

Sanctuary Home Care Limited

Stepping Stone Court

Inspection report

76 Morley Avenue
London
N18 2QT

Date of inspection visit:
21 October 2021

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22 December 2021

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 ●

Summary of findings

Overall summary

About the service

Stepping Stone Court is a supported living service providing personal care to people with learning disabilities and mental health conditions. This service provides care and support to people living in two 'supported living' settings, so that they can live in their own home as independently as possible.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of inspection, 11 people were living in two supported living homes of which one person was receiving personal care and support.

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

Staff actively supported people to maintain their independence through a creative and positive approach to risk taking. Learning from incidents was used to inform risk management to ensure people were supported to maintain their independence. People were encouraged to identify and follow pursuits that interested them.

People were encouraged to take an active role in the running of the service. Adaptions had been made to making communication accessible for people using social stories and adaptive technology.

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.

Staff were well trained, skilled and motivated to deliver a high-quality level of care. Staff had received training tailored to people's individual care needs.

We observed staff communicating and interacting with people. People were comfortable and confident around staff that were supporting them.

People were supported to maintain good health and had access to healthcare services. Staff worked with a range of health professionals to ensure they knew people's care needs.

People were valued and placed at the centre of the service. People were supported to be active in the running of the home.

Medicines were managed safely. Staffing levels were enough to ensure that people's needs were met in a person-centred way. Staff were safely recruited.

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.

Right support:

- People were given choice and control in a supported way. For example, people had a keyworker and information was provided in a person-centred accessible format.

Right care:

- The staff and management team were very focussed on delivering person-centred care and were responsive to people's changing needs.

Right culture:

- Staff had formed positive relationships with people they supported and looked for ways to develop their independence. People were fully supported and motivated to be active members within the community which reduced social isolation and promoted development of social skills.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was last inspected on 24 October 2018, however, no rating was awarded at that inspection.

Why we inspected

This was a planned inspection based on the last inspection date and lack of rating awarded at that inspection.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Stepping Stone Court

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

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager was no longer working at the service. A service manager was in post and had applied to register with CQC.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 21 October 2021 and ended on 22 October 2021. We visited the office location on 21 October 2021.

What we did before the inspection

We reviewed information we held about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with five members of staff of staff including the service manager, two support workers, area service manager and deputy head of service.

We reviewed a range of records. This included one person's care record, two staff files, quality assurance records and complaints records. 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. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Our findings - Is the service safe? = Good

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

At the last inspection this key question was not rated. At this inspection this key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, discrimination and avoidable harm by staff who understood how to keep people safe and report any concerns. Staff had developed positive, trusting relationships with people and had plenty of time to spend with them to make sure they felt safe. One person told us they felt safe and well supported.
- Staff and the management team were knowledgeable on how to identify and report abuse. Staff devoted time to supporting people to understand the risks posed to them when out and about. Staff engaged with professionals, such as Police Community Support Officers (PCSO's) to speak with people about staying safe in the community. Staff also liaised with businesses in the locality around supporting people when using their services to ensure they were protected as much as possible from financial exploitation and abuse.
- There was an open culture in which all safety concerns raised were highly valued as essential to learning and improvement. Following one recent incident, the service manager and staff worked with the person using the service to implement some strategies to improve their safety awareness in the community. This meant that the person was able to continue to spend time in the community independently.

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

- People were supported to take risks appropriately which supported people's wishes to be as independent as possible.
- Risk assessments were comprehensive and were focused on providing guidance to staff on supporting people to stay safe whilst living active and busy lives, if they chose to do so.
- People were enabled to take positive risks when out in the community to maximise control over their own lives with support from staff, health and community professionals in areas such as using public transport alone and managing finances.
- People were supported to keep safe within the home they lived in. People were supported to have responsibilities within the home, for example, documenting people in the building in the event of an emergency and identifying and reporting any maintenance issues which were promptly acted upon.
- There was a genuinely open culture in which all safety concerns raised were highly valued as essential to learning and improvement. The registered manager ensured findings were shared throughout the staff team. All staff members took the responsibility to continue to drive improvements.

