Next Steps Community Care Ltd

Next Steps Community Care LTD

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

Overall summary

Next Steps Community Care LTD is registered to provide personal care for people being looked after in a supported living service. People who use the service have a learning disability and mental health needs. At the time of our visit there were 17 people using the service.

This comprehensive inspection took place on 12 January 2016 and was announced.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to

Summary of findings

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 were kept safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service. People were supported to take their medicines as prescribed and medicines were safely managed.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access health care services and their individual health needs were met.

The CQC is required by law to monitor the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was acting in accordance with the requirements of the MCA so that people had their rights protected by the law.

Assessments were in place to determine if people had the capacity to make decisions in relation to their care. When people were assessed to lack capacity, their care was provided in their best interests. In addition, the provider had notified the responsible authorities when some of the people had restrictions imposed on them for safety reasons. The provider was waiting to hear the results of the actions that these authorities may be taking.

People were looked after by staff who were trained and supported to do their job.

People were supported by kind, respectful and attentive staff. Relatives were given opportunities to be involved in the review of their family members' individual care plans.

People were supported with a range of hobbies and interests that took part in and out of the home. Care was provided based on people's individual needs. There was a process in place so that people's concerns and complaints were listened to.

The provider had submitted notifications as they were required to and demonstrated that they operated a transparent culture as part of their duty of candour. The registered manager was supported by a team of managerial and care staff. Staff were supported and managed to look after people in a safe way. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action had been taken where improvements were identified.

Summary of findings

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 safe.

People were treated well and were looked after by a sufficient number of staff to meet their individual needs.

People were enabled to take risks and measures were in place to minimise these risks.

People's medicines were safely managed.

Good

Is the service effective?
The service was effective.

People were looked after by staff who were trained and supported to do their job.

The provider was following the principles of the Mental Capacity Act 2005 and protected people's rights in making decisions about their day-to-day living.

People's nutritional, physical and mental health was maintained.

Good

Is the service caring?
The service was caring.

People were enabled to be involved in making decisions about their care.

Staff supported people to maintain their dignity and independence.

People were looked after by kind and caring members of staff.

Good

Is the service responsive?
The service was responsive.

People's individual needs were met.

People were enabled to take part in a range of activities that were important to them.

There was a complaints procedure in place and the provider responded to people's concerns or complaints.

Good

Is the service well-led?
The service was well-led.

Staff were managed in a way to ensure that they provided people with a safe standard of care.

People and staff were enabled to make suggestions to improve the quality of the care provided.

Quality assurance systems were in place to monitor and review the standard and safety of people's care.

Good

Next Steps Community Care 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 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 was carried out on 12 January 2016 and was announced. The provider was given 24 hours' notice because the location provides a supported living service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we spoke with four people; the registered manager; the acting operations manager; a team manager; the recruitment and training co-ordinator and three members of care staff. Because not all of the people we spoke with were able or wanted to tell us about their experience of using the service, we observed care to help us with our understanding of how people were looked after.

We looked at three people's care records, medicines administration records and records in relation to the management of staff and management of the service.

Good

Is the service safe?

Our findings

One person said, "I am safe because the carers come with me when I go out for a walk." They told us that they always had their walking frame to hand so that they would not fall. Another person said that they felt safe because they liked the staff who treated them well. We saw that other people engaged with both management and care staff with ease and without reservation in doing so.

Members of care staff had attended training in safeguarding people from the risk of harm and demonstrated the application of their learning. They told us what they would do if they suspected people were being placed at any risk of harm or actual harm. The actions they would take included reporting the incident to the police and local authority. They also told us that they were aware of the signs and symptoms to look out for if someone was being harmed. One member of care staff said, "There could be withdrawal, challenging behaviours or unaccounted marks on a person." The provider had a disciplinary procedure in place. This would be carried out when any member of care staff was not keeping people safe from the risk of harm.

There were robust systems in place to monitor and support people from the risk of financial harm. Records showed that financial transactions were recorded and receipts were obtained. People told us that they were satisfied with how staff supported them with managing their money.

