Stepping Stones Care Homes (Phoenix House) Limited

Primrose House

Inspection report

202 Harborough Road
Northampton
Northamptonshire
NN2 8DJ

Tel: 01604626272

Date of inspection visit:
11 May 2017

Date of publication:
09 June 2017

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 unannounced inspection took place on 11 May 2017.

Primrose House is registered to provide accommodation and personal care support for up to two people with mental health needs and is a step down service from a larger service that provides more structured support. The home is divided into individual flats and at the time of our inspection there were two people living there.

The service is required to have a registered manager. There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to develop life and social skills and gain as much independence as possible. Their support was provided by a staff group, who shared a strong person centred ethos.

People felt safe in the home and received safe care and support. Staff had a good understanding of their role in safeguarding people and they knew how to report concerns. Staffing levels ensured that people received the support they required at the times they needed it.

The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service. Staff received the training and support required to enable them to understand and meet the care needs of each person.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health as staff had the knowledge and skills to support them and there was prompt access to healthcare services when needed.

People were fully involved in decisions about their care and support needs and this had a positive impact on their ability to be as independent as possible. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information to enable them to make informed decisions and encouraged people to make their own choices.

Staff were committed to the work they did and had good relationships with the people who lived in the home. People interacted in a relaxed way with staff, and people consistently spoke about the positive impact living in the home had made on their lives.

People were fully involved in the planning of their care and felt included in discussions, being able to have

their say at each step of the way. Staff listened and respected people's views about the way they wanted their support to be delivered.

People participated in a range of activities within the service, the local community and further afield. The atmosphere was very positive and people were enthusiastic about their future plans.

Staff were aware of the importance of managing complaints promptly in line with the provider's policy. People living in the home and staff were confident that any issues would be addressed and that if they had concerns they would be listened to.

The service was well led and people and staff had full confidence in the leadership of the registered manager. The provider ensured that the service was well supported and effective systems were in place to assess and monitor the quality of service.

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 felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately.

Peoples physical and mental health needs were kept under regular review.

People were supported to access appropriate health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

Staff had a good understanding of people's needs and preferences and worked with people to enable them to

communicate these.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Is the service responsive?

Good

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service knew how to raise a concern or make a complaint and a system for managing complaints was in place.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post and they were active in the management of the service.

Management arrangements were in place to ensure the effective day to day running of the service.

There were systems in place to monitor the quality and safety of the service and actions were completed in a timely manner.

There was a well-articulated vision and a positive culture of person centred care and support that was understood and put into practice on a day to day basis by staff.

Primrose House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 May 2017. The inspection was unannounced and was undertaken by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted the local health and social care commissioners who commission services from the provider.

During this inspection we visited the home and spoke with one person who lived there. We also looked at care records relating to one person. In total we spoke with four members of staff, including support staff and senior support staff, the registered manager and business manager. We looked at three records in relation to staff recruitment and records related to staff training and the quality monitoring of the service. We made observations about the service and the way that care was provided.

Good

Is the service safe?

Our findings

During our inspection in May 2016 we found that the provider did not have sufficient fire management systems in place.

The provider took action at the time of the last inspection to implement effective fire safety systems and at this inspection we found that these systems had been embedded; people were protected from the risks associated with the outbreak of fire in the home. A suitable fire alarm system and fire safety risk assessment was in place and regular checks of fire safety equipment and fire drills occurred. Contingency plans were in place in case the home needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation.

People were supported in a way that maintained their safety and they told us that they felt safe. One person said, "the staff are very good, I'm happy, I've never seen anything bad happen here." We observed that people in the home were happy and comfortable as they interacted with the staff supporting them.

People were safeguarded against the risk of being cared for by unsuitable staff. Recruitment files contained evidence that criminal record checks were carried out and satisfactory employment references were obtained before staff were allowed to work in the home.

There were enough staff to provide people with support appropriate to their needs. People considered that there were enough staff on duty saying, "The staff are always around to perk you up when you need it." Staff told us, "The people who live here are really independent and go out a lot on their own, but we are here to help them with anything they need." We observed that staff knew people's whereabouts and were available to support people and spend time with them as they wished.

Safeguarding policies and procedures were in place and were accessible to staff. Staff were aware of safeguarding procedures and had received training in safeguarding. Discussions with staff demonstrated that they knew how to put these procedures in to practice and staff described how they would report concerns if they suspected or witnessed abuse. One member of staff said, "I would report anything to the nurse in charge or manager and if they didn't act I would contact CQC". The manager had submitted safeguarding referrals when necessary, which demonstrated their knowledge of the safeguarding process.

People's medicines were safely managed and people told us that the staff gave them their medicines when they needed them. We observed staff administering one person's medicines; they were patient and offered them the support they needed. One person was being supported to take increased responsibility for administering their own medicines; the appropriate risk assessments and checks were in place to facilitate this. Staff had received training and had their competency assessed prior to taking on the responsibility of medicines administration. The medicines policy covered receipt, storage, administration and disposal of medicines.

