Stepping Stone Independent Living Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Stepping Stone Independent Living Ltd provides supported living accommodation and domiciliary care services for adults with learning disabilities and mental health conditions in High Wycombe.

This was an announced inspection and was undertaken over three days. The service had a registered manager in place. 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.

During our inspection, we raised concerns in relation to people's risk assessments. We found in one person's file, they had no risk assessments relating to their placement at Stepping Stone. Care plans were not always reflective of people's current needs and living situation.

People were not always protected from harm as the provider had poor recruitment checks in place. We found one staff member working without an appropriate disclosure and barring service (DBS) check in place. This check ensures staff are suitable to work with people using the service.

There were poor quality assurance processes in place to identify these issues.

People told us they were happy and felt safe living at Stepping Stone. We saw people were supported by staff who were kind and caring and promoted people's independence. People were supported to access the outside community and participated in local college courses as they wished.

Although staff told us they felt supported by management and worked well as a team, we found they were not always supported effectively through regular supervision and training updates.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk assessments were not always in place for people. In one example, a person had no risk assessments relating to their placement at Stepping Stone.

Medicines were not always managed safely within the service.

Recruitment checks were poor. We found one person working without satisfactory checks.

Is the service effective?

Requires Improvement

The service was not always effective.

Processes were not in place to ensure staff received appropriate supervision and refresher training.

People were supported to maintain their health through appropriate nutrition and hydration.

Is the service caring?

Good

The service was caring.

Staff knew people's needs well and were able to explain how they supported them.

People told us they were treated well. We found staff treated people with dignity, privacy and respect.

People were supported by staff to maintain their independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not always reflect people's current needs.

People were supported to undertake activities of their choice.

Complaints were recorded but evidence of outcomes from complaints were not always evidenced.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a lack of systems and processes in place to ensure the quality of the service provision.

Auditing was minimal and did not identify concerns raised during the inspection.

Documentation was not always easily accessible.

Stepping Stone Independent Living Ltd

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 was carried out by an inspector. This inspection took place on the 1, 3 and 5 February 2016 and was announced. This was so we could ensure documentation was available to us. We checked to see what notifications had been received from the provider since their last inspection. Providers are required to inform the CQC of important events which happen within the service in the form of a notification. The provider was asked to complete a Provider Information Return (PIR) which was provided. 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.

During our inspection we spoke with two staff members, the registered manager, two people who used the service and commissioners. We looked at three medicine records, four care plans and documentation relating to people's care and copies of quality assurance documents.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Stepping Stone. We found people were protected from abuse. The service had clear policies and procedures in place to ensure people were safeguarded. Staff were able to tell us what actions they would take if they were concerned about people's welfare and who they would speak too.

Medicines were not always managed safely within the service. We looked at medicine records for three people. We found risk assessments were in place in regards to the management and administration of people's medicines however, guidance on the use of 'PRN' medicines (as required) were not always in place, for example the use of paracetamol. We checked one person's MAR (Medication Administration Record) chart against the medicines in their safe. The person was prescribed paracetamol PRN however this was not recorded on their MAR chart. The last stock check of the person's paracetamol was dated November 2015 and stated there was 100 paracetamol in the person's safe. We found there to be only 98 and no evidence of when the missing two paracetamol had been administered. A recent audit undertaken on the 22 January 2016 did not identify this. The medicines audit stated "Have all administered PRN medications been entered on the MAR sheet and on the notes sheet with doses and quantity administered, time administered, reason for administration and signed by staff?" The auditor answered "Yes" which was incorrect.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found risk assessments were not always in place for people who used the service. We looked at risk assessments for three people using the service. One person had clear risk assessments in place which were reviewed regularly. Another care plan had clear risk assessments relating to the management of diabetes. Another care plan we viewed contained no risk assessments. When we asked the registered manager where the person's risk assessments were, we were told they had been forwarded onto the person's care manager. When we were provided with copies of the risk assessments, they were for the person's previous placement and not their placement at Stepping Stone. This meant there were no risk assessments in place since the person had moved to the service in July 2014. This meant associated risks were not assessed and recorded to ensure the person was protected from harm. This also meant there was no relevant documentation for staff to refer too in relation to associated risks. We also raised concerns in regards to the lack of risk assessments for people who were having relations with others using the service where risky behaviours were identified.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found there to be inadequate recruitment checks in place for staff. We looked at four staff files and found there to be missing gaps in employment. In one file, there was a gap between 1992 and 2010. We found no evidence of medical history checks to ensure staffs suitability to work with people living at Stepping Stone. In two files, there was no evidence of DBS (Disclosure and Barring Service) checks. These checks ensure that