Preventing and controlling infection

- People were protected from the risk of infection.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- Staff received training and guidance in relation to infection prevention and control and were provided with regular updates, specifically in relation to COVID-19.
- People were supported to understand the risks associated with COVID-19 and how to follow government guidelines to keep themselves and others safe using social stories and Talking Tiles. This is elaborated on further in the 'Is the service Responsive?' section of the report.

Staffing and recruitment

- There were enough staff to keep people safe. There was a small staff team who had worked at the service for many years. We saw that staff and the person using the service had a friendly relationship and staff knew the needs of the person.
- There had been no staff recruited since the last inspection, therefore we were unable to look at the full recruitment process. We looked at two staff files and found documentation such as identification and criminal records checks to be in place and reviewed periodically.
- The service manager fully understood the process of safe staff recruitment and advised that the organisation operated a values approach to staff recruitment but because they have had a consistent staff team they haven't had to recruit any staff recently.

Using medicines safely

- Policies and procedures were in place to ensure people received their medicines safely and as prescribed. Staff received training in medicines.
- At the time of this inspection, the person using the service was managing their own medicines. However, their care records contained a risk and capacity assessment for this, and the person's prescribed medicines was clearly documented so staff could be aware to look out for any side effects.

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.

At the last inspection this key question was not rated. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff worked with external health and social care and community professionals to provide effective care and promote positive outcomes for people. A person told us, "They sort the doctor for me."
- Staff spoke knowledgeably about people's health needs and records showed they had been proactive in seeking guidance and support from health professionals.
- For example, a person was scheduled to undergo a medical procedure. The staff team created a pictorial social story to explain the procedure. The person's key worker changed their work shifts around to ensure they were available to attend the appointment with the person and support them afterwards. Following the procedure, some changes had to be made to the person's diet and medicines. Staff again, supported the person to understand these changes through pictorial social stories and regular key working sessions.
- Records showed that guidance and instructions from healthcare professionals were carried out.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff and the management team were keen to ensure that people were the main decision makers in regards to how they received their care and lived their lives. Care records supported this ethos.
- People and staff were supported to make informed choices around the COVID-19 vaccination programme. To support staff and people who used the service, the service manager kept a Five-Day photo diary of their experiences after having the vaccine to inform and reassure people and staff of the safety of vaccine. Where initially people refused the vaccine citing that they did not need it or was too painful, the service manager went through their photo diary with them to explain. Following, this the person agreed to have the vaccine

and gave their consent for this. The service manager told us, "This simple visual diary had a positive impact on supporting [Person] we support as well as others to make an informed choice about having the vaccine. [They] felt confident to have it as [Person] had seen someone [they] knew and trusted have it.

- The diary was also shared with the local authority commissioning team and their diary appeared in local news and media outlets to raise awareness of the vaccination programme.
- Staff were trained on MCA and knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. One staff member told us, "I make sure I empower [Person] to make decisions."
- Mental capacity assessments were carried out when needed to establish if people making decisions affecting their lives had capacity to do so. Where appropriate, staff involved professionals and advocates to support people in a Best Interests capacity.

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

- People's needs were fully assessed, and their beliefs, wishes and preferences were incorporated into people's care and support plans. Care plans were regularly reviewed by the service manager to ensure they fully reflected people's evolving needs and health and care needs.
- People's gender, culture and religion were considered as part of the assessment process.
- Staff followed nationally recognised best practice, and government guidelines to ensure care was delivered consistently and in line with expected standards.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role and the needs of the people supported. In addition to mandatory training, staff received training specific to people's assessed or changing care needs, for example, diabetes training and training in the use of communication aids. One staff member told us, "This is a learning organisation. There is a lot of training when new things are implemented."
- Staff told us they felt well supported through regular meetings and 1:1 supervision with the service manager. This enabled staff to discuss and concerns or development needs. One staff told us, "Supervisions are very much supportive."

