

# Steps Residential Care Limited

## Wilton House

### Inspection report

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#### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

The inspection took place on 23 June 2015 and was unannounced. Our last scheduled inspection at this service took place in April 2014 when one breach of legal a requirement was identified. This was in relation to medicine management. The provider sent us an action plan and we completed a follow up inspection to check actions had been completed. This took place in September 2014 and the service was meeting requirements.

Wilton House – Steps Residential Care provides residential care for up to 26 adults with learning disabilities. The service comprises of three houses and

two bungalows on the same site. The local park can be accessed from the rear of the properties by a garden gate. The service is situated in the Kimberworth area of Rotherham, with some local facilities such as shops and pubs nearby. It is within easy access to Rotherham town centre.

The service had 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

# Summary of findings

'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 spoke with staff who had a clear understanding of safeguarding adults and what action they would take if they suspected abuse. Staff we spoke with were confident the manager would act appropriately to safeguard people from abuse. Posters were displayed around the service with contacts for the local council safeguarding team.

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk assessments which identified any risk associated with

people's care. We saw risk assessments had been devised to help minimise and monitor the risk.

We spoke with staff and people who used the service and found there were enough staff with the right skills, knowledge and experience to meet people's needs. This was flexible to support the activities and interests people took part in.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. Staff we spoke with told us they received appropriate training which made them confident to do their job.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had some knowledge of this and said they would speak to the registered manager for further advice.

People were involved in menu planning, shopping and meal preparation. We saw snacks were available throughout the day and people had access to drinks as they wanted them.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support. We looked at people's records and found they had received support from healthcare professionals when required.

People who used the service were supported to maintain friendships. Support plans contained information about their family and friends and those who were important to them.

We saw staff were aware of people's needs and the best ways to support them, whilst maintaining their independence.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. The support plans were person centred and some contained pictures to assist the person to understand their plan. Support plans included information about healthcare, communication, personal hygiene, mobility and activities.

The service had a complaints procedure and people knew how to raise concerns.

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them. Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Good



The service was safe.

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies and had signed to say they had read them.

Care and support was planned and delivered in a way that ensured people were safe. We saw support plans included areas of risk.

We spoke with staff and people who used the service and we found there were enough staff with the right skills, knowledge and experience to meet people's needs.

The service had robust arrangements in place for recruiting staff.

The provider had appropriate arrangements in place to manage medicines.

### Is the service effective?

Good



The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had some knowledge of this and said they would speak to the registered manager for further advice if needed.

People were supported to eat and drink sufficient to maintain a balanced diet. People were involved in choosing what they wanted to eat.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support.

### Is the service caring?

Good



The service was caring.

We saw staff were aware of people's needs and the best way to support them, whilst maintaining their independence.

People who used the service were supported to maintain friendships. Support plans contained information about their family and friends and those who were important to them

### Is the service responsive?

Good



The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan.

# Summary of findings

We saw that people had their own interests and hobbies and took part in several activities and events on a weekly basis.

The service had a complaints procedure and people knew how to raise concerns.

## Is the service well-led?

The service was well led.

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them.

We saw various audits had taken place to make sure policies and procedures were being followed.

There was evidence that people were consulted about the service provided.

**Good**



# Wilton 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 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.

The inspection took place on the 23 June 2015 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our inspection, we reviewed all the information we held about the home. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority and Healthwatch Rotherham to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with five people who used the service. We observed care and support in communal areas and also looked at the environment.

We spoke with two care workers, the registered manager, business support manager and a team leader. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We saw the quality assurance systems to check if they were robust and had identified areas for improvement.

# Is the service safe?

## Our findings

We spoke with five people who used the service. They told us they were happy and felt safe. "It's lovely here, it's my home and I am safe here."

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies and they had signed to say they had read them. Staff we spoke with told us that they had received training in safeguarding vulnerable adults and this was repeated on an annual basis. The staff records we saw supported this. Staff we spoke with told us they would report any concerns to the manager and they all felt she would act on the concern raised.

We saw posters displayed in each house which gave details about safeguarding people from abuse. These also included a contact number for the local council to be used if anyone felt someone was being abused.

The registered manager was able to explain the procedure for reporting safeguarding issues. However, the registered manager was not aware of her responsibilities to report safeguarding concerns to the Care Quality Commission which involved people who used the service. The registered manager agreed to complete notifications in the future.

