# K Bond Healthcare Ltd

# Next Steps

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

We carried out this inspection on 17 January 2018. We gave the service 24 hours' notice that we were planning to inspect due to the service being small and ensuring people were at the service. The inspection team consisted of two adult social care inspectors. This was the first inspection of this service since being registered with the Care Quality Commission (CQC).

Next Steps is registered to provide accommodation for people who require personal or nursing care and treatment of disease, disorder or injury.
Next Steps is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Next Steps is registered to provide accommodation to four people in a house over two floors. There were three people living at the service on the day of inspection and a fourth person was trialling the service over a number of days to ensure that their needs could be met.

There was a registered manager 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.

Staff had a clear understanding about their role and responsibilities in protecting people they supported from abuse. Staff were able to identity signs and symptoms of potential abuse and report them appropriately.

Robust policies and procedures were in place to help ensure the suitability of staff employed at the service.

There were sufficient staff deployed to meet the needs of people who lived at the service. Staff were provided with appropriate training in subjects such as mental capacity, fire, psychosis, infection control and first aid. Staff were given regular supervision.

Medicines were stored, recorded and administered safely.

Care plans were person centred and reflected people's needs and included goals and aspirations that people would like to achieve. People and their families or representatives were involved in the planning of care. People were encouraged to make their own decisions about their care and staff followed legislation designed to protect people's rights. Mental capacity assessments and deprivation of liberty safeguards were in place.

Risk assessments were detailed and people were encouraged to be involved in the planning of risk

assessments to assist in keeping people safe.

Accidents and incidents were clearly documented and actions taken were reviewed and any learning documented.

Staff were aware how to protect people from the risk of infection and there were policies and procedures in place for the management of infection control.

People were encouraged to plan their own meals and cook with support. Nutrition was monitored for those at risk of malnutrition.

We observed kind and person centred interactions with people who lived at Next Steps and staff members. The staff members knew the people well and put people at ease while we were inspecting the service.

People made choices in how they wished to spend their day. We saw that people were supported to attended football sessions and go shopping and see families and friends.

The registered manager and the registered provider were visible within the service. They promoted an open and honest culture for working which was fair and supportive to all staff. Staff felt supported in their roles and were complimentary of the registered manager and registered provider.

We saw that there were systems in place for monitoring and addressing any complaints received. The service documented where improvements and outcomes were identified and any learning from the complaint.

There were a number of audits in place to monitor the performance of the service. Both the registered manager and registered provider had complete oversight of the service and were completely involved in all aspects of the management of the service.

The environment was suitable for the people who lived at Next Steps; it was clean and homely and had communal areas as well as each person having their own private bedroom.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People told us that they felt safe while living at the service.

People had robust risk assessments which helped staff to support them in a safe manner.

People received their medication safely.

### Is the service effective?

Good

The service was effective.

People received a thorough pre-assessment of their needs prior to their admission.

Mental capacity is assessed and appropriate deprivation of liberty safeguard authorisations were in place.

Staff received regular training.

### Is the service caring?

Good

The service was caring.

People told us that staff were kind and caring.

People were well supported when they were anxious.

People's personal information was stored safely.

### Is the service responsive?

Good

The service was responsive.

Care plans were holistic and person centred.

People were wholly involved in their care and were given opportunity express their goals and aspirations.

Information for people was accessible and in formats people can

understand.

## Is the service well-led?

Good

The service was well-led.

The registered manager and the registered provider has full oversight of the service and were involved in every aspect of the service.

Feedback was continually sought on the service to improve outcomes for people.

The registered manager explored other ways of communicating with staff and professionals to improve communication.

# Next Steps

**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.

We carried out this inspection on 17 January 2018 and it was announced. The inspection team consisted of two adult social care inspectors.

The provider had completed a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local authority commissioning and safeguarding teams as well as the local healthwatch board and the local authority infection control team. There were no comments made about Next Steps. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

During the inspection we observed interactions between staff and people who used the service within the communal lounge and we looked at people's bedrooms and the dining and kitchen areas. We spoke with two staff members, the registered manager and the registered provider, a student nurse and a pharmacist. We spoke with four people who used the service. We looked at records relating to the service. This included two care records, three staff personnel files, daily record notes, medication administration records (MAR), staffing rotas, training and supervision records, minutes from staff and house meetings, maintenance records, quality assurance systems, incidents and accidents records, policies and procedures and compliments and complaints records.