staff are suitable to work with adults. When queried, we were provided with evidence of a DBS check for one staff member however we were not provided with a DBS check for the other. As a result of this, the staff member was no longer allowed in the service until evidence of their DBS check was provided. This person had been in post for over four months.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found there to be a fire risk assessment in place and regular fire drills. Clear documentation was in place on how the service was to be evacuated in the event of a fire however; we did raise concerns in regards to evidence of staff fire training. We requested this documentation on the first day of the inspection but it was not provided until the third day of our inspection.

There were adequate numbers of staff to support people living at Stepping Stone. We were provided with four weeks of rotas which demonstrated consistent staffing levels. Throughout the days of our inspection, staff were constantly visible, responsive to people's requests, and people were supported by staff to access the outside community.

Requires Improvement

Is the service effective?

Our findings

We found when staff commenced employment they received appropriate training. This included a four day training programme which covered areas such as safeguarding, health and safety, infection control and moving and handling, however we found staff did not receive relevant refresher training to ensure their skills and knowledge were up to date. The provider did not have a training policy or brief which outlined how often training was to be refreshed. Because of this, some staff had not received updated refresher training. For example, some staff had not refreshed areas of training since 2011. In one case, we found one staff member had been working at the service for a substantial period of time had only completed infection control and medicines training. The registered manager and the proprietor advised us that they had spoken with their training provider to ask them when refresher training was required for each subject however they had been told it was at their discretion. We did see evidence that the registered manager had arranged medicines and autism training for staff; however other areas of refresher training had not been undertaken.

We found supervisions were not undertaken in line with the provider's policy. The provider's policy stated during a new staff member's probationary period, they should be receiving supervision fortnightly. For one staff member still in their probation period and had been in post for over a month, we saw they had only received two supervisions. The policy also stated that supervisions should be undertaken no less than six weekly. Overall we looked at supervision records for five staff members and found they were not undertaken in line with the provider's policy. There was no system in place to prompt or remind staff of when their supervision was due.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

We also raised concerns that one person was being given a medicine which was given 'as required' when they demonstrated challenging behaviour. Staff told us they believed the person understood what the medicine was for, however we were unsure as to whether the person had the capacity to understand what the medicine was for and the impact the medicine had as no mental capacity assessment had been completed.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to maintain their health with adequate food and drinks. On the first day of our

inspection, we saw people were promoted to choose what meals they would like for the week. Staff sat with people and went through their choices with them and used aids such as pictures. This meant people could visualise what food they would like. We saw people had free access to the kitchen and were supported to make their own drinks and meals. People were also supported to maintain a healthy diet if they had specific nutritional needs such as diabetes or cultural and religious requirements.

People were supported to access health professionals when needed. We found evidence of medical appointments were recorded and outlined actions arising from appointments. The service worked closely with other professionals including doctors, speech and language therapists and care managers to ensure positive health outcomes for people.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind, caring and knowledgeable of people needs. People we spoke with told us they liked living at Stepping Stone. One person told us that staff were kind to them and always nice.

We observed caring practices throughout the days of our inspection. Staff encouraged people to be as independent as possible. For example, we saw one staff member support a person to open their post and spent time explaining to them what the letter was and how they would support them with the contents of the letter. We also saw staff assisting people to choose their meals for the week. Staff went around each person individually and assisted them to make their own decisions in regards to their meals.

One person was supported to speak daily to their relatives. We saw staff knocked before they entered people's rooms and people's privacy was protected. Where staff supported people with personal care, this was done in a respectful and dignified manner. We regularly saw staff sitting and conversing with people who lived at the service. Staff asked people what they would like to do that day and supported them to fulfil their wishes.

People were supported to maintain their independence by attending local colleges and courses. People told us they were attending college and other things they enjoyed such as dance lessons. Staff were available to support people to attend college and provide as much assistance as needed. People told us how staff were supporting them to fulfil their wishes. Two examples were visiting the local theatre and preparing a valentines dinner. One person we spoke with told us they were happy and enjoyed cooking and hand massages. Comments included "X [staff member] is very kind to me and keeps me calm."

