

Independence Matters C.I.C.

Stepping Out

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 ●

Summary of findings

Overall summary

Stepping out provides short to medium term residential accommodation for up to seven adults who have experienced mental health problems. At the time of this inspection there were five people living in the home.

There was a new manager in post at the time of this inspection and they had submitted an application to become registered for this location with the Care Quality Commission. 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.

There were enough staff working in the home to help ensure people's safety and staff worked well together to ensure people's needs were consistently met appropriately. Staff were recruited in a way that ensured proper checks were carried out, which helped ensure only staff who were suitable to work in care services were employed. Staff knew how to recognise different kinds of possible abuse and understood the importance of reporting any concerns or suspicions that people were at risk of harm appropriately. The manager also understood their role in addressing any issues.

Risks to people's safety were identified, recorded and reviewed on a regular basis. There was also written guidance for staff to know how to support people to manage these risks. Staff worked closely with healthcare professionals to promote people's welfare and safety. Staff also took prompt action to seek professional advice, and acted upon it, where there were any concerns about people's mental or physical health and wellbeing.

People's medicines were stored and administered safely and as the prescriber intended and staff were trained and competent to support people in this area.

People enjoyed their meals and were provided with sufficient quantities of food and drink. Some people catered for themselves but everyone was able to choose what they had. If people were identified as possibly being at risk of not eating or drinking enough, staff followed guidance to help promote people's welfare and, where needed, input was sought from relevant healthcare professionals.

Staff were trained well and were competent in meeting people's needs. Staff understood people's backgrounds and preferences and supported people effectively. New staff were required to complete a probationary period and induction and all staff received supervisions and appraisals of their work.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The manager and staff understood the requirements of the MCA, although everybody living in Stepping Out was deemed to have capacity and nobody was subject to DoLS. People were supported to have maximum choice and control of

their lives and staff supported them in the least restrictive way possible; the policies and systems in the service also supported this practice.

Staff understood the importance of supporting people to make their own choices regarding their care and support. Staff consistently obtained people's consent before providing support and, if people lacked capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights.

Staff had developed respectful, trusting and caring relationships with the people they supported and consistently promoted people's dignity and privacy. People were able to choose what they wanted to do and when. People were also supported to develop and maintain relationships with their friends and families. People engaged in a number of activities both in and outside of the home and were supported to maintain and enhance their independence as much as possible.

The service was well run and communication between the management team, staff, people living in the home and visitors was frequent and effective. People and their families and friends were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored. Regular audits were carried out in order to identify any areas that needed improvement, which were then acted upon.

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.

Staff knew how to recognise signs of possible abuse and were confident in the reporting procedure.

Risks to people's safety were assessed and staff understood the action they needed to take to promote people's safety.

There were enough staff to support people safely and appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

People's medicines were managed safely and they received them as the prescriber intended.

Is the service effective?

Good ●

The service was effective.

Staff were supported by way of relevant training, supervisions and appraisals to deliver care effectively.

People's consent was sought and nobody was being unlawfully deprived of their liberty.

People had sufficient amounts to eat and drink in the home.

People were supported to maintain their mental and physical health and wellbeing and staff acted promptly to seek advice if people became unwell.

Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and promoted people's privacy and dignity.

People were able to make choices about their care and were encouraged and supported to be as independent as possible.

People were supported to develop and maintain relationships with their friends and families and visitors were welcome.

Is the service responsive?

The service was responsive.

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care.

People were able to choose what they wanted to do, how and where they wanted to spend their time.

People were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

Good ●

Is the service well-led?

The service was well-led.

The service was well run and communication between the management team, staff, people living in the home and visitors was frequent and effective.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored. Regular audits were also carried out to identify any areas that needed improving.

Good ●

Stepping Out

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 22 June 2017 by one inspector and was unannounced.

Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at other information we held about the service. This included information about events happening within the service and which the provider or manager must tell us about by law.

During our inspection visit, we observed how people were being supported and how staff interacted with them. We met and spoke with three people living in the home, the manager and two members of support staff.

We looked at assessments and plans of care for five people and checked how they were being supported. We reviewed the minutes from staff meetings and discussed the recruitment procedures with the manager. We also looked at the arrangements for storing, administering and auditing medicines and a sample of other records associated with the quality, safety and management of the service.

Is the service safe?

Our findings

The home had systems and processes to help protect people from the risk of harm and abuse, and people said they felt safe living in the home. One person told us, "The staff here have been fantastic. I didn't understand what was going on when I first came here but they [staff] have worked hard to help make sure I am safe, as well as move forward with my recovery." Another person said, "It's the safest I've ever felt in my life."

Staff were aware of the importance of protecting people from the risk of harm or abuse and clear about their obligations to report any concerns or suspicions. Staff confirmed that they had completed training in safeguarding people and would not hesitate to report anything that they were concerned about. There was guidance available for staff and people living in the home on how to contact local authority's safeguarding team if they needed to. We saw from the history of the service that staff and the manager had contacted and cooperated with the safeguarding team when they needed to.