Robust risk assessments were in place and these were focussed on enabling people to take positive risks, as

they worked towards gaining independence. Staff demonstrated an understanding of the actions that they should take to mitigate the risks to people and the need to adapt the level of support they provided depending on the person's needs and circumstances. One member of staff said, "It's important to observe and monitor people's mental health, be aware of the signs that they may be becoming unwell. For example; spending a lot of time in their flat on their own, spending a lot of time in bed, not taking their medication, poor personal hygiene and food intake." People had been involved in the development of their individual risk assessments and care plans and had signed these to demonstrate that this was how they wanted to be supported. These provided staff with current, detailed information about how to support people appropriately and focussed on positive interventions to promoted people's mental well being.

Good

Is the service effective?

Our findings

People were supported by staff that had received in depth training which enabled them to understand the specific needs of the people they were supporting. Staff received an induction that consisted of shadowing experienced staff, meeting the people who lived in the home and reading their support plans and key policies and procedures. Staff that we spoke with confirmed that they had undergone a thorough induction and we saw records of the induction that had taken place. The provider was using the Care Certificate for part of the formal training element of the induction and new members of staff had twelve weeks to attain this. The Care Certificate is based on fifteen standards that aim to give employers and people who receive care, the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The provider used a blended approach to training provision, using a mixture of e-learning, distance learning and an in house training programme to ensure that staff were provided with the knowledge and skills they required. Staff received mandatory training such as equality and diversity, infection control and health and safety. Additional training relevant to staff members' job role and the needs of the people they were supporting was also provided; this included training in conflict resolution, understanding mental health and diabetes awareness. Staff told us that they enjoyed the training and it supported them to fulfil their job role. One member of staff said, "I think the training is very good, it's varied and covers everything we need to know."

People's needs were met by staff that were effectively supported and supervised. Staff were able to gain support and advice from senior staff when necessary and regular supervision meetings were available to all staff. The meetings were used to discuss staff performance and identify on-going support and training needs. One member of staff said, "We get regular supervision; we can talk about concerns, the residents needs and our working practice."

People received care and support from staff that had received the training they needed to ensure that support provided was in people's best interest. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and applied this knowledge appropriately. The MCA 2005 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. The application procedures for this in care homes and hospitals are 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 were being met. The manager and staff were aware of their responsibilities under the MCA and DoLS code of practice. Staff understood the need to gain consent from people and what to do if a person does not have the capacity to consent. The people supported at the

service had the capacity to make
decisions and we saw this was recorded in their care plans

People had the support they needed to maintain a healthy and balanced diet. People we spoke with explained that they were able to shop for and prepare their own food and drink and that they liked the independence this gave them. Staff were available to provide support to people to prepare their meals should they require it and provided advice to people about health eating.

People's assessed needs were safely met and referrals to specialists had been made to ensure that they received specialist treatment and advice when they needed it and received on-going monitoring of their health. Staff described how they had accessed health support for people in response to sudden changes in their health and acted on the advice of healthcare professionals. We saw evidence of regular health checks taking place, for example blood tests and people were supported to access a range of healthcare professionals such as the dentist, opticians and mental health professionals.

Good

Is the service caring?

Our findings

Staff supported people in a respectful, kind and caring way and involved them as much as possible in day to day choices and arrangements. Staff had good relationships with people, one person said, "The staff are all really nice, they do care and we have a laugh and a joke together."

Staff demonstrated empathy and an understanding of people's support needs and challenges. There was a genuine consideration for people's well-being and staff were committed to supporting them to be as independent as possible. Staff knew about people's past lives and the people and things that were important to them. We saw people chatting with staff about what they had been doing and their plans for the day; people gained enjoyment from this. Staff were consistently positive and encouraging and talked enthusiastically about the support they delivered. One member of staff said, "We encourage and support people to do new things; if they don't they will never know what they can achieve."

People were involved in planning how their care and support would be provided and were encouraged to express their views and to make choices. There was detailed information in people's care plans about the way in which they wanted to be supported. This included how they wanted to spend their time and any important goals that they wanted to achieve. People had independent living plans that they had been supported to devise and these contained information about their plans for the future. The staff we spoke with told us they thought that people's independent living plans were individualised and expressed who each person was because they were involved in planning their own support.

People were supported to be as independent as possible. All the staff we spoke with were positive about encouraging and improving people's independence and were proud of the progress people had made since coming to live at the service. Within their flats, people were encouraged to cook their meals and do their own laundry. One person said "Since I've been here I have my own washing machine, I can do my own laundry and I do my own cooking." One member of staff said. "People want to do their own thing, they don't want staff to do things for them, they want to be independent, but we are here if they need us."

The registered manager was aware of how to access advocacy services on behalf of people and information regarding advocacy services was available to people and staff. (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives).

Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, in a private area so they would not be overheard. People told us and we observed that staff were respectful of their personal space and that when people wished to spend time alone this was respected. We saw people's privacy and dignity was respected at all times, for example staff were respectful of people's personal and private space and only entered their flats after knocking and being invited to enter.

Good

Is the service responsive?

Our findings

During our inspection in May 2016, we found that care plans had not been updated as a result of care plan reviews and people had not been involved in the evaluation of their care plan.

During this inspection we found that Independent living plans to support people to manage their own mental health recovery progress were in place and signed by the person concerned; these had been evaluated with the person regularly. People's care plans were up to date and covered all areas of their support needs, including; managing mental health, independent living skills, accessing activities in the community and making plans for the future.

People's needs were assessed before they came to live at Primrose House to determine if the service could meet their needs and ensure that they had sufficient information to make the decision about whether they wanted to move there. As this is a step down service from a larger home where more intense support is provided, a transition assessment was initially carried out by clinical staff from the larger home. This assessment covered the support mechanisms that would be in place whilst the person was getting used to living in their new home. It also outlined how different support needs would be met, including the areas in which the person would be more independent. The transition plan was signed by the clinical staff and the person.

The overall emphasis of people's care plans was how staff could support them to achieve a lifestyle of maximum independence and move on to more independent living. A member of staff told us "People who live here have really improved in the things that they can do for themselves." Risk assessments and care plans were linked together and cross referenced to give a full picture of people's needs, and detailed daily support records reflected that people were being supported in the way recorded in their care plan.

Each person chose what they wanted to do and when; staff were available to support with this if needed. People told us that they felt empowered by having their own flat that they had been able to personalise to their own taste; they enjoyed spending time in their flat. Staff encouraged people to do the activities that they chose and were knowledgeable about people's preferences and choices. For example people enjoyed going out for meals, visiting friends and family and going fishing.

People living at the service had access to an occupational therapist, who was available to support them to undertake new activities that would help them to develop their independent living skills. There was an emphasis on supporting people to access activities in the local community; for example people were supported to attend college, access paid employment and undertake voluntary work.

There was a complaints policy and procedure in place and People knew how to raise a complaint should they wish to. One person told us that although they had not needed to make a complaint, they knew who to speak to if they were unhappy with any aspect of the service and felt confident that the registered manager would respond to any complaints correctly.

Good

Is the service well-led?

Our findings

During our inspection in May 2016, we found that the provider was in breach of regulation 17: Good governance of the HSCA 2008 (Regulated Activities) Regulations 2014; as they did not maintain accurate, complete and detailed records relating to the overall management of the home. We also found that quality assurance processes did not ensure the safety of the home was effectively monitored and managed in all areas.

During this inspection we found that accurate, comprehensive records were maintained for all aspects of the service; including staff training records and medicines. There were robust arrangements in place to consistently monitor and improve the quality of the service as regular audits had been carried out by the registered manager and senior support worker. Audits included; the environment, fire safety and medicines. The registered manager maintained a clear overview of quality within the service as they reviewed all audits and ensured that any actions required were undertaken. For example a recent fire audit had identified that portable appliance testing (PAT testing) was due; this had been completed.

Regular clinical governance meetings were held to monitor the quality of the service and drive improvements. These meetings were attended by the provider and we saw meeting minutes which recorded discussions about audit findings, people's plans of care, the environment and staff development. Actions were allocated to senior staff as a result of these meetings.

There was a registered manager in post, who was active and visible in the service. The people we spoke with told us they found the registered manager to be friendly, helpful, and approachable. We observed people chatting with the registered manager and they clearly knew them well and were comfortable in their company. All the staff we spoke with were very positive about working for the service. One staff member said, "It's a pleasure to work here now, [registered manager] always talks to us, listens to us and supports us." Another staff member said, "We are 100% supported by [registered manager], they are always available to us and the people that live here."

The registered manager demonstrated an awareness of their responsibilities for the way in which the home was run on a day-to-day basis and for the quality of care provided for people in the home. They had promptly sent notifications to the Care Quality Commission (CQC) when required. There was a defined staffing hierarchy and senior support staff had clearly defined areas of responsibility. Staff we spoke with were aware of key policies such as safeguarding and whistleblowing, and were able to explain the process that they would follow if they needed to raise concerns outside of the company.

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people in the best way possible. There was an open, inclusive culture in the home that emphasised continuous improvement and supporting people towards independence. A member of staff told us "This is a really nice place to work, we support and encourage people and we're here if they need us."

There were arrangements in place to gather the views of people that lived in the home via regular one to one meetings with staff and surveys of their views. We viewed the results of the most recent surveys and feedback was generally positive.

Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run; including any suggestions for improvements. We saw staff meeting minutes that demonstrated a positive culture; with discussions about people's support needs and plans of care, training, the provider's statement of purpose and the environment.