Through discussions with staff, it appeared they knew people's needs well. Staff spoke to people in a dignified and responsive way. Staff ensured they promoted people's independence, for example, allowing people to make their own meals and drinks with minimal support. Staff we spoke with told us what they felt constituted a caring practice. Comments included "For me, its ensuring people are treated the same way I would wish to be treated. Its little things like asking them how their day has been or asking them what they would like to do" and "You care for them like you would care for your own. Its constantly ensuring people are happy and safe."

At present, there was no use of advocates. (Advocacy is independent support provided to ensure and facilitate the person receiving care's voice is heard and understood.) The registered manager advised us that advocates could be sought if required.

Requires Improvement

Is the service responsive?

Our findings

We looked at care plans for three people living at the service. We found variations in the quality and content of the care plans we looked at. Some care plans were very detailed and highlighted peoples likes, wishes and needs, however other care plans had important information missing, for example, management of risks. In one person's care plan, we found no reference to the use of a medicine used to control the person's mood. On the second day of the inspection, this information was in the person' care plan. Care plans were mostly detailed and reviewed appropriately, however risk assessments to support people's care plans were not always in place. One person's care plan related to another home they lived at with stepping stone and not the current home they lived in. A person who was involved in a relationship with another person living at the service had no care plan on how they were to be supported in regards to relationships.

Complaints were provided in a format which was appropriate to people's needs. For example, complaints were provided in easy read formats and in areas which were visible to people. We looked at evidence of how complaints were managed within the service. Although initial complaints were recorded appropriately, written evidence of outcomes and actions from complaints were not always recorded.

Regular staff meetings and resident meetings were undertaken within the service and clear minutes were recorded. We saw people were fully involved in the day to day running of the service and people's views and opinions were sought and listened too. This was demonstrated by staff constantly asking what people wished to do with their day, and gaining formal and informal feedback from people who lived at the service.

People were supported to undertake many activities within the service. People were accessing outside interests such as colleges, dance classes and the service had links with a local café in which people were supported to undertake work experience. Throughout the three days of the inspection, people were frequently accessing the outside community to undertake activities of their choice. People also told us they were being supported to look at booking holidays and people were also supported to visit their relatives.

Requires Improvement

Is the service well-led?

Our findings

Staff and people we spoke with were complimentary about the management of the service. Comments included "X [manager] is very supportive. She understands and listens and I can always knock on her door" and "I'm feeling supported."

The registered manager informed us they had undertaken a lot of changes since they came into post in January 2015; however we found areas of the service required improvement. For example, risk assessments and recruitment checks. Although there was auditing processes in place for areas such as first aid and medicines, further auditing had not been undertaken which would have identified the concerns raised at the inspection prior to the inspection taking place.

Audits did not always contain satisfactory evidence of actions taken when issues had been raised through audits. Audits were minimal and we found a lack of systems and processes in place to ensure the quality of the service provision. In discussions with the registered manager, it was felt that delegation of tasks was an issue. The registered manager informed us they expected staff to undertake required tasks such as reviewing and updating care plans. We found this was not always done and no system was in place to ensure these tasks were completed. We spoke with the registered manager in regards to their responsibility to ensure the service was meeting the required regulations. We found audits were not always effective as we identified an issue with medicines which an auditor had not picked up.

We looked at an audit undertaken by an external auditor in May 2015. The audit identified many issues with the service and we were provided with an action plan completed by the registered manager. The action plan identified some of the concerns which were raised at the inspection. Despite these being signed off as completed, we found they had still not been done.

When we requested to look at documentation, we had difficulty in finding clear and accessible information, for example staff training records. The details related to staff, training were kept in three different places making it very difficult to know what training staff had completed. The provider had not identified that they needed to create their own policy on staff refresher training.

We looked at accident and incident records and found although they were recorded appropriately, there was no evidence of assessing incident and accidents for trends and patterns. We raised serious concerns that a staff member was working without evidence of a DBS.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Providers are required to notify us of significant events which occur within the service. We had received appropriate notifications since Stepping Stone's last inspection in February 2014. We found all staff were aware of the Care Quality Commission and our role in ensuring services are safe, effective, caring, responsive and well-led.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service was not always following the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not always protected from associated risks in relation to their care.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of systems and processes in place to ensure good governance of the service.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not ensure they carried out satisfactory recruitment checks for staff working within the service.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not receiving adequate refresher

training and supervision to undertake their roles.