

Stepping Stones Resettlement Unit Limited

Riverside House

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 21 May 2015 and was unannounced.

Riverside House is a residential care home for 13 people. People living at the home have a range of needs including learning disabilities and mental health needs. At the time of our inspection there were 12 people living at the home.

The home had a registered manager. 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.

People were protected from the risk of being cared for by unsuitable staff because robust recruitment practices were operated. Medicines were well managed. People were supported by sufficient numbers of staff who

Summary of findings

received appropriate training and had the right knowledge and skills to carry out their role. People were protected from the risk of abuse by staff who understood safeguarding procedures.

People were supported by staff with the knowledge and skills to carry out their roles, including knowledge of the Mental Capacity Act 2005. People were active in choosing menus and received support to eat a varied diet. People were supported to maintain their health through support in accessing healthcare and a working relationship between Riverside House and a local GP practice.

People were treated with respect and kindness, their privacy and dignity was respected and their desire for independence was understood and promoted.

People received individualised care through regular review and consultation by staff. People were enabled to engage in a range of activities of their choice. There were arrangements to respond to any concerns and complaints by people using the service.

The vision and values of the service were clearly communicated to staff. Quality assurance systems were in place to monitor the quality of care and safety of the home. As part of this, the views of people using the service were taken into account and responded 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.

People were safeguarded from the risk of abuse because staff understood how to protect them.

There were sufficient numbers of staff. People were protected from the risk of the appointment of unsuitable staff because robust recruitment practices were operated.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were supported by staff with the knowledge and skills to carry out their roles.

People's rights were protected by staff's knowledge of the Mental Capacity Act (2005).

People were able to plan menus and meals and were supported to eat a varied diet.

People's health needs were met through on-going support and liaison with relevant healthcare professionals.

Good



Is the service caring?

The service was caring.

People were treated with respect and kindness.

People had developed positive relationships with the staff team.

People's privacy, dignity and independence was understood, promoted and respected by staff.

Good



Is the service responsive?

The service was responsive.

People received individualised care and were regularly consulted to gain their views about the support they received.

People were enabled to engage in activities in the home and the community.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Good



Is the service well-led?

The service was well led.

The vision and values of the service were clearly communicated to staff.

Leadership was demonstrated by the registered manager in the way the service was managed and run.

Good



Summary of findings

Quality assurance systems which included the views of people using the service were in place to monitor the quality of care and safety of the home.

Riverside 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.

This inspection took place on 21 May 2015 and was unannounced. Our inspection was carried out by one inspector. We spoke with two people who use the service. We also spoke with the registered manager, the deputy manager, the human resources manager, three members of support staff and a visiting health care professional. We

carried out a tour of the premises, and reviewed records for two people using the service. We also looked at two staff recruitment files. We checked the medicine administration records (MAR) for people using the service.

Before the inspection, the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we looked at notifications the service sent to us. Services tell us about important events relating to the service they provide using a notification.

Following our inspection we received information from a social care professional who had been involved with people using the service.

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding of safeguarding policies and procedures. Information given to us following the inspection showed all staff had received training in safeguarding adults. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. Information about safeguarding including contact details for reporting a safeguarding concern was displayed in the offices used by staff and managers. One member of staff described safeguarding as “protecting the people we work with against abuse.” Another described safeguarding as “keeping our people safe”. Staff told us they would report any safeguarding concerns to the registered manager. Discussion about safeguarding scenarios formed part of staff meetings. The PIR described the purpose of this was “to ensure staff feel supported and are aware and confident in reporting any safeguarding issues.” Examples of how staff had responded to written safeguarding scenarios demonstrated how they were able to identify situations where abuse may have taken place. People using the service told us they felt safe living at Riverside House. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely.

People had individual risk assessments in place. For example there were risk assessments for the home environment, excursions and community access. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis. People had personal fire evacuation plans. Individual information had been prepared for use in the event of a

person going missing. People were protected from risks associated with fire, legionella and electrical equipment through regular checks and management of identified risks.

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People told us they felt there were enough staff to meet their needs. One person commented, “There are lots of staff here”. The deputy manager explained how the staffing was arranged to meet the needs of people using the service. During our visit we observed people’s needs being met in a timely manner. Staff told us they felt staffing levels were safe.

People’s medicines were managed safely. People were given their medicines on time and appropriately. Staff responsible for administering medicines had received training. Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts. Individual protocols were in place for medicines prescribed to be given as necessary. These were detailed and had been produced jointly with the local GP and were subject to review. Staff were proactive in ensuring reviews took place when they were due. There were appropriate records of medicines received into the care home and of medicines returned to the pharmacy. People’s medicines were stored securely and storage temperatures were monitored and recorded daily. Records showed where staff had taken action using ice packs and fans to maintain correct storage temperatures during summer months.

Is the service effective?

Our findings

People using the service were supported by staff who had received training for their role. People confirmed staff knew what they were doing when giving care and support. Staff gave examples of training they had received such as first aid, health and safety and moving and handling. They told us they felt the training and support provided by the service was enough for their role. Information given to us following the inspection visit confirmed the training staff had received. Some training was appropriate for the specific needs of people using the service such as autism awareness and epilepsy. Induction training in line with national standards had been completed by staff where appropriate. In addition the service was making preparations for the new Care Certificate qualification. Staff had regular individual meetings called supervision sessions with the manager or a senior staff. The content of the session was tailored to suit the support needs and roles of different grades of staff. Staff were positive about their supervision sessions, we were told “I can’t fault the supervision from the manager.”

People’s consent to care and treatment was always sought appropriately and this was supported by the correct use of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain decisions for themselves. The DoLS protect people in care homes from inappropriate or unnecessary restrictions on their freedom. The registered manager was aware of the up to date legislation regarding protecting the liberty of people in care homes. Applications had been made to restrict the liberty of six people using the service, decisions were still awaited for five of these. Staff demonstrated an understanding of the principals of the MCA such as assuming people had mental capacity and the need to assess people’s mental capacity around specific decisions.

People were regularly consulted about meal preferences. Minutes of meetings showed how people were asked for their opinions on menus and if there was anything they would like to be added to the menu choices. People were positive about the meals offered and confirmed there was a choice of meals available. One person told us “I like all the meals here except spaghetti on toast”. Menus had been produced with input from all of the people living at the home through the use of suitable means such as pictures of the meal choices available. The registered manager described how the aim was to provide a balanced diet through a varied choice of meals and liaison with people’s GPs where needed. One person’s meals were provided in line with the requirements of a religious diet. Arrangements were in place to follow these requirements. Another person had some meal preferences based on their cultural background and staff had knowledge of suitable meals to provide if requested.

People’s healthcare needs were met through regular healthcare appointments and liaison with health care professionals. People benefitted from a good working relationship between Riverside House and a local GP practice with time available weekly for consultation with GPs about people’s health needs. Records had been kept of people’s attendance at healthcare appointments. People attended their GP, dentist and other health care appointments as needed. One person told us “they take us for appointments”. A health care professional visited by people using the service commented positively about how the service promoted people’s health and well-being. People had health action plans and hospital assessments. These were written in an individualised style. They described how people would be best supported to maintain contact with health services or in the event of admission to hospital. Staff told us how they supported people to access health care appointments through ensuring that appointments were attended and providing practical support such as transport.

Is the service caring?

Our findings

Our conversations with people showed positive caring relationships had been developed with staff. People told us they were happy to approach staff to discuss any issues. They also confirmed staff were kind to them. A visiting health care professional told us how staff knew the people they were working with. Staff demonstrated a good awareness of people's needs and how they should be supported. One member of staff told us the importance of not rushing people and giving care and support "at their own pace". We observed staff providing lunch to some of the people. Staff were respectful, attentive to people's needs and offered choices of drinks. Staff communicated with one person in line with their assessed needs. A calm atmosphere was achieved for people to enjoy eating their lunch. Staff respected one person's choice to take their meal in a summer house in the garden.

People had support plans describing any cultural or spiritual needs. There was an awareness of the specific religious needs of one person using the service and how these would be met on a day to day basis. In addition contact had been made with local representatives of the religion the person practised to enable their support to be used if required. People's plans for the end of their life had been discussed with them and recorded where people felt able to do this.

People were involved in decisions about how they spent their day and aspects of how the service was provided. Minutes of house meetings demonstrated how people using the service were able to express their views. People we spoke with told us how they could discuss "anything" at the meetings and how they were asked for their opinions. Minutes of the meetings demonstrated how people were asked if they had any views about changes to staff shifts, plans for holidays, trips out and individual rooms. Meetings

were held on a monthly basis. Information about local advocacy services was available at the home at the time of our inspection one person was receiving support from an advocacy service. Where people had communication needs, personal passports were in use by staff as an aid to communicating with the person. These used symbols and pictures appropriate the person's needs.