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

- Where people needed support with their food and drink intake, this was clearly recorded in their care plan.
- For one person who prior to the COVID-19 pandemic ate out every day, during lockdown staff supported them to engage with meetings around menu choices, healthy eating and become involved in food preparation within the home environment. Following easing of restrictions, they continued to eat a main healthy meal at home every day which had a positive impact on their overall health.
- Where risks associated with food and drink intake were identified, detailed plans were in place to help manage these safely and effectively.

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.

At the last inspection this key question was not rated. At this inspection 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

- There was a strong person-centred culture at this service. Care planning fully encompassed the way people wished to live their lives. Management and staff were motivated to put people at the heart of the service. We observed this on the inspection. The service genuinely felt like it was people's home and staff respected this. One person showed us a maintenance issue they had identified that morning and had reported to the service manager. We saw that people took ownership of aspects of the home such as the garden and fire safety.
- People were supported to lead their lives in their chosen way. The protected characteristics of the Equality Act 2010, such as age, sexual orientation and gender, were embraced rather than treated as barriers to people leading their lives in their preferred way.
- We observed staff and the management team engage well with each other. A staff member told us, "[Person] calls me Darling. We have a good rapport. We get on very well."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Supporting people to develop and maintain their independence was at the heart of the service's culture and values and was embedded in everything the staff did. The service manager told us, "We value the independence of the individuals we support and ensure that they are part of all decisions made. We look for creative ways to provide positive outcomes while promoting independence." They knew for one person, being able to go out and about daily was integral to their wellbeing. They supported them to overcome safety challenges and supported them to make minor adaptations in their routines to continue to be able to go out as they wished.
- A person was supported by the staff team to redecorate their bedroom. The person chose every aspect of how they wanted their bedroom decorated and furnished. Staff supported the person to research different catalogues and websites to inform their decision making. As a result, the person had a newly decorated and furnished bedroom with their own choices of furniture and décor.
- People were supported to maintain their privacy. They had keys for their bedroom doors and could come and go from the service as they wished. They had the service managers contact details to hand in the event of an emergency when they were out and about.
- During our inspection, we observed people consistently making choices about how they wanted to spend their time. The management team and staff demonstrated high levels of commitment and flexibility to meet people's wishes.

Is the service responsive?

Our findings

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

At the last inspection this key question was not rated. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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.

- People's communication needs were assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with people. This ensured people had access to information in a form that met their assessed needs.
- Adaptive technology was utilised at the service to enable people to better understand information that was important to them. For example, talking tiles were implemented in several areas to provide information in a way to people in a way they could better understand. Talking tiles record and play back speech via a built-in microphone and speaker and were used to remind people to wash their hands when coming into the house. They were used to inform people which staff would be working on the next day which was very important for people to know who would be supporting them. This helped reduce anxiety and provide reassurance to people which had a positive impact on their well-being. The person using the service showed us how they used the talking tiles and gave us a demonstration during the inspection. Talking tiles were also used to verbally summarise key policies such as safeguarding and the fire procedure for people.
- For one person, following some concerns around their safety whilst using public transport, staff created laminated pictures of the various bus routes, bus numbers and tube stations the person could use to safely get home if they took the wrong bus or weren't sure of their whereabouts in the locality. Staff had sessions with the person to go through the pictures and ensure they understood the various transport options for them. This meant that the person could continue to use public transport independently. The service manager told us, "Being independent is really important to [Person] and it is important that the team do all they can to support him to remain independent in a safe manner."

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

- Staff had a deep understanding of people's individual needs and preferences and provided them with exceptionally responsive, person-centred care which had a positive impact on their well-being and increased their independence.
- Going out and about every day was very important to the person who used the service. Staff discussed with the person around making some amendments to how they carried their personal belongings to reduce the risk of losing them. The person was supported to research alternative options to safely carry their

belongings. Once they decided what they wanted, they were supported to purchase a specific type of bag. Staff created a pictorial social story which was used in the mornings with the person to remind them of the importance of wearing the bag whilst out. Since using this, incidents reduced significantly.