The provider had appropriate arrangements in place to manage medicines. Medicines were delivered and booked in using the Medicine Administration Record (MAR). There was a separate book to record the disposed or returned medicines to pharmacy.

Medicines were stored in line with current regulations. Medicines were kept in appropriate safe storage. The registered manager told us there were no people using controlled medicines at the moment; however, she confirmed that appropriate storage would be sought if the need arose.

The service had a staff recruitment system which was robust. Pre-employment checks were obtained prior to people commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS checks helps employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. We spoke with the registered manager who told us that new starters were not allowed to work with people until satisfactory checks had been completed. New starters were able to shadow experienced staff until they were confident in their role.

We spoke with staff and people who used the service and observed staff supporting people. We found there were enough staff with the right skills, knowledge and experience to meet people's needs. We found staff were available when people needed support. The staff we spoke with felt there were always enough staff around and the service operated in a flexible way. More staff were rotated to work if needed, for example, to assist people with activities and appointments. We spoke with the business support manager who organised the rota and explained to us how this worked to ensure appropriate levels of staff were available at all times. We checked rotas and found the staffing levels were as determined by the provider and explained by the business support manager.

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk assessments which identified any risk associated with

people's care. We saw risk assessments had been devised to help minimise and monitor the risk. Risk assessments worked out the likelihood and consequence of the risk and stated the activity, the hazard and controls in place to manage the risk.

# Is the service effective?

## Our findings

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. For instance, we spoke with staff and found they received appropriate training. Staff found the training they had was valuable and felt it gave them confidence to carry out their role effectively.

We looked at training records and found that staff were provided with several training courses relevant to their role. Training included dignity, safeguarding, diabetes, first aid, medicine management, infection control and health and safety. Staff we spoke with told us they were involved in lots of training and were encouraged to identify any training needs.

Staff we spoke with told us they felt supported by their managers. Staff told us they have supervision sessions with their line manager. Supervision sessions are one to one meetings with their line managers. We saw staff records which showed supervision sessions took place.

We also saw evidence that annual appraisals were in place. Annual appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. Staff were clear that, when people had the mental capacity to make their own decisions, this would be respected. The service had a policy in place for monitoring and assessing if the service was working within the Act.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (DoLS) are part of MCA 2005 legislation and ensures that, where someone may be deprived of their liberty, the least restrictive option is taken. The staff had knowledge of this and said they would talk to the registered manager for further advice if needed. We spoke with the registered manager who told us that some DoLS applications had been submitted to the supervisory body but not yet been processed. We saw documentation to support this.

We observed staff working with people and saw they offered choices and respected people's decisions. We observed a group of people deciding what they wanted to do during the day and saw that staff respected their choice.

People were supported to eat and drink sufficient to maintain a balanced diet. Each house had a meeting every week to decide what they would eat that week. A menu was then devised based on people's choice. A shopping list was then made and people were involved in shopping if they wanted to be. People we spoke with told us they enjoyed playing a role in cooking and preparing their meals. Meals were flexible to meet the needs of the people who used the service. We spoke with people who used the service and they told us they enjoyed their meals.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. We looked at people's records and found they had received support from healthcare professionals when required. For example, we saw involvement from the speech and language therapist and GP's.

We saw the environment was calm and all areas were appropriately decorated and furnished. Each property had its own garden area which was well maintained.

# Is the service caring?

## Our findings

We spoke with people who used the service and observed care workers interacting with people. People were complimentary about the staff and one person said, “I like the staff they are my friends.”

We saw staff were aware of people’s needs and the best way to support them, whilst maintaining their independence. We observed one person tapping their head with objects. The care worker explained to us that this was something they may do if they had headache. The care worker offered the person their hand and said, “Can you point to where the pain is.” The person did not respond to this so was later asked again. The care worker told us that if the person had headache they would place the carer’s hand where the pain was. This showed that the staff knew the people very well and were therefore able to support them well.

We saw people used ‘vision boards’ to record their aspirations, ambitions and what they wanted to achieve. It also informed the reader how the person would like to be supported to reach their goals. The vision boards clearly explained in pictures and words what the person wanted to achieve.

