

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Stepping Out

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Date of Inspection: 25 September 2012

Date of Publication: October 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Norfolk County Council
Registered Manager	Mr. Mark Blunt
Overview of the service	Stepping out provides short to medium term residential accommodation for people of either sex who have experienced mental health problems. The service is owned and operated by Norfolk County Council and can accommodate up to 7 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 September 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

During our inspection we spoke with two of the four people who used the service at that time. We also spoke with one member of staff, a student who was undertaking a placement at the service and a visiting professional.

The two people who used the service told us that they felt safe in the service. They told us staff helped them with day to day tasks and supported them in the community. One person told us that staff helped them if they had a problem and said that "Staff go with me to see my Doctor. They help me to understand what they say."

Both people we spoke with told us that staff went through their care plans with them and met them on a one to one basis every two or three weeks to talk about how things were going.

We looked at the care records for these people. The records showed that detailed assessments had been done before the person moved into the service. They also showed how their identified needs were being met. The records included details of reviews and showed that plans were in place for the future.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them.

During the inspection we spoke with two of the four people who were receiving support at that time. They told us that they were happy with the support they received from staff. Both of them told us that staff involved them in their care planning. They told us that their keyworker, discussed the care plan with them on a regular basis. One of the people we spoke with told us that they had a weekly house meeting, and decided on the menu that they all wanted that week.

We observed staff during their day to day activities. They spoke to the people they were supporting in an appropriate manner, offering choice, for example asking two people if they wanted to go out for a coffee. We also saw that staff respected people's privacy by knocking on bedroom doors before entering their bedroom.

We looked at the care records for the two people we spoke with. These showed that people's diversity had been established as part of the assessment process. People were supported to follow any identified cultural or religious beliefs.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

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

We spoke with two of the four people who were using the service at the time of our inspection. They both told us that they had been involved in the preparation and ongoing review of their care plans. They told us that staff helped them with their physical and mental health needs. One of the people we spoke with told us that "Staff go with me to see my Doctor. They help me to understand what they say."

We looked at the care records for the two people we had spoken with. The care records included detailed assessments carried out before the person moved to the service as well as care plans which covered all areas of the person's physical, emotional and social well being. The care plans were based on a 'wheel of life' which tracked progress on a monthly basis in key areas in that person's life. This showed us that the plans were kept under regular review.

The two people we spoke with who used the service told us of a range of activities that they enjoyed. These included trips out, walks into the town centre, work placements, gardening and college courses. People who used the service were encouraged to manage their own finances, and the manager told us they helped people learn budgeting skills. This would prepare them to return to independent living in the future. This showed that the service were helping people they supported to plan for the future.

The manager also told us about the measures in place to promote peoples physical and mental health. People who used the service were able to access a range of health professionals which included psychiatry, psychology, nutritionists, dieticians and nursing staff. This was provided through local GP's and the local health trust who also provided a 'well being' clinic that people who used the service could attend.

The care records also included daily records which recorded the person's mood, behaviours and activities on a daily basis. The records also included contractual information and details of that person's property. This ensured that the service knew what personal possessions people had when they moved into the service.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

During the inspection we spoke with two of the four people who used the service. They told us that they felt safe and that they had not seen any form of abuse in the service. One of the two people we spoke with told us that they knew what to do if they saw anything that concerned them. They told us that they would "Speak to the manager or ring their Social worker." This showed that people who used the service knew how to report abuse.

We discussed the safeguarding procedures with the manager. The service was owned and operated by Norfolk County Council and they followed their procedures. There had not been any safeguarding incidents reported in the past two years. The manager told us that all staff received safeguarding training from the County Council.

We spoke with one member of staff. They confirmed that they had completed the County Council safeguarding training. They showed that they understood the different forms of abuse and knew the procedures to follow to report any abuse they witnessed. This meant that they would be able to respond appropriately to any concerns that were raised with them or incidents that they witnessed.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff were able, from time to time, to obtain further relevant qualifications.

We spoke with two people who used the service but their feedback did not relate to this standard.

We looked at staff training records. These showed that some training had been recorded. We were told by the manager that other courses had taken place and that staff had the certificates. They told us about the County Council block training that they attended included safeguarding vulnerable adults from abuse, first aid, food hygiene, and fire safety. They also told us that the local mental health trust provided them with specific training including breakaway techniques and personal safety.

They agreed that copies of these certificates would be added to the staff records. The service diary detailed training that had happened or was booked. This showed that training had been taking place.

We spoke with one member of staff who told that they had undertaken a range of training in the past year. This included safeguarding of vulnerable adults, fire safety, first aid, food hygiene and safe handling of medicines. They confirmed that they had certificates for this training but these were not in their staff records. This provided further information to confirm that the necessary training had happened.

The provider might wish to note that a training plan would show what training had taken place and what was due. This would enable them to check they had the necessary certificates in their records. This would provide better evidence that all staff had the necessary training which they required to carry out their day to day roles.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We spoke with two people who used the service. They told us that staff met with them every two or three weeks to discuss their care plans. They also told us that all of the people who used the service met every week to talk about the service and look at menus and activities for the following week.

A student on placement at the service had recently supported the people who used the service in managing these meetings themselves. A record of the meeting was kept and notes for the most recent meetings were seen during our visit.

The manager told us that a number of measures were in place to assess the quality of the service provided. These included the one to one meetings between people who used the service and their keyworker, regular review meetings and Care Programme Approach reviews and panel meetings held six monthly which looked at outcomes achieved, future plans and agreed continued funding.

These showed that the service had taken measures to assess the quality of the treatment and support provided. The provider might wish to note that there was no formal process in place to record the views of people who used the service or people who were involved with their care and treatment. This meant that the results of measures being taken were not collated and a report of the findings and actions resulting was not available.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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