locked cupboard. People consented to staff administering their medicine and there was a medicine policy for staff to refer to if required. People who required skin creams had body charts indicating where these needed to be applied. Regular audits were undertaken to ensure the ongoing safety of medicine storage and administration.

People's needs with regards to administration of medicines had been met in line with the MCA. The MCA states that if a person lacks the capacity to make a particular decision, then whoever is making that decision must do so in their best interests. For example, some people were unable to consent to their medicine. People's doctors had been involved in these decisions. This showed the correct legal process had been followed.

People were supported to take everyday risks to enhance their independence and enable them to feel in control of their own lives as much as possible. Staff knew people well and were aware of their vulnerabilities, for example those who did not have good road safety awareness. Staff educated people about potential everyday risks in their everyday discussions. One to one time and resident meetings discussed relationships, kitchen safety, fire awareness and safeguarding.

Risk assessments highlighted individual risks when people were making a hot drink or helping to cook. For example

one person had a very tight grip so needed support when using the kitchen knives. Clear guidance was given to staff and in care plans to reduce the risk of accidents for example one person could be impatient so on external outings staff always supported them to mobilise first. If people were using taxi's there was information for staff to check their electric chairs were clamped in the taxi safely. Staff knew those people who had particular risks and we observed staff checking for these during the inspection for example one person frequently undid their belt on their electric chair. This might cause them to fall from their chair. Staff promptly intervened when this occurred to maintain the person's safety.

Some people were less independent and there were risks relating to their health. For example if people had been assessed as at risk of falls, had nutritional needs or required their skin to be monitored. Risk assessments were in place to protect these people and clearly linked to their care plans. When incidents had occurred, for example one person fell whilst walking on slippery leaves; the service had their rubbers replaced on their walking aids to reduce the likelihood of another fall.

People were kept safe by a clean environment. All areas we visited were clean and hygienic. Protective clothing such as gloves and aprons were readily available throughout the home to reduce the risk of cross infection. Staff were able to explain the action they would take to protect people in the event of an infection control outbreak such as a sickness bug.

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. They told us “Yes staff are well-trained.”

Staff undertook an induction programme at the start of their employment at the home. The registered manager made sure staff had completed an introduction to the home and had time to shadow more experienced staff and get to know people. Staff were booked onto the appropriate training and had the right skills and knowledge to effectively meet people’s needs before they were permitted to support people alone. New staff shadowed experienced members of the team until both parties felt confident they could carry out their role competently. Ongoing training such as first aid, moving and handling, epilepsy and food hygiene were planned to support staff’s continued learning and was updated when required. Most staff had additional health and social care qualifications to support their work.

Staff felt supported by a regular system of supervision which considered their role, training and future development. In addition to formal one to one meetings staff also felt they could approach the registered manager to discuss any issues at any time. Staff found the management team supportive “X knows the answer to most things and is there for support and advice.” The registered manager worked alongside staff to encourage and maintain good practice and provide informal supervision as required.

People when appropriate were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS is for people who lack the capacity to make decisions for themselves and provides protection to make sure their safety is protected. The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. No DoLS applications had been made at the time of the inspection but the registered manager was aware of the legal process they would need to follow if DoLS was required in the future.

People’s capacity was regularly assessed by staff. Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Staff knew

when to involve others who had the legal responsibility to make decisions on people’s behalf. A staff member told us they gave people time and encouraged people to make simple day to day decisions. For example, what a person liked to drink or wear, which sandwich they wanted at lunchtime or how they wanted to spend their time. However, when it came to more complex decisions, relevant professionals were involved for example whether it was deemed safe for people to leave the home alone. This process helped to ensure actions were carried out in line with legislation and in the person’s best interests. The MCA states, if a person lacks the mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person’s behalf, must do this in the person’s best interests. Staff understood this law and provided care in people’s best interests.

People were involved in decisions about what they would like to eat and drink, people told us “I help decide what goes on the menu, I like most food though.” Discussions were held with people and they were asked what they would like to eat and the menu and shopping list were developed from people’s preferences. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy, balanced diet. For example those who didn’t like rice and those whose favourite food was chocolate, those who preferred wine over beer and those that like squash rather than water. Details about the support people required with eating was known for example those who used special cutlery so they could eat independently, those who liked to wear protective clothing for meals and those who needed plate guards.