People who used the service were supported to maintain friendships. People’s support plans contained information about their family and friends and those who were important to them.

We spoke with people who used the service and they told us they felt supported to access the community and social events which took place in the local area. Some activities included swimming, bowling, local groups, social night’s outs and college.

The service had appropriate outside garden areas which had been developed for people to sit outside. The lounge areas provided pleasant views of the garden space.

The service supported people to express their views and be actively involved in making decisions about their care and support. People were involved in their support plans, which included their views and choices. Each person had a key worker assigned to them who worked with them closely, and ensured the person received appropriate care and support. They also supported the person with values such as privacy, dignity, independence and choice. Staff we spoke with were keen to ensure that people made their own choice where possible and to respect the decision they had made. One care worker said, “It’s all about the person, what they want to do and how best to support the person.”

We observed staff working with people and found they were caring and supported people’s interests and the things which were important to them. Staff responded to people in line with the information they had expressed in their individual support plans. Staff were patient and offered choice, waited for a response and then preceded with the option expressed by the person.

Staff we spoke with told us about dignity action days which had taken place. Another is due to take place in the summer this year. One member of staff said, “These days are all about the person, they choose what they want to do and who they would like to invite. In the past they have been very successful.”



# Is the service responsive?

## Our findings

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. Support plans included information about healthcare, communication, personal hygiene, mobility and activities.

People's files included a document called, 'Steps to independence.' This included photos and other pictures to ensure the person could understand their plan and could contribute to how they wanted to be supported. This helped to maximise the person's independence. For example, one person had a plan in place which showed, step by step, how to use on public transport and reach their destination. The plan included photos of the bus stop, getting on the bus, where to get off and a photo of the area they were going. This helped the person to complete these steps independently.

We saw that people had their own interests and hobbies and took part in several activities and events on a weekly basis. We spoke with people who used the service and they told us they felt supported to access the community and social events which took place in the local area. Examples of activities included swimming, bowling, local groups, social night's outs and college.

Some people joined in events and activities with a group of people, whilst others were happier on their own with staff support. People we spoke with told us they decided what they wanted to do and discussed between them how they would achieve it. For example, some people wanted to join a slimming group and they were supported to do this and had been very successful. Staff assisted in planning meals to fit with a healthy eating plan.

The service had a complaints procedure and people knew how to raise concerns. The procedure was available and displayed in the reception area of each house. People we spoke with told us they would talk to staff if they had a worry, and felt they would sort it out. One person said, "I would tell staff if something was wrong, but there is nothing wrong, I like it here."

We spoke with the registered manager about concerns received. We saw a log of complaints which had been addressed in an effective manner. The registered manager also told us that lessons learnt from concerns were used to develop the service.

We also saw that each house had a compliments book so that people could record positive issues about the home and what worked well. We saw these were used effectively and the registered manager told us they were also used in meeting to support what staff are doing.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

Staff we spoke with felt the service was well led and that the registered manager was approachable and listened to them. They felt people were involved in the service and that their opinion counted. One care worker said, “The manager is very helpful and will listen to people, nothing is any trouble to her.”

The business support manager had ensured time was made available off rota for staff to take part in a social evening out to thank them for their hard work and commitment to the service.

The company employed an audit officer, who visited the service two to three times a week to complete audits and chase up outstanding areas noted on action plans. We saw various audits had taken place to make sure policies and procedures were being followed. Audits look at areas such as infection control, finance, health and safety, and care records.

We spoke with a team leader who completed medication audits on a regular basis. We saw actions required following audits were followed up and dealt with in a timely manner.

We spoke with the business support manager who informed us that most documentation will reflect the domains used by the Care Quality Commission when inspecting services. These are safe, effective, caring, responsive and well led . For example, team meetings now incorporate discussions about the new inspection process. Team leaders were also asked to complete mock inspections and assess the service. We looked at documentation to support this and saw that actions identified were rectified. This meant the service was committed to improving.

There was evidence that people were consulted about the service provided. We were told and we saw that representative meetings took place every month. These are when families were invited to discuss the service, share comments and to be a part of future developments. We saw that previous meetings had discussed décor and furniture choices.

People who used the service gave feedback to their keyworker or discussed issues within house meetings.

Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level. Staff were organised and worked as a team.