Stepping Stone Independent Living Ltd

Stepping Stone Independent Living Ltd

Inspection report

237 West Wycombe Road
High Wycombe
Buckinghamshire
HP12 3AS

Tel: 01494459219

Date of inspection visit:
11 October 2018
12 October 2018

Date of publication:
12 November 2018

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

This inspection took place on 11 and 12 October 2018. It was an announced visit to the service.

We previously inspected the service in August 2017. The service was not meeting all of the requirements of the regulations at that time and was rated 'requires improvement'. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions 'safe' and 'well-led' to at least 'good.'

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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service can provide support for up to 12 people. Eleven people were using the service at the time of our inspection. In one setting, people lived in a shared house and had their own bedroom with en-suite facilities. In the other setting, people lived in self-contained studio flats.

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.

We found improvements had been made in the areas where the service was previously not meeting the regulations. These were in relation to medicines practice and notification of significant events.

People told us they liked living at the service. Relatives were complimentary of care. For example, "The staff cope well with the diversity of all the different adults. Everyone seems to be happy. On the whole they do a good job caring" and "I've seen staff be patient, kind and compassionate." Some relatives had concerns people had put on weight and also about personal hygiene. The registered manager told us encouragement was given to follow healthier diets, to exercise and to attend to personal care.

People were supported to be independent at the service. They had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were safeguarded from the risk of abuse or harm. Written risk assessments supported people to keep safe.

There were sufficient staff to meet people's needs. They were recruited using robust procedures to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through a structured induction, regular supervision and appraisal of their performance. However, this was not the case for the registered manager. We have made a recommendation for them to receive regular supervision. There was an on-going training programme to provide and update staff on safe ways of working

Care plans had been written, to document people's needs and their preferences for how they wished to be supported. These had been kept up to date to reflect changes in people's needs. People were supported to take part in a wide range of social activities. Staff supported people to attend healthcare appointments to keep healthy and well.

There had not been any complaints about the service. People knew how to raise any concerns and were relaxed when speaking with staff and the registered manager.

The service was managed well. The quality of care was assessed through surveys and audits. Records were maintained to a good standard and staff had access to policies and procedures to guide their practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, supervision and training.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests, in accordance with the Mental Capacity Act 2005.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good

The service was caring.

People were supported to be independent and to access the community.

People's views were listened to and acted upon.

Staff treated people with dignity and respect and protected their privacy.

Is the service responsive?

Good

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

There were procedures for making compliments and complaints about the service.

People were supported to take part in activities to increase their stimulation.

Is the service well-led?

Good

The service was well-led.

The quality of people's care was monitored to make sure it met people's needs safely and effectively.

Improvement had been made to reporting of serious occurrences or incidents to the Care Quality Commission. This meant we could see what action they had taken in response to these events, to protect people from the risk of harm.

People were cared for in a service which was open and transparent when things went wrong.

Stepping Stone Independent Living Ltd

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.

This inspection took place on 11 and 12 October 2018 and was announced. The provider was given 48 hours' notice because the location provides a service for younger adults who are often out during the day; we needed to be sure someone would be in to assist us.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted community professionals, for example, the local authority commissioners of the service, to seek their views about people's care. We also contacted four people's relatives after the inspection, to ask them about standards of care.

We spoke with the registered manager and two staff members. We had informal discussions with four people who used the service. We checked some of the required records. These included three people's care plans, five people's medicines records, three staff recruitment files and staff training and development files.

We also observed a staff meeting.

Good

Is the service safe?

Our findings

People's relatives told us they felt their family members were safe. Comments included "I'm happy that my relative is safe. There's never been any incidents, my relative has never said anything to me about being scared or anything." Other relatives told us "Safety doesn't worry me, I feel my relative is protected" and "Yes, I feel my relative is safe and well taken care of." We asked about staffing levels at the service. Relatives' comments included "Staffing levels are fine," "There seems to be enough staff mostly. I don't know if there is enough staff to cater for everyone" and "Every time I've been to visit there are at least two staff members on duty. On occasions, very rarely, they might be a little bit short staffed."

When we inspected the service in August 2017, we found a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had not provided clear guidance on the use of medicines prescribed for occasional use. We asked the provider to make improvements to people's care. They sent us an action plan which outlined the measures they would put in place.