People's privacy and dignity was respected and promoted. People we spoke with confirmed that staff knocked on their door before entering their room and this was the practice we observed during our inspection visit. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. For example when supporting people with personal care they would ensure people were appropriately covered and doors were closed. Staff were aware of and acted on people's preferences to receive support from staff of the same gender. For example a male member of staff told us how they only provided support involving personal care to men using the service. Detailed support plans reflected staff's approach to preserving people's privacy and dignity. We observed staff treating people respectfully during our inspection visit and explaining to them the purpose of our visit.

People were supported to maintain independence. Staff gave us examples of how they would act to promote independence such as giving prompts to people to maintain personal care tasks and enabling people to carry out their own shopping. This approach was reflected in one person's support plan which included specific actions for staff to take to support a person with their personal care. The PIR further explained how independence was promoted, "All are encouraged to take an active role in the decoration of the home promoting choice and independence this is reflected in people's care and support plans/risk assessments.

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. Staff demonstrated knowledge of how to provide personalised care. Support plans contained detailed information for staff to follow to support people. One person's support plan detailed the approach for staff to take to avoid the person becoming frustrated in a particular situation. However if frustration did occur the support plan gave detailed actions for staff to deal with this. The plans demonstrated an in-depth knowledge of the person's needs through assessment and regular review.

People were consulted and contributed to reviews of their support plans through monthly meetings with people and their key workers. The PIR stated that people were "encouraged to assist in their development of the plans, these documents are live and changes are made as and when needed." The service had responded to one person's communication needs with special adaptations to warn them in the event of fire such as cards with pictures and plain English and suitable warning lights installed in their room.

People were supported to take part in activities and interests both in the home and in the wider community. Activities included the cinema, bowling, attending a snooker club and trips to the seaside. Monthly activity

charts had been prepared in a suitable format using pictures and symbols and plain English as a reference for people. One person enjoyed watching speedway, this did not take place locally but staff supported the person to attend speedway events at times outside of their normal working hours

People were also supported to maintain contact with family in response to their wishes. Specific support plans were in place to guide staff with this. Contact with people's families had been achieved through visits to Riverside House and by people visiting their families which for some people involved being supported to make journeys to other parts of the country.

There were arrangements to listen to and respond to any concerns or complaints. Information about how to make a complaint was available in each person's file in a suitable format using pictures, symbols and plain English. House meetings were used to remind people of how to make complaints and provided an opportunity for people to raise any concerns. People we spoke with had not raised any concerns but told us they would approach the staff if they had the need. The registered manager told us how positive relationships had been established with families of people using the service enabling any concerns to be easily raised. No complaints had been received by the service in the 12 months prior to our inspection.

Is the service well-led?

Our findings

The provider had a clear set of values and a mission statement setting out the aims for the organisation as a whole. The PIR stated “Ensuring staff take a pride in striving for excellence, we have a clear vision reflected in the Stepping Stones mission statement and values statement”. The values of the service were reflected in the topics discussed at staff meetings and during supervision sessions which were relevant to each grade of staff. The registered manager described how their aim was to provide the best possible service for people.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider’s organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

The home had a registered manager who had been registered as manager of Riverside House since October 2010. The manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. Information about notifying us about these events was displayed in the manager’s office. We had been promptly notified of these events when they occurred.

People using the service commented positively about the management of Riverside House, one person told us the manager was “very nice” and added “she does her job properly”. Staff gave positive views about the management

of the service particularly how the service had developed under the current registered manager. One staff member told us Riverside House was “very well” managed. In addition the home had a deputy manager.

People benefitted from checks to ensure a consistent service was being provided. A quality assurance tool was in use on a six monthly basis that examined various aspects of the service provided. Quality assurance checks were carried out by the management of Riverside House and reports forwarded to the provider for their information. These included checks on the environment of the home, medicines and care and support documentation. A report was produced detailing any areas identified for improvement. Incorporated into the quality assurance check were the latest views from people using the service taken from house meetings and survey forms. A compliance report action plan had been produced detailing progress with any issues identified. The latest audit in April 2015 had identified a number of areas for action such as updating health action plans, improvements to bathrooms and staff training. One person had indicated on their survey form that they did not feel completely satisfied with some aspects of the service at Riverside House. This information had been highlighted for action. Staff had spent time with the person discussing their concerns and providing reassurance about the issues raised. This had been recorded and had resulted in the person achieving a more positive view of the service.

Feedback had been actively sought from healthcare professionals and relatives of people using the service. Surveys sent to relatives of people were accompanied by a six monthly newsletter detailing events and achievements at Riverside House.