Risk assessments were in place to minimise the risks to people during their everyday living and activities. Members of staff were aware of people's risks. One member of care staff said, "There are (risk) assessments here and [name of person using the service] has to be involved with their own safety." They gave an example of the risks when cooking hot food and the measures taken to manage the risks included the person wearing an apron to protect them from hot splashes of food. Another person was assessed to be at risk of choking. A member of care staff told us that the person had their food cut up in small bite-sized pieces to reduce the risk of swallowing harmful sized pieces of food. Other risk assessments included those for accessing the community and use of private transport. Measures were in place to manage the risks, which included sufficient numbers of staff to support people and the use of car safety belts when people were being driven in their private transport.

There were robust recruitment procedures in place to ensure that staff had the required checks in place before they were deemed suitable. The recruitment and training co-ordinator said, "When we get a (job) application, I go through it to check the suitability (of the applicant) and whether they have got any previous experience. I go through an interview with a second member of management team. We then start applying for references, a DBS (Disclosure and Barring Service). We call the referees to check the validity of the references. We only start them [the applicant] when everything is clear." A member of care staff told us that they had all the required recruitment checks carried out before they were contracted to work. They said, "I couldn't put my foot down on the ground (that is over the threshold) before I had all the checks in place." Members of staffs' recruitment files confirmed this was the case.

There were sufficient numbers of staff to support people with their 24 hour needs. Members of care staff told us that they were enabled to provide people with the care that they needed, which included supporting them with activities and attending health care appointments. People also told us that they had their needs met by sufficient numbers of staff. The required numbers of staff were based on people's individual needs, which included 2:1 support for people with behaviours that challenge others. The registered manager advised us that as a result of another person's changed needs, there had been an increase in the number of staffing hours.

Measures were in place to use an external agency to fill staff vacancies or absences. A member of care staff said, "Agency staff are used and it's the same used. The staff are very, very familiar with all of the service users [people who used the service]." The team manager said, "We only use one (external) agency." They confirmed that the care staff supplied from the external agency had experience of looking after the people that used the service. This showed that people received consistent care by staff who knew them and who people knew.

People were satisfied with how they were supported with their prescribed medicines. One person said, "I have my tablets every day. I (also) have an inhaler and the staff help me with this." Another person also told us that they had their medicines as prescribed. Completed medicine administration records showed that people had taken their medicines as prescribed.

Good

Is the service safe?

Where the provider was responsible for the storage of people's medicines, there were satisfactory arrangements in place for maintaining the security of these. Furthermore, staff members, who were responsible for the management of people's medicines, had attended training specific to this part of their role. They also had been assessed to be competent in handling people's medicines. Staff training and assessment records confirmed this was the case.

Good

Is the service effective?

Our findings

People's sense of well-being was maintained and promoted due to the effectiveness of the support they received. One person described the progress they had made in being more independent with looking after themselves. They said, "The support is really very good. I can now do my own shopping and cooking." Another person told us about the day-to-day activities that they were enabled to do and showed us that they were very happy with the care.

Staff told us that they had the training to do their job and had attended training, which included induction training, in safeguarding people at risk, management of medicines and first aid. They demonstrated how their theoretical knowledge was applied into their practice. This included, for instance, making people safe with the management of their medicines and the first aid action they had taken in response to a person's change in their medical condition.

People were looked after by members of staff who were supported to provide them with safe and effective care. One member of care staff said, "I feel much supported. When you raise any concerns or issues with my manager, they will respond straight away." There were staff support systems in place, which included supervision. Members of care staff told us that received one-to-one supervision with their manager, during which their work and training needs were discussed. One member of care staff said, "I had my last supervision session in December (2015). My next one is due end of January (2016)."

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 checked whether the service was working within the principles of the MCA. Processes were in place, along with risk assessments, which showed how people were enabled to take risks and make decisions (within the MCA). At the time of our inspection some of the people had been assessed not to have the mental capacity to make complex decisions about their support; the provider had made requests to the local authority to take steps to ensure that any imposed restrictions were legally authorised. This included restrictions in accessing the community without support from members of staff and being restricted in accessing substances harmful to health. The registered manager said, "There are some people we support who cannot go out for themselves but staff would not physically stop people from leaving. This is discussed with care managers at reviews (of people's care). If we feel that if anyone's liberty is being deprived, we will discuss this with the care manager." The acting operations manager confirmed this was the case.