On this occasion, we found people's medicines were managed safely. Detailed guidance was in place for medicines prescribed for occasional use. This included pain relief and medicines to manage people's behaviours. There were medicines procedures to provide guidance for staff on best practice. Staff handling medicines had received training on safe practice and had been assessed before they were permitted to administer medicines alone. We saw staff maintained appropriate records to show when medicines had been given to people, which provided a proper audit trail. We noted some instances where staff had handwritten medicines on the medicines administration records, for example, ear drops. Where this is the case, it is good practice for a second person to check and sign to show the details have been transcribed correctly. This was mentioned to the registered manager, for their attention.

People were protected from the risk of abuse. The service had systems and processes for safeguarding people from harm. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. Staff told us they would report any concerns about people's care.

People were protected from the risk of harm during the delivery of their care. Risk assessments had been written, to reduce the likelihood of injury or harm to people and to keep them safe. We read assessments on accessing the community, keeping safe, managing finances and carrying out domestic tasks, as examples. Where risks were identified, the service put appropriate measures in place to support the person. This ensured they were supported safely.

We saw emergency evacuation plans had been written for each person, which outlined the support they would need to leave the premises. These were kept inside an emergency 'grab bag' by the front door. There was also a continuity plan, in case of lasting disruption to the service. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately in emergency situations.

There were enough staff to support people and help them access the community. Staffing rotas were maintained and showed shifts were covered by a mix of care workers and senior staff.

The service used robust recruitment processes to ensure people were supported by staff with the right skills and attributes. The recruitment files we looked at contained all required documents, such as a check for criminal convictions and written references. Staff only started work after all checks and clearances had been received back and were satisfactory.

Incidents were recorded appropriately at the home. We read a sample of recent incident reports. These showed staff had taken appropriate action in response to behavioural incidents. For example, re-directing the person or use of distraction techniques. No recent accidents had been recorded at the service. The registered manager told us none had occurred.

The registered manager took action where staff had not provided safe care for people. For example, where errors had occurred. Records were kept of meetings held with staff following incidents of this nature, to determine what had happened and to prevent recurrence. Disciplinary proceedings were used, where necessary.

People were protected from the risk of infection. Staff undertook food hygiene and infection control training. They had access to disposable gloves and aprons when they carried out personal care. Good practice was followed when handling soiled laundry. We saw hand wash and paper towels were available in the kitchen and shared bathroom.

People's records were accessible at the service. These were accurate and had been kept up to date following changes to people's care needs.

Good

Is the service effective?

Our findings

We asked relatives if staff provided effective care. For example, did they contact healthcare professionals if people became unwell? Relatives' comments included "The staff sort that out, always," "The staff are pretty hot on that type of stuff" and "They are good with that."

We saw people were supported with their healthcare needs. Care plans identified any support people needed to keep them healthy and well. Staff maintained records of when they had supported people to attend healthcare appointments and the outcome of these. The records showed people attended appointments as necessary. For example, GPs, dentists, opticians and hospital specialists.

People at the service told us they chose their meals and we saw they took part in food preparation. We asked relatives if they felt their family members' nutritional needs were met by the service. Comments included "I do wish sometimes that my relative would lose a bit of weight. I would like Stepping Stone to support that a bit more." Another relative told us "I would say the quality of food is mixed. The quantity portion size is too large. My relative is over-weight and I feel that the portion size may need to be looked into. My relative does get a choice of what to eat." Another relative said "There is enough food and drink. My relative eats halal, so that's catered for." The registered manager told us encouragement was given to follow healthier diets and to exercise. Fresh fruit was available at all times and vegetables were encouraged with meals. Some people had started to make healthier choices, such as changing what they had for breakfast.

People could have their meals at times which were convenient to them and which fit in with any activities they took part in. Care plans documented people's needs in relation to eating and drinking. In one file, we saw there was guidance from the speech and language therapist regarding reducing the risk of the person choking. It said to avoid high risk foods. A risk assessment was in place. However, we could not see further information about which foods would be high risk. From reading daily progress notes, we saw occasions when staff had supported the person to buy foods which could pose an increased choking risk. We were advised the speech and language therapist had recently re-assessed the person and their report was awaited. We suggested the registered manager contact the speech and language therapist, to make sure their report would include advice about high risk foods.

People's needs had been thoroughly assessed by the service. This included assessment of their physical and emotional needs and their health conditions. Assessments took into account equality and diversity needs such as those which related to gender, sexuality, disability and culture.

