

# Stepping Stone Independent Living Ltd

## Clifton House

### Inspection report

7 Clifton Close  
Oldbury  
B69 4TT

Date of inspection visit:  
29 September 2021  
01 October 2021  
04 October 2021

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

### About the service

Clifton House is a residential care home providing personal care for up to six people. The home provides care to people with a learning disability, autism, mental health needs or sensory impairment. At the time of the inspection two people were living in the home and two people received respite care. Respite care is when people stay for short periods of time and do not live in the home.

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

The registered manager had an audit system in place however, they had not identified the concerns we found. Furthermore, the provider had no systems and processes in place to audit the home.

The provider and registered manager had not implemented a system and process to ensure all allegations of abuse had been notified to the local safeguarding teams. We were somewhat assured by the infection prevention and control measures relating to COVID-19.

We found occasions where risk assessments needed improving. This included people's risk assessments and assessment of the environment. Improvement was needed with medicines management and recruitment.

People felt well supported and listened to. Staff treated people with kindness and compassion. Staff supported and encouraged people to be independent. Professionals who regularly visited the service fed back positively about staff practice.

People told us they were involved in reviews of their care. People's care plans contained information about how they liked to be supported. People were supported and encouraged to socialise.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care maximises people's choice, control and independence. Care was person-centred and promotes people's dignity. The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 26 March 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection.

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.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safeguarding, safe care and treatment, a failure to notify CQC of events in line with legal requirements and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Clifton 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 Care Act 2014.

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 two inspectors. Both inspectors visited the home for one day and one inspector reviewed evidence and made telephone calls to staff and professionals for two days.

#### Service and service type

Clifton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since they opened. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided and one professional. We spoke with four members of staff including the provider, registered manager and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and looked at policies.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place, but it was not fully adhered to. The provider and registered manager had not implemented a system and process to ensure all allegations of abuse had been notified to the local safeguarding teams. The registered manager had investigated allegations of abuse but had not always notified them to external agencies.

A failure to have a robust system and process to identify allegations of abuse and report them to the relevant agencies was a breach of Regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and provider were responsive to the inspection feedback and acted on the concerns we raised. They raised retrospective notifications and were working to implement a system to ensure they would identify incidents that need to be reported in the future.

- People told us they felt safe. One person said, "I feel safe." When we asked another person if they felt safe and why they said, "I just like everything about here."
- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns.

Assessing risk, safety monitoring and management; Using medicines safely

- Care plans and risk assessments identified people's individual support needs and ways to help people stay safe. However, we found one occasion where one person's risk assessment needed improving and one occasion where control measures were not fully implemented.
- One risk assessment did not contain enough detail about how the person could be supported to stay safe in a specific situation. Another risk assessment identified covers were needed for plug sockets, but sockets were not covered in the communal areas. We discussed both with the registered manager who updated the risk assessment and sought guidance and input from professionals involved in the person's care.
- The kitchen door, which was a fire door, was propped open which posed a risk if there was a fire. The fire evacuation register and emergency contingency plan had not been updated to reflect the people currently living in the home. There were only two people living in the home, so the risk was minimal. These were updated by the registered manager following the inspection.
- There were no protocols in place for people who had medicines that were used as required (PRN). However, staff told us people would ask for their medicines if they required them and there was a care plan for one person that contained some detail about when they may need PRN medicines. Some of the PRN

medicines had not been recorded on the provider's new medicines administration record, that had been introduced the day before the inspection. Some prescribed creams had no open date meaning there was no way to establish if they were still suitable for use.

A failure to ensure care and treatment is provided in a safe way was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and provider were responsive to the feedback given and acted on the concerns we raised.

- Overall, we saw people's care plans and risk assessments had been reviewed and updated on a regular basis to reflect people's current needs.
- Checks on equipment had taken place to ensure it was safe for use. This included fire safety equipment and electrical items.
- Overall, people's routine medicines were managed safely and they received these as prescribed.

#### Preventing and controlling infection

- We found some risks relating to COVID-19 had not always been properly assessed, this included risk assessments for staff and people and risks relating to visitors. The documentation was updated on inspection and the registered manager told us no additional control measures were needed.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.

This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and provider were responsive to the feedback given and acted on the concerns we raised.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Staffing and recruitment

- We observed adequate numbers of staff on the day of inspection and staff and people told us there were enough staff on shift.
- Recruitment checks had taken place prior to staff being employed, this included Disclosure and Barring Service (DBS) checks and references from previous employers. However, there was some areas of recruitment that needed improving, such as gaps in employment which had not always been explored and a risk assessment for one staff member had not been considered.

Learning lessons when things go wrong

- Systems were in place for accidents and incidents to be reviewed. The registered manager identified any patterns and trends for future learning.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- A person told us staff "helped them make decisions" and they made their own day to day decisions. These included areas such as what they ate and what they did each day.
- The registered manager had submitted DoLS applications for people who required them and understood where applications were not needed. However, a DoLS application was needed for a person who visited the home on respite, and this had not yet been submitted. The registered manager submitted this during the inspection process.
- Staff had a good knowledge of the MCA and we saw staff received training in this area. A staff member said, "People have the capacity to make their own decisions. If we thought they didn't, we would do a best interest meeting and involve them and professionals."

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

- People's needs were assessed prior to moving into the home. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- Information gathered from the assessment was used to create care plans and risk assessments, which were updated and reviewed each time a person's needs changed. The registered manager said they were updating their assessment processes following some lessons learnt.

Staff support: induction, training, skills and experience

- People's needs, and preferences were met by staff who knew them well. One person said, "The staff are nice ... They listen to me." A professional said, "They [staff] promote independence and seeing [person] thrive there is positive after knowing them for so long. The staff have a good rapport with people."
- The registered manager told us, in information they shared prior to the inspection, staff had access to training that was relevant to their role. Staff feedback and records reflected this. This ensured they had the relevant knowledge and skills to meet the needs of people they supported.

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

- People were given a choice of what they wanted to eat and were involved in preparing and cooking their meals.

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

- Referrals were made to external health professionals and ongoing input was offered from community teams. This showed staff were actively working in partnership with other organisations to ensure people had consistent and effective care.
- A professional said, "They [staff] are very proactive, always willing to accept support ... They take on board recommendations we have made."
- People had oral healthcare plans which detailed what support they needed to maintain good oral hygiene. One person told us the staff had supported them to go to the dentist.

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

- The communal areas of the home were spacious, clean and tidy. The home had ample space for people and staff respected when people wanted to have time alone in their bedrooms.
- People's care plans contained details of how they liked their environment, what items they wanted and how they wanted their bedroom decorated.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and compassion. A person said, "I feel happy here, I've found my confidence ... staff are friendly and helpful."
- Staff had supported a person to keep an achievement diary. This enabled the person to be able to look back and see what they had achieved since living in the home. A staff member said, "When we have monthly meetings, if [person] is feeling down, we can get the book and they can see what they have achieved."
- Professionals who regularly visited the service fed back positively about staff practice. A professional said, "It's a positive and supportive placement for people."
- People's records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.

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

- People felt well supported and listened to. One person said, "Staff listen to me, if I wasn't happy, I could tell [registered manager]."
- People were encouraged to make day to day decisions. For example, what they ate, what they wore and what they did. This demonstrated staff delivered individualised care.
- Care plans contained details of external people who were involved in people's care. For example, advocates, appointees and family. This enabled people to have access to support outside of the home if they needed it.

Respecting and promoting people's privacy, dignity and independence

- Staff were sensitive and respectful when talking about people. People told us staff supported and encouraged their privacy. A person said, "If you want privacy, the staff will leave you alone."
- Staff supported and encouraged people to be independent. People told us they could do their own cooking and cleaning. A person said, "I cook with the staff, I choose what I make." This enabled people to maintain and develop their independence.
- People's records were stored in a locked cabinet which ensured personal information was only available to people who needed to see it.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were involved in the review process and made decisions about their care. A person said, "They [staff and management] ask me about my likes and dislikes and about what support I want, I had a review recently." They went on to say, "I want to stay here permanently."
- People's care plans contained information about how they liked to be supported. They included people's likes and dislikes. This showed care plans were individualised and tailored to each person.
- People's care plans held information regarding their life history, religious beliefs and people who were important to them. This enabled staff to have up to date information about people's personal preference.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication care plans were in place and informed staff how they could best communicate with people.

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

- There were established links with the local community and people were supported and encouraged to access a range of activities.
- Staff were responsive to people's individual social needs. A person said, "I went to the pub yesterday, I am going swimming today, I'm learning how to swim."
- People were supported and encouraged to socialise to avoid isolation. Staff supported people to see their family and encouraged people to socialise.

Improving care quality in response to complaints or concerns

- No complaints had been received but there was a complaints procedure in place. Positive feedback had been received by the home.

End of life care and support

- No one was receiving end of life support. There was a section in people's care plan if they wished to discuss an end of life plan.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. However, leaders and the culture they created supported the delivery of person-centred care.

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

- The registered manager had an audit system in place which included action plans if they found any improvements were needed. However, they had not identified the concerns we found. Furthermore, the provider had no systems and processes in place to audit the home.
- Audits had not identified some incidents had not been reported to local authority safeguarding teams or notified to the Care Quality Commission in line with legal requirements. In addition, a Deprivation of Liberty Safeguards (DoLS) application had not been submitted for one person who was staying in the home on respite.
- Audits had not identified the concerns we found with poor medicines management or missing information in recruitment records. Furthermore, risks relating to COVID-19, people and the environment had not always been assessed, monitored and mitigated.

A failure to have robust quality assurance systems and processes was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and provider were responsive to the inspection feedback and acted on the concerns we raised. The provider told us they were going to implement a new quality audit system and bring in an external person to audit the service and support the registered manager on a frequent basis.

- The registered manager told us, in information they shared prior to the inspection, staff participated in team meetings and received supervision. We saw schedules reflected this. This gave staff the opportunity for learning and development.

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

- The registered manager and staff worked hard to ensure the culture within the service was person centred and everyone was treated as an individual.
- The staff supported people to set goals that were person centred and one person shared with us what they had been doing since they had moved into the home. They said, "I've been going to the gym six days a week" then went on to tell us what they were aiming to achieve at the sessions.
- Staff felt well supported. Both staff and people expressed confidence in the management team. A staff member said, "I think it's wonderful here, [registered manager] is wonderful."

- Staff understood whistleblowing and said they would feel confident to raise a concern. A whistleblower is a person who exposes any kind of information or activity that is deemed illegal or unethical.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff communicated with the GP, community nurse, speech and language therapist and other professionals when required. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.
- Peoples care plans contained information about how they liked to be supported and what they wanted to achieve. They contained details about peoples religious and cultural needs so staff knew what their support preferences were.

Continuous learning and improving care

- The registered manager told us they actively sought ways to develop staff and drive improvement. For example, they told us they had recently asked staff to research situations where things had gone wrong in other care homes and to consider why this may have happened then reflect on their own practices.
- They went on to tell us how they were promoting more training and development opportunities for staff to upskill them, enhance their learning and drive improvement in the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider and registered manager failure to ensure care and treatment was provided in a safe way.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider and registered manager failure to have a robust system and process to identify allegations of abuse and report them to the relevant agencies.

**The enforcement action we took:**

We served a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider and registered manager failed to have a robust quality assurance system and processes in place.

**The enforcement action we took:**

We served a warning notice.