Staff understood the risks to which people could be exposed and took action to minimise them. Risks were identified and there was clear guidance in place for staff, to help minimise the risks for individuals. The risk assessments we saw covered a wide range of situations including accessing the community, drinking alcohol, smoking, budgeting and managing finances, managing medicines and cooking. Risk assessments were reviewed regularly, to enable people's support to be provided in a way that helped them to live their lives as safely and independently as possible.

The manager and support staff carried out regular checks on health and safety matters within the home. Any issues regarding the safety of the home or equipment in use was reported to the provider and improvement action was taken appropriately.

There were enough staff to meet people's needs safely. One person told us, "Yes, there's ample for what we need. There's always someone around if you need them." The manager explained that staffing levels were frequently reviewed in line with people's needs and that the numbers of staff on duty were increased as and when needed.

Staff said they all worked together well and that they were happy to work additional shifts when necessary. Staff also confirmed to us that staffing never fell to a level which presented a risk to people's safety. We noted that the home had a consistent and stable team of permanent staff as well as regular bank staff, which benefitted people living in the home by having staff they were familiar with.

Robust recruitment processes helped to protect people from the appointment of staff who were unsuitable to work in care. A discussion with the manager confirmed that appropriate recruitment procedures were followed to make sure that new staff were safe to work with people who lived in the home. All staff were checked for suitability with the Disclosure and Barring Service (which helps to prevent unsuitable people from working with vulnerable groups) and appropriate references were obtained before they started working in the home.

People told us they were happy with the way that staff supported them with their medicines and we saw that people's medicines were stored, administered and managed in a safe way. Staff who were responsible for administering medicines explained the process and the checks that they made. They also confirmed that their competence to administer medicines safely was regularly assessed. We saw there was appropriate guidance for staff to follow regarding medicines prescribed for occasional use when people needed them (PRN).

We found the storage of medicines was well organised in the office and saw that regular audits of medicines management took place to ensure that records were complete and that medicines kept in the home were accounted for. We checked a sample of medicines administration records (MAR) and these were accurate. We noted that appropriate action was taken in the event of any errors or omissions regarding the management and administration of people's medicines. Where people managed and administered their own medicines, we saw that appropriate risk assessments were completed and people were supported to do this safely for themselves.

Is the service effective?

Our findings

People received effective care because staff were knowledgeable and well trained. People felt confident that they received support from staff that had the skills and experience to meet their needs. New staff completed an induction programme and worked alongside more experienced staff to begin with. Staff also told us they received regular supervisions and appraisals, during which they received feedback on their performance and were able to discuss any concerns they had.

Staff told us that they received training that was relevant to their role and that their mandatory training was up to date. We saw that staff had completed training in areas such as safeguarding people, fire safety, first aid and understanding mental health. Staff we spoke with knew the people living in the home very well and were able to demonstrate this knowledge during a discussion with us.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards.

During this inspection we found that people's consent was sought and nobody was being unlawfully deprived of their liberty. People told us they were involved in making decisions regarding their care and support and could express their preferences to staff. Staff understood the importance of helping people to make their own choices regarding their care and support. Staff consistently obtained people's consent before providing support and, if people lacked capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights. Throughout this inspection we observed staff obtaining people's consent before providing support to them.

People said they enjoyed their meals, were provided with sufficient quantities of food and drink and were able to choose what they had. One person told us, "I cook for myself and sometimes I cook for everyone in the house; like a roast dinner." We saw that there was a menu for the week on display in the kitchen and people said that the meals and menus were planned in accordance with their choices and preferences. For example, we noted that some people had chosen different meals on some days.

We saw that people were supported to follow a balanced and appetising diet. However, if people were identified as possibly being at risk of not eating or drinking enough, staff sought guidance and input from relevant healthcare professionals, to help promote people's health and wellbeing.

People were supported to maintain good health and we saw that each person's care plan contained detailed information on their individual healthcare history and support needs. It was evident that a wide range of healthcare professionals were regularly involved to support people in maintaining good health

such as, mental health nurses, psychiatrists and the GP. Routine appointments were also scheduled with other professionals such as opticians and dentists.

Is the service caring?

Our findings

Staff had developed respectful, trusting and caring relationships with the people they supported. One person told us, "They [staff] really have been fantastic; I honestly don't know where I'd be now if it hadn't been for them. Since I've been here I've been able to talk openly with them [staff], and it's really helped me to understand what's going on and take control of my life again." Another person said, "They [staff] are all great; I get on with all of them."

Throughout this inspection we observed positive and caring interactions between staff and people living in the home. We saw that people were actively encouraged to express their views and to make their own choices.

There was detailed information in people's support plans about their preferences and choices, regarding how they wanted to be supported by staff, and we saw that these were respected. People told us that they were comfortable making decisions and choices about their care and support. One person confirmed that they had been completely involved in developing and reviewing their plan of care. They explained how this had included spending time talking with staff about how they were and continually working towards moving back into the community and living independently again.