Members of care staff and their training records confirmed that they had attended training in the application of the MCA. Staff members showed their understanding of the application of the MCA in their working practice. One member of care staff said, "If someone wants to make a decision they may not have the ability to understand. They then have an assessment to determine if they have the mental capacity. For example, the ability to manage their finances." Another member of care staff said, "(The MCA) is about if someone has the capacity to understand information and the consequences of the choice that they make."

People's nutritional health was maintained and people were encouraged to eat a healthy diet, which included vegetables, fruit and fewer fried foods. People were supported to eat a range of food which they wanted and liked, which included spicy and halal meals. People told us that they could choose what and when they wanted to eat and drink and always had enough to satisfy any hunger and thirst. People's daily records showed that the amounts of people's food and drink intake were monitored and these demonstrated people had taken sufficient quantities to maintain their nutritional health.

People were looked after in a way that maintained their health and well-being. People told us that they had visited GPs, practice nurses, dentists and psychiatric services when they needed to. There was a stable staff team which enabled people to receive care from people they knew and reduced unsettling changes. People told us that they knew the members of staff who looked after them and they were very happy with this arrangement.

Good

Is the service caring?

Our findings

People said that they were treated well and we saw that they liked the staff and got on well with them. We saw that, where possible, members of care staff were matched with the people they supported. This included, for example, staff who shared similar cultural interests and religious beliefs with the people they looked after.

People were treated in a respectful way as their independence was maintained and promoted. They told us that this included them being independent with, for instance, their personal care, eating and drinking, shopping and with other daily living skills, such as cooking and cleaning.

People were treated in a dignified way as they were enabled to make choices and their care records showed that people's choices were valued and respected. These included choices in relation when people wanted to go to bed and the time of when they chose to eat.

People's choices of how they preferred to be helped with their personal care were valued. One person said that they always preferred to have male staff look after them and said that this always happened. People's care records detailed people's preferences in respect of the gender of staff and showed that people were looked after in the way that they preferred.

People told us that, although they were unclear about being involved in developing their care plan, they were enabled to make decisions about their day-to-day living. They gave examples of when they chose to go out, who they wanted to see and what recreational activities they wanted to take part in. Daily records showed that members of staff had discussed their plans for the day with them. People had signed their care plans, where possible.

People were enabled to maintain contact with members of their family and friends. They also told us that they had made new friends, when they had attended activities run by religious organisations and social gatherings, such as 'coffee clubs' and playing darts with people from the local community.

Members of care staff had a clear understanding of the principles of caring for people who they looked after. One member of care staff said, "For me, my job is all about supporting people to live as independently as possible. To have access to the community. To support them in their day-to-day living." Another member of care staff said, "(My job) is to support a person to live a normal life without any fear. To maintain their dignity and protect their information from outsiders."

The registered manager advised us that general advocacy services were not currently used. However, they were aware of who they would contact if needed. Advocates are people who are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

People told us that the staff knew them as individuals and their needs. Members of management and care staff showed their understanding of people's individual needs and knew about people's life histories. One member of care staff told us that, due to the one-to-one support they provided, this had enabled them to get to know the person they looked after. This included understanding the person's complex communication needs and responding in a way that the person was able to understand. They said, "We use (brand name of sign language). But we also use different ways of communicating. Ways that [name of person] uses." We saw that this was the case. Another member of staff demonstrated their understanding of people's individual physical needs and how they supported people with these. This included, for example, encouraging and prompting people to be safe and self-sufficient with their continence and mobility needs.

The acting operations manager explained that pre-assessment information had been received from placing authorities. This was used as a base to determine the suitably of the service in meeting people's assessed needs. In addition this primary assessment was used as a base for the on-going assessment and development of people's planned care.

People's individual physical and mental health needs were monitored and reviewed and action was taken in response to a change in the level of a person's health needs. This included, for instance, supporting people to be assessed and treated by GPs, dentists and psychiatrists.