People received their care from staff who had the appropriate skills and support. New staff undertook an induction to their work. There was an in-house induction to familiarise staff with the service and good working practises. They then completed the nationally-recognised Care Certificate. The Care Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way.

There was a programme of on-going staff training to refresh and update skills. Staff told us there were good

training opportunities at the service and they were encouraged to attend courses. This included encouragement to undertake higher level training such as the Qualifications and Credit Framework (QCF). The QCF replaced National Vocational Qualifications (NVQs) in 2010. In discussion with the registered manager, we noted staff did not undertake training in moving and handling. No one who was supported by the service required any assistance to move or reposition. However, it would be good practice for staff to be trained in safe ways of moving objects.

Staff received regular supervision from their line managers. Appraisals were also undertaken to assess and monitor staff performance and their development needs. However, we noted there was not a system for ensuring the registered manager received regular supervision and support.

We recommend the provider ensures the registered manager receives regular supervision, to support them in their role.

Staff communicated effectively about people's needs. Relevant information was documented in individual daily notes. These provided detailed accounts of people's health and welfare.

People we spoke with said they knew who their keyworkers were. This is a member of staff assigned to the person, who helps co-ordinate their care, liaise with family members and ensure care plans are accurate and up to date. A 'co-keyworker' was also assigned to each person. This helped ensure there was continuity, if the keyworker was unavailable.

Staff worked together within the service and with external agencies to provide effective care. This included local commissioners of the service.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive people of their liberty in this type of care setting must be made to the Court of Protection (CoP). We saw one person was subject to a CoP order. The service had obtained a copy of this legal document, to ensure it consulted the legally-appointed individual about the person's care.

Good

Is the service caring?

Our findings

We received positive feedback from people. Relatives' comments included "Everyone seems very nice. For example, whenever we visit the feeling is nice. The staff seem generally concerned and are always pleasant and nice to my relative." Relatives said their family members were supported to be independent. For example, "My relative does a lot for herself, they are encouraged to clean their bathroom and bedroom. Sometimes, once a week, they assist with cooking." Another relative told us their family member "Has a choice to come home, decide what to wear, going out and having a choice of where to go." They added their family member was also "Free to call me anytime." Another comment was "I've seen staff be patient, kind and compassionate."

People were treated with kindness, respect and compassion. Staff engaged positively with people. For example, by speaking with them in a gentle and calm manner and allowing them to do as much for themselves as possible.

Staff were knowledgeable about people's histories and what was important to them, such as family members, where they liked to go on holiday and any hobbies or interests they had. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit. Staff knocked on people's doors and waited for a response before they went in.

Staff showed concern for people's well-being. For example, one person became distressed and wanted to contact their family. Staff brought the phone to them so they could make the call. They asked how the person was after they spoke with their relative.

Staff actively involved people in making decisions and to express their views. This included decisions about meals, going out into the community and encouragement to undertake household chores. The registered manager referred people to advocacy services when necessary. Advocates are people independent of the service who help people make decisions about their care and promote their rights. This enabled people to be as independent as they wanted to be.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. There was a range of information produced in easy to read formats, such as understanding tenancies, the fire procedure and making complaints and compliments.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance. Signed confidentiality agreements were seen in staff files.

The service promoted people's independence. Risk assessments were contained in people's care plan files to support them in areas such as accessing the community and undertaking household chores. We observed

several people went out during the two days of our visit. This included people being supported to go shopping or into town and people going out to work placements.

Tenants' meetings were held at the service. We read the minutes of recent meetings. These showed people were kept informed of significant events, such as updates on health and safety, coping with hot weather and fire safety.

Good

Is the service responsive?

Our findings

People received care which was responsive to their needs. Relatives said they were involved in their family members' care. One relative told us "The staff always involve us in everything. The staff are very understanding." Other comments included "The staff cope well with the diversity of all the different adults. Everyone seems to be happy. On the whole they do a good job caring." Another relative told us "I think they work with my relative and understand their choices…the care is very person-centred."

Care plans took into account people's preferences for how they wished to be supported. People's preferred form of address was noted and referred to by staff. One page profiles outlined people's likes, dislikes, important people and how they communicated, as examples. There were sections in care plans about supporting people with areas such as their health, personal care and managing medicines. Care plans had been kept under review, to make sure they reflected people's current circumstances. People were supported to identify goals they would like to reach. For example, one person wanted to make a pizza from fresh ingredients. Staff had purchased the items and set aside time for this to happen.

