Stepping Stones Care Homes (Phoenix House) Limited

Ryecroft Apartments

Inspection report

114 St Georges Avenue
Northampton
Northamptonshire
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Tel: 01604626272

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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

This inspection took place on 20 October 2017. The service is registered to provide accommodation for up to seven people with mental health needs who require nursing or personal care. Ryecroft Apartments is a 24 hour staffed step down service that is fully supported by a multidisciplinary team also operated by the same provider. At the time of our inspection there were six people living at the location.

At the last inspection, in October 2015, the service was rated Good. At this inspection we found that the service continued to be rated as Good.

There was a registered manager in post when we inspected. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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's needs continued to be safely met. People's needs were assessed prior to moving in to the home and people's care plans reflected their individual needs and preferences in relation to the support provided.

Assessments were in place and appropriately acted upon to promote positive risk taking and effectively manage risks to people's health and welfare. Staff had received training to provide them with the skills and knowledge they needed to provide people with safe care. There were sufficient numbers of staff available to meet people's needs in a timely way.

Staff recruitment processes protected people from being cared for by unsuitable staff and all new staff completed a thorough induction training programme. Staff understood the importance of protecting people from abuse and avoidable harm. They knew what action they needed to take to report any concerns about people's safety or well-being.

People's support was provided by a staff team that were caring, friendly, and responsive to people's changing needs. People were treated with dignity and their right to make choices about how they preferred their support to be provided was respected.

People were supported to eat a healthy diet and to have prompt access to health services to improve their health and well-being. Staff followed the advice of healthcare professionals in meeting people's needs. Staff ensured that people who required support to manage their medicines received their medicines as prescribed.

The service had a positive ethos and an open culture. The registered manager was a visible role model in the home. People and staff told us that they had confidence in the manager's ability to provide high quality managerial oversight and leadership to the home.

People's views about the quality of their service were sought and acted upon. There were systems in place to assess and monitor the on-going quality of the 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? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Ryecroft Apartments

Detailed findings

Background to this inspection

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

This inspection took place on 20 October 2017 and was carried out by one inspector.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home.

During our inspection we spoke with two people who lived at the service, five members of staff including support staff, the clinical lead, occupational therapist and the business manager. The registered manager was not at the service on the day of the inspection.

We looked at care and medicines records relating to three people and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People continued to receive care and support from staff in a way that maintained their safety and people felt safe in their home. One person said, "I am completely safe here; I have my own independence but there is always staff available if I need them."

People received care from a dedicated and caring team of staff. People told us that they didn't have to wait to receive the support they required. The registered manager monitored staffing levels closely; we observed that there were sufficient numbers of staff working within the home to support people with their planned activities and rehabilitation programmes.

Staff were visible in the home and available to provide flexible support or reassurance to people as needed. Recruitment processes ensured that staff were suitable for their role and staffing levels were responsive to people's needs. A mixture of support staff and therapy staff were deployed to ensure that people's needs in all areas of their lives were considered and met effectively.

People were protected from harm arising from poor practice or ill treatment. The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. Staff understood the risk factors and the action they needed to take to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice.

People's support needs were regularly reviewed by senior staff so that risks were identified and acted upon in a timely way. People had plans of care that had been developed with them to support positive risk taking and mitigate the risk of harm. These provided guidance for staff in supporting people to take calculated risks as they worked towards independence. For example, one person was learning to manage their own medicines and there was planned approach to monitoring each stage of the self administration process. This person told us, "Taking my tablets is going great, I now sort my tablets out in front of the staff and they double check I have got it right; next step will be for me to manage a whole day at a time."

People's medicines were safely managed and the medicines management systems in place were understood and followed by staff. Staff had received training and had their competency assessed prior to taking on the responsibility of medicines administration and people received their medicines when they should.

Good

Is the service effective?

Our findings

People received care from staff that were knowledgeable and had received the training and support they needed. Staff training was relevant to their role and equipped them with the skills they needed to care for people living at the home. For example, staff had received training in mental health, personality disorders, and managing behaviours that may challenge. A variety of other learning opportunities were available for all staff including effective supervision for staff who were in a supervisory role.

Staff had regular supervision and appraisal; one staff member said, "I have regular supervision and it is always positive; we discuss any challenges that I may have come across and explore ideas. I feel fully supported and my supervisor is always available."

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that the service was working within the principles of the MCA. The staff knew and acted upon their responsibilities under the MCA and the DoLS Code of Practice. Staff had training in the MCA and DoLS and had a good understanding of people's' rights regarding choice. They had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. Staff acted in accordance with people's best interests. Timely action was taken by staff whenever there were concerns about a person's health or behaviours that affected their quality of life or put them or others at risk.