Another person told us how staff always treated them respectfully and we heard staff using people's preferred names when speaking with them. We also heard staff using humour appropriately and the people in the home interacted with staff in a relaxed way.

It was evident that the staff knew people very well as individuals. Staff demonstrated good knowledge of the people they were supporting and were able to tell us in great detail about them, how they liked to spend their time and what was important to them.

The main aim of the service was to support people with building their confidence as well as developing and maintaining their independence, in order to move on to independent living in the community. We saw that people were supported to complete daily living tasks and also take an active part in the running of their home. For example, we noted that people cleaned their own rooms, as well as helping around the communal areas.

People were supported to develop and maintain relationships with their friends and families. Visitors were welcome without restrictions and, where possible, people had regular contact with family members or friends. The manager told us that if people did not have any family, they would be supported to access an independent advocate if they wished.

Is the service responsive?

Our findings

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care. People were also supported to follow their own interests and hobbies and they told us about places they had visited and activities they had taken part in. One person told us how much they enjoyed cooking, going to the local library, going for a walk, shopping and swimming. Another person told us how much they enjoyed listening to music.

The support plans we looked at were up to date, reviewed regularly and contained information about people and their preferences. We saw that the plans were individualised and person centred and included information about a range of each person's needs and support requirements. The information we saw included people's mental and physical wellbeing, social skills, community living, finances, hobbies and interests, work placements, education and people's aims and aspirations. Staff told us how they knew if a person's needs changed and explained certain signs that could indicate when a person's support plan needed to be reviewed and updated.

We saw how the service was responsive to people's individual needs and wishes. For example, one person told us how it was their ambition to one day have their own house and live independently in the community. This person told us how they talked to staff about this and that staff listened to them and were supporting them to achieve their goal.

Staff expressed pride in their work and for the people they supported. Staff also spoke enthusiastically about people's accomplishments. Support staff and the manager team also told us about the different approaches they used to support people in achieving their full potential.

We noted that information was shared verbally between staff each time they came on shift and handover sheets were also completed. The handover forms included the date and time period being covered, the staff on duty and 'on-call' details, as well as appointments or other relevant information regarding the people living in the home. This information sharing between staff helped ensure people received consistency and continuity with their support.

Activities and community access were an important part of people's lives. People were supported to engage in a variety of activities and spent time in the local community. For example, during our inspection we observed how some people went out shopping and others met up with friends. People also told us that they enjoyed doing things at home such as watching television and films, listening to music, reading and playing computer games.

There was a clear complaints procedure in place. People we spoke with told us that they knew how to make a complaint and talked to the staff or the manager if they were not happy with anything. People also told us that they felt that staff listened to them and took action to resolve any issues appropriately. The manager explained the procedure they followed for dealing with complaints and told us that any complaints were recorded and investigated.

Is the service well-led?

Our findings

There was a manager in post at the time of this inspection, who fully understood their responsibilities and reported notifiable incidents to CQC as required.

People we spoke with told us that they saw the manager regularly and found her approachable and easy to talk to. One person said, "[Manager] is very pleasant; she hasn't been here very long but she certainly knows what she's doing." Staff also told us they felt supported well by the manager, as well as each other.

People were able to give feedback and discuss their thoughts and feelings regarding the service at regular house meetings. We saw that these meetings gave people an opportunity to discuss aspects such as activities, health and safety, any maintenance issues that they needed addressing and things they were happy with or unhappy with.

We asked staff about the culture and values of the service. Staff told us that they worked well as a team. One staff member said, "We want people to regain their confidence and be able to move on but we support people to work towards that at their own pace and on their terms. It's about people having control of their own lives and being empowered to be as independent as possible."

Staff spoke positively about communication in the home and told us they were kept up to date and aware of any changes. Staff told us that staff meetings took place and records we looked at confirmed this. Minutes from staff meetings showed that a range of topics and issues were discussed that related to the running of the service. For example, training and recruitment, housekeeping, people currently living in the home and prospective new admissions.

There were a number of systems in place to identify and rectify any issues with the quality of the service when they arose. For example, we saw how medicines administration and management had improved since our last inspection. A member of staff told us that medicines and associated records were now being monitored and audited regularly. Our checks of the medicines confirmed that they were being well managed.

There were also processes in place for regularly auditing areas such as staff files, support plans, maintenance of the premises and overall quality of the service provided. The support plans and other records we looked at were all well maintained, up to date, secure and kept confidential. The manager showed us a template for a new 'service audit' that they planned to implement shortly. The aim was for the team manager to complete these audits on a monthly basis, with the service manager checking them quarterly.

The manager maintained regular contact with the provider and said they felt they were supported well. We noted that the manager, together with the staff team, consistently took action to ensure the quality of service that people received was good.

Overall, we found an open and inclusive culture in Stepping Out, with clear and positive leadership evident.