People were encouraged to be as independent as they could be with their eating and drinking. For example at breakfast support might be needed putting the toast in the toaster but spreads were on the table, people might be able to put their own tea bag in the cup but need support pouring the hot water. People said “I’m encouraged to do what I can for myself, for example, peeling the potatoes” and “I like helping with getting the meals ready.”

People’s care records highlighted where risks with eating and drinking had been identified. For example, care records noted people who were at risk of constipation and needed a high fibre diet and those who might be at risk of choking and needed their food cut up. Staff were mindful of those people who had health needs and required food and fluid

Is the service effective?

monitoring. Clear information was given about the amount of fluid intake required each day and good records kept of drinks taken. Staff confirmed if they were concerned about weight loss / gain they would discuss people care with their GP.

Staff communicated effectively to share information about people, their health needs and any appointments they had such as dentist appointments or activities. Daily handovers, a communication book and staff handover book detailed people's needs and upcoming appointments. Staff confirmed they always read these prior to starting their shift.

People had access to a range of community healthcare professionals to support their health needs and received ongoing healthcare support. For example opticians, dentists and chiropodists. Staff promptly sought advice when people were not well for example if they were complaining of pain. Staff were mindful of each individuals mannerisms which might indicate they were not well or in pain, for example people's care plans described signs for staff to be observant of when people were unable to verbally express they were unwell.

Is the service caring?

Our findings

People, relatives and professionals were positive about the quality of care and support people received. Comments from people included “Very caring, they ask me what I want to do”; “They are kind and caring, no problems with the staff, they are gentle and make me laugh, they spend time talking to me, play games with me”; “They (the staff) are polite and helpful.” A relative told us “They are very good, X has been here since it opened in 1994, he’s very happy here; I feel happy he is cared for, staff are very good.”

People told us their privacy and dignity was respected. Respecting people’s dignity, choice and privacy was part of the home’s philosophy of care. People told us staff knocked on their doors and protected their dignity when they helped them wash. People were able to use the bathroom in private and use the call bell for assistance when they had finished and needed staff help. People were dressed to their liking and the staff told us they always made sure people looked smart if they were going out with their family. We observed staff spoke to people respectfully and in ways they would like to be spoken to. Staff knew who didn’t like to be called nicknames and respected this. Care plans reiterated respecting people’s dignity, supporting them to dress appropriately for the weather and events they were attending and ensuring people’s hair and makeup were age appropriate. Staff knew those people who enjoyed joking with staff and were polite and courteous with those who preferred a more formal conversation.

People were encouraged to make choices in all aspects of their lives. For example what clothes they wore, what activities they attended, the relationships they had and at the time of the inspection how people wanted to spend their Christmas and with whom.

People cared for each other at the home and had built good friendships. People were supportive of one another for example those who were living more independently in

the flats cooked for each other and watched films together. A sense of belonging and familiarity was evident from our observations. People teased and joked with each other as a family might.

Staff knew the people they cared for. They were able to tell us about individuals’ likes and dislikes, which matched what people told us and what was recorded in individual’s care records. Staff knew what times people liked to go to bed, who liked to wake early and who preferred to rise later; how people liked their drinks and what people’s favourite foods were; who liked to wear makeup and have their nails done and staff supported people to maintain these choices. Staff commented “I am encouraged to work in a person centred way at all times. Choice, individuality, dignity and respect.”

Staff showed concern for people’s well-being in a meaningful way and spoke about them in a caring way. Staff told us “I’m friendly, people are aware they can talk to me.” Throughout the inspection we observed kind, patient interactions with people. Staff were in tune with people’s verbal and non-verbal communication so they noticed when people needed support or wanted company. Care records detailed how to communicate with people so they understood staff and the approach to use if people were frustrated.

Staff encouraged people to be as independent as they could be. Staff encouraged and supported people to develop their skills so when they felt able they could consider more independent living. Stepping stones had self-contained flats where people could progress to. Staff were working alongside people to support them to develop their daily living skills for example budgeting, menu planning and household chores.

We saw special occasions such as birthdays and Christmas were celebrated. During the inspection people were going out for Christmas lunch and there was a concert planned for the following week.

Relatives told us they were always made to feel welcome and could visit at any time. Comments included; “I’m always made to feel welcome.”

Is the service responsive?

Our findings

There had not been any admissions to the home since our previous inspection. A process was in place however to assess people's individual needs prior to admission and a more in depth care plan was developed as they settled into the home. Health and social care professionals, family and friends would be involved in this process to ensure the home could meet people's needs. Friends and family were encouraged to be a part of the assessment and care planning process where appropriate.

Care records contained detailed information about people's health and social care needs. They were written using the person's preferred name and reflected how they wished to receive their care. Detailed records monitored people's healthcare needs and pictorial, personalised care plans described how they wished to be cared for.

People who were able, were involved in planning their own care and making decisions about how their needs were met. People's care needs were discussed daily in staff handovers and people supported to make informed choices where possible. Care was personalised to people's needs and staff encouraged people to be as independent as they could be and reach their individual goals. For example records detailed those who were able to dress the lower half of their body but needed assistance with the top half, others needed help from staff to separate their laundry colours and put laundry away. People confirmed they were involved in these discussions and the regular reviews about their care.

People were supported to follow their interests and participate in social and educational activities if they wished. People participated in arts and crafts, music; pamper sessions, cinema and theatre trips and in house activities such as art work and board games.

People told us they were able to maintain relationships with those who mattered to them. Several people were visiting family over the Christmas period. Relatives confirmed they were able to visit when they wished. Events and celebrations were shared with relatives and family members who wished to attend, such as the Christmas concert fair.

Staff, people and relatives all told us people were encouraged to raise concerns informally or through the residents and staff meetings. These were used for people to share their views and experiences of the care they received. Any concerns raised would be thoroughly investigated and then fed back to the complainant and staff so learning could be achieved and improvements made to the delivery of support.

The provider had a policy and procedure in place for dealing with any complaints. This was made available to people, their families and professionals. The policy was clearly displayed in the home and available in a format everyone was able to understand. People, family and health and social care professionals knew who to contact if they needed to raise a concern or make a complaint but told us they had no complaints. A relative told us; "Any problems at all, I would just speak to the staff and I would be confident it's dealt with immediately." We reviewed the complaints over the past year and they had been investigated in a timely manner and the Stepping Stones policy followed.

Is the service well-led?

Our findings

People, friends and family, healthcare professionals and staff described the management of the home to be approachable, open and supportive. Comments included “X is always positive, well organised, our ideas are listened to” and “There is always someone to go to.”

People and staff were involved in developing the service. Meetings were regularly held and satisfaction surveys conducted that encouraged people to be involved and raise ideas that could be implemented into practice. For example, a recent team building day had raised ideas for 2016 such as setting up a residents fund for holidays and doing a “now and then” collage of Plymouth. Furniture projects had been discussed, developing easy read information booklets on particular conditions and starting individual portfolios with people to record their achievements. The registered manager felt the greatest achievements in the past 12 months was maintaining stability at the home with the staff changes and supportive newly recruited staff including an apprentice.

The registered manager and senior care staff took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The registered manager had an “open door” policy, was visible and ensured all staff understood people came first. The leadership style of the management team encouraged feedback, good team working and sustained good practice.

The registered manager kept up to date with changes to legislation and was involved in local forums where good practice ideas were shared. The registered manager was also completing a leadership and management course to enhance their skills in this area and using ideas from this course to positively change areas of practice at the home for example new supervision and appraisal forms.

There was an open culture where positive, therapeutic relationships between staff and people were valued. The

registered manager’s goal was to “Have happy well trained staff committed to providing high standards of care.” The management team promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Staff were motivated, hardworking and enthusiastic. Many staff had worked for the provider for many years. They shared the philosophy of the management team. Staff meetings and away days were used to share good practice and to discuss new legislation such as the Duty of Candour, Care Certificate and CQC’s Key Lines of Enquiry (KLOE). Staff felt a part of a team who all had an important role to play. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included “I love my job; I come to work to help residents and staff.”

Health and social care professionals who had involvement in the service, confirmed to us communication was good. They told us the staff worked alongside them, were open and honest about what they could and could not do, followed advice and provided good support.

There were effective quality assurance systems in place to drive continuous improvement of the service. Regular surveys were completed and feedback was shared and celebrated. The management carried out regular reviews which assessed the home’s standards against the CQC regulations and guidance. Daily handovers, supervision and meetings were used to reflect on standard practice and challenge current procedures.

Annual audits related to health and safety, the equipment and the home’s maintenance such as the fire alarms and electrical tests were carried out. We discussed with the registered manager that areas of the home looked worn and tired for example handrails were rusty in areas and some rooms had mould evident. Plans were already in place to look at making improvements in 2016. Visual walk rounds by the management occurred to ensure the environment and care was safe.