People were supported to maintain a healthy balanced diet. People purchased their own groceries with support from staff if required. Advice was available on healthy eating and staff supported people to source food specific for their needs. For example; the occupational therapist supported a person to locate a local shop where Halal meat could be purchased. People benefitted from a consultant psychiatrist who was employed by the provider to support people with their mental health needs and recovery plans. Staff were vigilant to changes in people's health and supported people to access community healthcare professionals when needed.

Good

Is the service caring?

Our findings

People developed positive relationships with staff and were treated with compassion and respect. One person told us "The staff are great, I have a good relationship with them; they don't intrude in my flat but are on hand to offer me advice and support." People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed that staff knew people well and engaged people in meaningful conversation. People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives, for example what time they wanted to go shopping.

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 in conversation with staff about what they had been doing and their plans for the day; people gained enjoyment from this and staff also took this opportunity to offer any guidance required. Staff were consistently positive and encouraging and talked enthusiastically about the support they delivered. One member of staff said, "It is so important we work in a person centred way and to try not to influence people with what 'we' think is the right thing to do."

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 who was in the process of making their own meal when we visited said, "I can cook from scratch now, I really enjoy it; I am a bit messy but that doesn't matter. I have been and purchased my fresh meat earlier ready for my meal." One member of staff said, "People manage their own flats very well, some need more support than others but that is part of the progression; I think its a great opportunity for people."

People told us they were treated with dignity and respect and staff were able to give examples of how they supported people with dignity. People were supported to maintain relationships with family and friends. One person told us, "My family are coming over next week end and I will be cooking for everyone; it will be great to see them."

Good

Is the service responsive?

Our findings

People received care that met their individual needs. People's needs were assessed before they moved into the home and staff were experienced at supporting people to make a gradual transition to the home where this was needed. A range of assessments had been completed for each person and detailed independent living plans had been developed in conjunction with people living in the home. The assessment and care planning process considered people's values, beliefs, hobbies and interests along with their goals for the future.

Staff knew people very well; they understood each person's background and knew what care and support they needed. One person told us, "What is important to me at the moment is finding paid work; [occupational therapist] is helping me with this." A member of staff told us, "Each person is different, when they first move in people take time to adjust to their new responsibilities and many people find this stage difficult, but we are here to support them."

People were supported to find volunteer work or paid employment if that was part of their plan of care. People were involved with volunteering at an art gallery, charity shops, maintenance work, refurbishing and up cycling furniture. Other people were supported with college placements and also visiting previous places they have lived to act as a buddy/mentor for people who had not yet progressed to more independent living.

People knew how to make a complaint if they needed to and were confident that their concerns would be carefully considered. One person told us "I haven't ever needed to complain, I say if something isn't right and then we normally have a meeting about it and they put it right." We saw that there was a clear complaints policy in place and records were maintained of all issues raised with the manager, detailing the action they had taken.

Good

Is the service well-led?

Our findings

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

The service had a positive ethos and an open culture. Staff members were enthusiastic about their roles and committed to providing personalised care to the people they were supporting. One member of staff said, "This is one of the best places I have worked; we manage risks well while supporting people to be independent and take responsibility." The provider had ensured that staff knew how to raise any concerns they had about the service to help drive improvements and staff knew how to use the whistleblowing procedure if they had any concerns about people's welfare.

Staff felt that they were part of the service and were able to contribute to its development. A staff member said, "The [Registered] manager has an open door policy and we can discuss new ideas and areas of improvement anytime we want; those sorts of conversations are always encouraged." There were a number of opportunities available for staff to provide feedback, including regular team meetings. During team meetings staff had the opportunity to discuss the quality of care being provided, particular challenges or concerns and any new initiatives that were planned. People and their relatives [If people agreed] were also encouraged to provide feedback as they were invited to attend regular meetings and regular surveys of their views were undertaken.

People were positive about the registered manager and felt confident that they would always listen and take account of their views. One person gave us an example of how the registered manager and directors responded to a comment in the annual quality questionnaire. This person said "The same day all of our feedback was given in, the director and the manager were visiting the house to put the issue right; so no complaints from me." Staff members felt that the management team were always friendly and approachable, one member of staff said, "The manager has years of experience in mental health work; so I feel reassured if she suggests a different way of approaching things because she is so knowledgeable."

Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits as well as provider audits. These audits were then discussed at clinical governance meetings where clear actions were identified and evidence of actions taken. For example; a carpet was identified as requiring replacement and this had been completed in a timely manner. These audits helped to highlight areas where the service was performing well and the areas which required development. This helped the registered manager and provider ensure that people received quality assured care that met their needs.

Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been routinely updated when required. Records were maintained and used in accordance with the Data Protection Act. The most recent Care Quality Commission

rating was displayed at the location as required and statutory notifications required by law were submitted to the commission when required.