- People's care and support plans were detailed and comprehensively reviewed and updated to reflect any changes to their support needs. People were involved in planning their care which was evident on review of their care records and during the inspection, a person discussed their care plan and what support they needed from staff with us. Care plans focused on what people could do for themselves and how staff should support them in a way that maximises their independence.

Improving care quality in response to complaints or concerns

- People received the support they needed from staff who were particularly skilled when exploring and trying to resolve any conflicts and tensions for people.
- The service manager told us they were concerned that they weren't receiving many complaints from people who used the service, despite the complaints process being discussed in house and key-working sessions. To support people who could not read or write, the management and staff team implemented a pictorial complaints system to see if complaints received would increase. They took pictures of each person living at the property with their thumbs up and down and used these aids to initiate discussions around any concerns or complaints people may have.
- The service manager told us that complaints started to increase which they were pleased about. They told us, "This is a simple yet effective way of ensuring that all people have their voices, concerns and compliments heard in their home and are involved in the improvements of their home and who they live with."
- Complaints were documented, investigated and resolved. Complaints records evidenced discussion with the person who made the complaint and each complaint form was individual to the person. During the inspection a person openly told us about a complaint they had made and how it had been resolved to their satisfaction with the support of the management and staff team.

End of life care and support

- At the time of the inspection, the service was not providing end of life care. However, where possible information was included in people's care plans and staff had received training about how to support people who were at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was not rated. At this inspection this key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service manager had developed the vision and values of the provider to make them relevant to Stepping Stone Court, its ethos was a culture of supporting people to maintain their independence and doing whatever they could to support this. Staff were acknowledged and praised for the positive impact they had on people's lives, which resulted in them feeling valued and supported.
- People were encouraged and empowered to be fully involved in their care. They were consistently involved in giving feedback and helping to shape the service. This was demonstrated through people's clear involvement in their care planning, individual and group activities and engagement through meetings.
- Staff spoke very positively of working at the service, how they were empowered and the support they received from the service manager and provider. Staff told us, "[Service Manager] is a very supportive manager. From working with her, I am always proactive and use my initiative. We are encouraged to use it" and "Very much supportive."
- Staff and the management team were involved in provider run forums and staff groups. One staff member was a member of the providers staff council. They told us they attended regular meetings and shared learning and ideas from other services in staff and residents' meetings. They told us, "We are the first to know about things. We get ideas from other staff representatives. We learn a lot. If a new staff member comes to Sanctuary, we send new staff welcome emails."
- The provider had ensured that all staff had a clear understanding of their roles and responsibilities. The management team strived to develop their leadership skills and upskill all staff within the organisation.
- The service worked in partnership with external professionals, to support care and act on any recommendations to drive improvements. This was particularly evident following any incidents where the safety of people in the community may be compromised. Staff liaised with local businesses and police team to ensure that they 'looked out' for the person using the service when out and about.
- The service manager told us that the local authority and health teams were very supportive during the pandemic and they were able to arrange bespoke training from the local health teams to support staff to adapt to the changes in people's health and care needs.

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; Continuous learning and improving care

- The provider understood and acted on its duty of candour in an open and honest way. There was an open and transparent culture and the service manager stated if things went wrong people were informed and

actions were taken to make things right.

- The service manager and staff demonstrated a strong emphasis on continuously driving improvements. People's views were at the heart of the quality monitoring and assurance processes.
- Regular meetings with people and staff were held. These were opportunities for everyone to comment on and make suggestions about the day to day running of the service.
- The service manager told us that meetings were used as opportunities to share lessons learned and discuss how to ensure that any lessons learned were translated into people's support plans and care from staff. We saw this in action on review of minutes of meetings.

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

- There wasn't a registered manager in place at the time of the inspection. The current service manager had been in post at the service since beginning 2021 and had submitted their registration application to CQC which was being assessed at the time of the inspection.
- The provider and service manager had systems in place to monitor the quality and safety of the service. This included carrying out audits and checks such as health and safety and checks, regular supervisions with staff and obtaining feedback from people who used the service to ensure staff were following safe practice and keeping themselves updated on any changes in policies.