People's cultural and religious needs were taken into consideration. For example, one person's requirement was for staff of the same gender to provide personal care. Their relative told us this was respected by the service. They said "I know for a fact from the care plan it's only female staff that care for my relative. They are really good."

We discussed end of life care with the registered manager. No one at the service required this type of care at the time of our visit. However, we asked what training might be available in the event someone became seriously ill and how their needs would be recorded. The registered manager told us there was a training module available on the computer system they used for staff development. This could be accessed at any time. We suggested some research be undertaken into what resources were available in the community, to support people with end of life care and to establish links with the service. For example, hospice and palliative care teams.

People were supported to develop and maintain relationships with those who were important to them. For example, people were supported to, or could independently, contact their families either by telephone or via the Internet. People went to a local social club where they met up with friends.
We saw staff had raised awareness about Internet safety due to the increased use of social media amongst people who used the service. Staff had also discussed relationships and safe sex, where appropriate.

The service supported people to take part in social activities. People told us they took part in a variety of things, such as bowling, attending college, going to the cinema, eating out and shopping. People told us about a holiday they went on to Butlin's. On the second day of our visit, one person went away with staff by train to Blackpool.

There were procedures for making compliments and complaints about the service. There had not been any complaints in the past year, the period time of we looked at. We read a compliment from a relative which

thanked staff "For everything you have done for (name of person)…We are so grateful for all your support." Relatives said they would speak with staff on duty or the registered manager if they had any concerns.

Good

Is the service well-led?

Our findings

People received care in a service which was well-led. This enabled them to receive safe, effective and co-ordinated care.

The service had a registered manager. They kept their skills and knowledge up to date. This included recent completion of a level 5 award in Health and Social Care. They told us they would soon be starting on the 'My Home Life' leadership programme. This programme aims to promote good practice amongst care providers, to improve the quality of people's care. They were additionally part of a supported living network and attended local authority meetings for registered managers. We received positive feedback about how they managed the service. Comments from relatives included "I feel the officer in charge is very supportive" and "The manager is definitely approachable." Another relative contacted us prior to the inspection. Their positive feedback included "The current manager is one of the best they've had and she is very organised. The manager and staff are very helpful." A member of staff told us "(Name of registered manager) is very supportive and the directors."

When we visited the service in August 2017, we found a breach of the Registration Regulations 2009. This was because the service had not always ensured it reported events to us when it
was legally required to do so. We asked the provider to make improvements to people's care. They sent us an action plan which outlined the measures they would put in place.

On this occasion, we saw improvements had been made. We had been kept informed of events throughout the year, such as safeguarding referrals. We heard discussion took place in the staff meeting, to ensure staff knew about responsibilities to report incidents to the local authority and to us.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. We observed staff and people who used the service were comfortable approaching the registered manager to speak with them. Staff told us they could speak with the registered manager any time and said their door was always open. We saw they were encouraged to contribute to staff meetings and their ideas were listened to. Staff performance was recognised in an 'employee of the month' recognition scheme. A certificate and small financial token were given to recipients of the award and explanation of why the award was being given.

We saw errors in the delivery of people's care were dealt with constructively, to look at what had happened and to prevent recurrence. Staff were advised of how to raise whistleblowing concerns and knew how to safeguard people from abuse. Whistleblowing is raising concerns about wrong-doing in the workplace. This showed the service had created an atmosphere where staff could report issues they were concerned about, to protect people from harm.

People's views were sought about the service through surveys and tenants' meetings. We looked at the results of the most recent surveys. People's responses included they considered they were supported to be independent, their cultural needs were met and they were generally happy where they lived.

The provider also monitored the quality of care through audits. For example, medicines audits and a comprehensive service audit. The comprehensive audit covered areas which included health and safety, finances, fire safety, staffing issues and incidents. An action plan was put in place where any areas required attention. These were shared with the team in the staff meeting. This helped to ensure the service continually improved.

The service worked with other organisations to ensure people received effective and continuous care. For example, local authority commissioners.

Records were well maintained at the service and those we asked to see were located promptly. There was secure storage for personal and confidential records such as staff files and care plans. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, managing challenging behaviour, whistleblowing and safe handling of medicines. These provided staff with up to date guidance.

We found there were good communication systems at the service. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings.