

Flarepath Limited

Stepping Stones

Inspection report

Church Road
New Romney
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Stepping Stones is a residential care home providing personal to two younger adults with a learning disability or autism at the time of the inspection. The service can support up to four people. The service was provided in a new built house.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. There were deliberately no identifying signs, intercom, or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People told us they enjoyed living at Stepping Stones and staff supported them to achieve their goals.

The provider and registered manager had oversight of the service and completed some checks of the service. However, these were not robust and had not identified that staff were not always recruited safely.

People were involved in everything that happened at the service. Staff knew people well and were caring. They treated people with dignity and respect. People told us they felt safe at Stepping Stones and got on well with staff.

Assessments of people's needs and any risks had been completed. People had planned their support with staff and took managed risks. Staff knew the signs of abuse and were confident to raise any concerns with the registered manager. People were not discriminated against and received care tailored to them.

People were supported to be independent and took part in household chores and activities they enjoyed at the service and in their community.

People were supported to be as healthy as possible. Staff supported them to health care appointments and for check-ups. People's medicines were managed safely. People were supported to plan and prepare balanced meals, of food they liked and met their needs and preferences.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff felt supported by the registered manager and were motivated. Staff worked as a team and supported people in a consistent way. Records in respect of each person were accurate and held securely.

There were enough staff to support people. Staff had completed the training they needed to fulfil their role. Staff were clear about their roles and responsibilities and shared the provider's vision for the service.

The service was clean and well maintained. People used all areas of the building and grounds.

A process was in place to investigate and resolve any complaints or concerns received.

The registered manager had informed CQC of significant events that had happened at the service, so we could check that appropriate action had been taken.

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 registered with us on 07/02/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

Enforcement

We have identified a breach in relation to staff recruitment at this inspection.

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

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Stepping Stones

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.

Inspection team

This inspection was completed by one inspector.

Service and service type

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

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

Notice of inspection

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.

What we did before the inspection

We reviewed information we had received about the service when they were registered. 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.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with

three members of staff including the registered manager and two support workers.

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

Is the service safe?

Our findings

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

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

Staffing and recruitment

- Staff were not always recruited safely. No recruitment checks had not been completed for one staff member. They had worked at the service previously and returned after working for another care provider for nine months. The staff member had not been required to complete an application form and no checks had been completed on their conduct in their previous role. A criminal record check had not been completed with the Disclosure and Barring Service (DBS). The registered manager put arrangements in place to complete the checks during the inspection. They also arranged for the staff member to work alongside other staff until the checks were complete.

Safe recruitment processes had not been followed to check staffs conduct in previous roles and ensure they were of good character. This placed people at risk. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other staff had been recruited safely including obtaining DBS checks.
- There were enough staff to meet their needs. We observed staff supporting people to complete tasks and activities at their own pace, when people wanted.
- The registered manager considered people's needs and the individual support hours commissioned for each person, when deciding how many staff to deploy on each shift. Staffing was planned to ensure people were supported by a consistent staff team but did not become dependant on one or two staff.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Stepping Stones.
- Staff had completed training and knew about different types of abuse. They were comfortable to report any concerns to the registered manager or provider. Staff knew how to blow the whistle outside of the service if they needed to.
- The registered manager had an open and transparent working relationship with the local authority safeguarding team. They were confident to call the team to discuss any concerns they may have.

Assessing risk, safety monitoring and management

- People were supported to take risks. People were supported to take part in tasks such as cooking meals and making hot drinks. Staff monitored people to as they cooked and reminded them how to prevent burning themselves.
- Staff had worked with people to understand risks related to social media and the internet. They had supported people to block unsafe websites. One person reviewed their internet usage with staff, so staff

could identify any risks and advise the person on how to stay safe.

- People went out and about in their community with staff. Risks associated with using crossing the road had been assessed and people were prompted to cross safely. When going out for bike rides, people used quiet roads and were accompanied by staff.
- Risks relating to the building had been assessed and regular checks were completed to ensure action taken to mitigate risks remained effective. Staff were confident to support people to evacuate in an emergency and had practiced this with people.

Using medicines safely

- People's medicines were managed safely. People received their medicines when they needed them. Staff were trained and the skills were regularly checked.
- Some people were prescribed medicines 'when required'. These were regularly reviewed by specialist nurses and staff followed actions plans they provided.
- People's medicines were ordered, stored and disposed of safely.

Preventing and controlling infection

- The service was clean and odour free. People were supported to keep their home clean and were protected from the risks of infection.
- Staff had received training in food hygiene and infection control and used personal protective equipment such as gloves and aprons, when required.

Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify if action could be taken to prevent them from happening again. When patterns were identified the manager had changed people's support to reduce the risk of them happening again.
- Staff had identified one person was drinking a lot of energy drinks and this may be impacting on incidents of behaviour which challenged. They had supported the person to reduce the number of energy drinks they had. This had been effective and the number of incidents had reduced. The person's attention span had also increased and they were able to engage in things they enjoyed for longer.

Is the service effective?

Our findings

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

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

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

- The registered manager met with people, their relatives and other professionals to discuss their needs and wishes before they began to use the service. They reviewed information provided by other professionals and asked for more information when necessary. They used this information to make sure they would get along with others at the service and staff could meet their needs.
- People were given the opportunity to share information about any protected characteristics under the Equality Act, such as race and gender.
- People's progress towards agreed goals was reviewed regularly. Goals were broken down into achievable steps which lead to bigger goals. People had been using the service for less than a year and had already achieved goals such as giving up smoking and increased confidence to advocate for themselves.

Staff support: induction, training, skills and experience

- Staff had the skills they required to meet people's needs. We observed staff supporting and encouraging people in the way they preferred.
- New staff completed an induction which included shadowing experienced staff to get to know people. Their competency to support people was assessed during the induction. Staff who had not worked in care before completed the care certificate. This is an identified set of standards that staff are expected to adhere to in their daily working life.
- Staff completed training appropriate to their role including topics specific to the needs of the people they support such as behaviours which challenge. Staff supported people to maintain good oral hygiene and training was planned with the local dentist. Some staff held recognised qualifications in social care and others were working towards them. Staff in leadership roles, such as they deputy manager, were working towards recognised management and leadership qualifications.
- Staff met with a supervisor regularly to discuss their practice and development and had annual appraisals to review their achievements.

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

- People were encouraged to eat a healthy diet. They were given advice about foods which were good for them and those which should be eaten in moderation. One person had acted on staff's advice and had considerable reduce the number of take away meals they had.
- People planned menus with staff and were involved in preparing meals. One person made a Bakewell tart with support during our inspection and told us it tasted "pretty amazing".
- Some people made hot and cold drinks when they wanted them. Staff encouraged others to drink enough and offered them a variety of drinks to choose from.

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

- People were supported to live healthy lives. They were encouraged to take regular exercise and make healthy choices. One person planned to lose weight and was looking forward to joining the gym.
- Staff worked with psychologists to support people to remain calm and reduce any behaviours which challenge. One person had worked hard, with staff support, to remain calm. Incidents of behaviour which challenged had significantly reduced and their psychologist planned to discharge them.
- People were supported to attend regular health checks, including dental checks. They were supported to attend appointments by staff. This gave people the reassurance and support they needed to share information about their health. If people needed to stay in hospital staff stayed with them.
- One person was waiting for a minor operation. They told us what the operation was for and what would happen, including the anaesthetic. Staff had supported them to consider the different treatment options and choose the one which suited them best.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had identified when people needed to be restricted to keep them safe and had applied for DoLS authorisations. Two people had a DoLS in place. These did not have conditions on them.
- People were not restricted and were free to move around the building and garden. People were supported to go out with staff. One person threatened to leave without staff support on occasions. Staff gave the person information about the risks of leaving without staff, such as the busy and dark roads and poor bus service. The person had always changed their mind and staff had not needed to restrict them.
- People were given all the information they needed to make informed decisions. When people made unwise decisions staff respected these and supported people to remain as safe as possible. People made decisions around all areas of their lives, including what they did, where they went and what they spent their money on.

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

- The building was a newly built domestic property. Each of the four bedrooms was en-suite. There was a large garden to the rear which people enjoyed taking care of.
- People were encouraged to personalise their bedroom. They had been involved in how the room was decorated and were responsible for keeping it as tidy as they wished.
- Fixtures, such as the bathroom and kitchen were of a domestic nature and created a homely environment. There was a large lounge and one person told us they enjoyed 'gaming' on the large television. The home

had an internet connection which everyone was able to use.

Is the service caring?

Our findings

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

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

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

- People told us staff were kind and caring and gave them the support they needed. One person told us, "Staff look out for me and keep me safe". We observed people and staff were relaxed in each others company and chatted comfortably to each other.
- Staff had developed an open culture where people felt comfortable to chat about their lifestyle. They had told staff about their sexual orientation and this were respected. People had learnt about positive and respectful relationships with people who were important to them. Staff support people to put what they had learn into practice.
- Staff spoke with people and referred to them with respect. They described people in positive ways describing what they were able to do and their achievements. People were encouraged to be part of our inspection as they were experts in their care and support.

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

- Staff knew people well. They knew what people liked and supported
- Staff supported people when they were anxious or frustrated. They reassured people when they thought they were 'in trouble'. For example, one person was concerned they were 'in trouble' because their bedroom was untidy. Staff reminded them it was their bedroom and they were able to keep it however they wished. This reassured the person and they were no longer anxious.
- People had been supported to develop their communication skills. Staff supported one person to tell them their choices either verbally or by using picture cards and responded immediately. The person's relatives had noted an improvement in their loved ones communication in the months they had been living at the service.
- People who needed support to share their views were supported by their families or social worker. Staff knew people's advocates and advocacy organisations, and how to contact them when needed.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff knew what people were able to do for themselves and when they needed support. Staff prompted people to do things for themselves. For example, one person had made small items using an electric sewing machine with staff. They has used the foot pedal to control the machine and staff had supported them to guide the fabric. The person was pleased with the items they had made.
- People had privacy. Staff only supported people when they required it. For example, one person bathed without support and in private. Staff prompted another person to wash themselves.
- Staff treated people with dignity and as equals. For example, people and staff sat together at meal times

and everyone chatted about the day. One person had a citizen card to show their age when they went to pubs and clubs.

- The registered manager and staff knew about the general data protection regulations and personal, confidential information about people and their needs was kept safe and secure.

Is the service responsive?

Our findings

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

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

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

- People planned their care and support with staff and this included their goals and aspirations. One person was completing a college course which they had researched themselves. Staff had supported the person to enrol and they were enjoying learning new skills. Staff supported the person to learn at their own pace.
- Staff supported people to budget their money and save for things they wanted. One person told us about a recent shopping trip. They had made a list of what they wanted to buy, saved up and gone shopping with staff. They proudly showed us the things they had bought and told us they had enjoyed the trip.
- The service was flexible to people routines and wishes. People told us they got up and went to bed when they wanted. They planned their day with staff and staff supported them to do what they wanted. One person kindly supported us during the inspection, giving us a tour of the premises and telling us about the service they received.
- People reviewed their care plans regularly with staff and made any necessary changes. Staff were informed of any changes at the beginning of their shift and told us they always had up to date information about people.

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.

- Information about the service was accessible to people, such as large print documents and photographs.

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

- People were supported to take part in pastimes they enjoyed. They planned places they want to go and things they wanted to do with staff. One person told us they enjoyed playing computer games and going out to local cafes and shops.
- People spent time with their friends and family. One person regularly spent time with a friend doing things they both enjoyed. Other people went out with their family.
- People enjoyed going out with staff on 'mystery tours'. People decided where they wanted to go while they were out and staff followed their directions. People told us the outings were fun.

End of life care and support

- People who used the service were young and fit and were not living with life limiting conditions. However,

they had told staff about their preferences, 'If I become sick or may die'. This included where they would like to be and who they would like to be with them. People had also told staff about wishes they had for their funeral arrangements.

Improving care quality in response to complaints or concerns

- People were confident to raise any concerns they had with the staff and registered manager. Shortly before our inspection one person had complained about the internet signal. The poor signal had impacted on what they person was trying to do and caused them frustration. Staff supported them to use the office computer to complete the task. The person told us, "They always help me out if I need it". The provider was researching better internet connections.
- A process was in place to receive, investigate and respond to complaints. Complaints received had been fully investigated by the registered manager and provider and comprehensive responses had been sent to the complainants.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Effective systems were not in operation to continually monitor the quality of the service and address any shortfalls. The registered manager did not know about the shortfalls in staff recruitment as the process had not been checked.
- The registered manager and staff completed regular checks on areas of the service, including medicines and infection control. Checks completed were brief and shortfalls in staff recruitment had not been identified. There was a risk that checks would not identify shortfalls as the number of people using the service and staff increased. This was an area for improvement.
- The registered manager had begun to research audit processes and how to implement these at a small service. No new process had been introduced and the risk of shortfalls not being identified continued.
- The provider had employed a consultant to complete a full audit of the service and this was due to be completed in February 2020.

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

- Staff felt supported by the registered manager and provider. Staff were informed of any changes at the service in daily hand over meetings and regular staff meetings.
- Staff were aware of their responsibilities and were held accountable.
- We had been notified of significant events, such as injuries and safeguarding concerns and the action taken to prevent similar situations occurring again.

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

- The registered manager and provider had a clear vision of the service which included supporting people to be independent. Staff shared this vision and told us they would be happy for a relative of theirs to use the service.
- The registered manager and many of the staff had worked for the provider for a long time. They were supported by the provider and team leaders. There was an open culture to the service. Staff were supported by the registered manager to challenge each others practice if they had any concerns.
- Staff were motivated and told us they "love" working at the service and with the people. They worked as a team to provide people's care. For example one person would try different staff to get the response they wanted. Staff communicated with each other to make sure the person received a consistent response to their enquiries.

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

- The registered manager had a good understanding of the duty of candour requirements. People had received an apology when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff felt involved in the running of the service and their suggestions were listened to and acted on. People were encouraged to share their views during chats with staff and the registered manager. One person was supported to collect shells from a local beach and make a mermaid decoration they wanted for the garden.
- Staff were asked for their views at regular staff and supervision meetings. They told us they felt confident to make suggestions at any time and these were always considered by the registered manager. The registered manager encouraged staff to try new ideas with people's agreement.
- People had been using the service for less than a year. The registered manager planned to complete an annual quality assurance process shortly after our inspection. They planned to ask with people, their relatives, staff and professionals for their views and use these to improve the service.

Working in partnership with others

- The registered manager worked with others to continually improve the service and keep up to date with good practice. This included social workers and psychologists.
- They had identified they needed to network with other services to share good practice and innovation and planned to join the registered managers network. The registered manager network provides peer support and shared experiences to support registered managers to develop. The provider was a member of the Association for real Change who aimed to promote best practice in learning disability services.
- Staff had an open and transparent working relationship with the local authority safeguarding team. They were confident to call the team to discuss any concerns they may have.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered persons had failed to completed checks on staffs conduct in previous roles and their good character. This placed people at risk. 19(1)(a)(3)(a)