Members of care staff told us that people's risk assessments and care records were reviewed and kept up-to-date to provide staff with the guidance in how to meet the people's individual needs. One member of care staff said, "The care plans are reviewed each month or sooner if something comes up." Members of care staff said that the care plans were easy to read and gave them guidance in how to meet people's individual needs.

People had attended formal reviews of their care and these were attended by people they wanted to be there, which included relatives and staff members. One person told us that they were satisfied with the care and that no changes were needed following their review. Another person said that they, too, had attended the formal review of their care and was satisfied with how the planned care had met their assessed needs.

People took part in a range of work-related, social, educational and recreational activities and told us that they enjoyed taking part in these. Social activities included holidays, music and art sessions, shopping trips, attendance at religious services, visiting family and friends and frequenting local clubs and pubs. Activities also included those attributed to daily living skills. One person said that they had made their lunch and enjoyed eating their banana sandwich. They also told us that they had found they had improved their skills, and as a result gained confidence, in being more independent with carrying out their domestic chores.

People told us that they knew how to make a complaint. One person told us that they would speak with the registered manager. They told us that they were satisfied with how their complaint had been handled and resolved. Members of staff were also aware of supporting people to make a complaint; one member of staff described how they had supported a person in following the provider's complaint procedure and said that they were confident in doing so.

Good

Is the service well-led?

Our findings

Our findings

A registered manager was in post at the time and was supported by a team of managers, office based staff and care staff. Members of staff were clear about their responsibilities and who to report to through the management structure of the service. This included, for example, members of care staff reporting to their line manager (project manager) in the first instance.

People told us that they knew who the registered manager was and their name. We saw that they welcomed the registered manager into their home and freely engaged with them in conversations and with their activities. We received positive comments from a range of staff members who individually described the registered manner as "approachable" and "supportive". A member of management staff said, "I can speak with [registered manager's name] at any time." Although members of management and care staff were aware of who their line manager was, this structure also enabled all grades of staff to directly liaise with the registered manager.

Members of staff were enabled to share their views and make suggestions to improve the quality of people's experiences of using the service. One member of care staff said, "I do attend staff meetings and we discuss any issues and ways we can improve the service. For example introducing healthier eating (for at least one of the people). We are now doing loads of fresh cooking." Another member of care staff said, "We have team meetings and we all participate and get involved in them. We make suggestions and the management team are very good and listen and support us to put any suggestions into action."

Members of care staff were aware of the whistle blowing procedure and said that they had no reservations in reporting any concerns to the provider or external agencies, such as the local authority. In addition, they gave examples of when they would follow the whistle blowing policy and the protection this gave them and to people they looked after. One member of care staff said, "Whistle blowing is when you make a report without publicising it to any of your colleagues." They told us that they would blow the whistle if they had any concerns about a member of staff. Another member of care staff said, "I've used it (whistle blowing policy) and it was the right thing to do." They told us this was a positive experience for them and the person they were supporting. They also told us that they would have no reservations in using the whistle blowing policy again if they needed to do so.

There were quality assurance systems in place which included 'spot checks' on members of care staff. Members of care staff told us that these were sometimes announced but often unannounced. The 'spot checks' were carried out by a member of the management team during which audits were carried out in relation to records and management of people's medicines and finances. Records were completed and these also showed that people who used the service were enabled to share their views about their care with the manager during the 'spot checks'. The team manager told us that when shortfalls were identified, actions were made and included who was responsible in completing the actions.

There was a process in place to review any emerging trends in relation to accidents and incidents. The team manager told us that an analysis was carried out and effective, remedial action had been taken to reduce the number of incidents. These included incidents that posed a risk of physical harm to people and members of management and care staff.

The management team advised us that they had identified certain areas for improvements. Although surveys had been carried out, no completed surveys had yet been returned. The registered manager suggested that to improve the uptake in response to surveys, other methods to gain people's views would be considered; this may include telephone surveys. Other areas that had been identified for improvement included the assessment of the work performance of staff during their 'spot checks' and improving the provider's current system in assessing people's mental capacity. This showed that the provider had a system in place to continually review the quality and safety of the service provided to people who used the service.

People were supported to be integrated into the community as part of their recreational and work activities. In addition to these, there were links with a local religious organisation which offered both religious and social activities.