Good

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at Next Steps. One person said, "Staff look after me, I can talk to them, they help me out." Another person told us, "I feel safe, I can't cope on my own, I need help with my medication." A third person told us "I feel safe; staff go out of their way to make it known that they are there for me."

We saw that there were policies and procedures in place to protect people from abuse. Staff had received training in safeguarding people and could describe signs and symptoms of abuse and knew what action they would take if they suspected abuse was occurring. One staff member told us "I have full confidence in [registered manager] to deal with any concerns I have."

The registered manager and the registered provider had a good understanding of their responsibilities in reporting safeguarding concerns to the local authority and to the Care Quality Commission (CQC). Staff we spoke with were aware of the whistle blowing policy and felt they could raise any concerns at any time. This meant that people were protected from abuse and the staff were aware of the correct action to take in reporting any concerns they had.

Any risks associated with people's care needs had been assessed, monitored and reviewed. We saw that one person had in place a positive risk taking plan. The plan was devised with the person, their partner and staff from the service and this was to give the person some private time with their partner without feeling like they were being restricted. The service had met with all involved and recorded the pros and cons of the plan and documented agreements made. This meant that people were supported to take positive risks and were included in the managing of the risks.
We also saw that people had risk assessments in place for managing other health and care needs such as nutrition and skin integrity.
Further risk assessments around aggression, violence, challenging behaviour, drug and alcohol abuse and absconding were available in the care files we viewed. Risk assessments included de-escalation techniques and staff were knowledgeable on how to support each individual should they need to. The registered manager told us that the staff received training in managing challenging behaviours but the service has a 'no restraint' policy as staff are trained to monitor people who maybe anxious and use techniques taught to de-escalate situations. One staff member told us "We try and calm the situation." Everyone living at Next Steps had recorded in their care files a traffic light behaviour scale. This scale gave advice on people's levels of anxiety and agitation. Green described how people presented when they were calm, amber described how people presented when people's anxieties were escalating and red described how people presented when they were highly agitated. This gave the staff clear guidance to monitor people and intervene with techniques to prevent the person become anxious or agitated.. We were told that this has worked well with only once incident escalating. The risk assessments were person centred and had been devised with the person themselves. All risk assessments were reviewed monthly or more often if required. Staff we spoke with were familiar with people's risk assessments and one staff member told us "I regularly read the risk assessments word for word with the person so they understand it." We saw in care files that there was a physical description of each person; this included the person's height, build, hair type and colour, accent,

ethnicity and type of clothing they wore. This meant that people who were at risk of absconding, a clear description could be given to the police should they do so.

We saw a record of accidents and incidents and investigations of these was maintained. After a serious incident, we saw that the registered manager and registered provider had carried out a significant event analysis and looked at how the incident occurred and how in the future, it could be better managed. The incident was clearly documented and we saw that staff were included in the analysis. The provider told us that the incident was not handled well and we saw that there were circumstances beyond their control which contributed to the incident. From the incident, the registered manager told us that they had changed the way they handled this type of incident in the future. This meant that the service was always looking to improve and reflect on incidents to prevent them from occurring again.

We saw that people received their medication administered by registered nurses. There was a system of audits in place to monitor and review medication. Medication was stored in people's bedrooms in a locked cabinet or in a locked cupboard in the communal kitchen where only the nurses could access. Where people required medication "as required" (PRN), we saw clear protocols in place to guide staff as to when this type of medicine maybe required. PRN medicines are medicines which are not routinely required to be taken all the time such as paracetamol. This meant that people received PRN medicines only when they required it. We saw that medication was documented on a medication administration record (MAR) which was fully completed. Medication was dispensed from a blister pack which had been pre-filled by a pharmacist. This helped to prevent medication errors from occurring as regular medication was dispensed from the blister pack at the prescribed times each day. We saw that all nurses received regular training and had competency checks in the safe administration of medication.

The registered provider had robust systems in place to help ensure the safe recruitment of staff. From the three staff files we viewed, we found that staff members had the required pre-employment checks in place. This included a completed application form and two references with one being from the most recent employer and a Disclosure and Barring Service (DBS) check. DBS checks helps employers to make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. We saw that all pre-employment checks were in place prior to the staff members commencing employment. Furthermore, we saw that registered nurses had valid nursing and midwifery council pin checks in place which ensured that they had no restrictions on their role.

We observed there was always sufficient numbers of staff on duty and the consistent pattern of the duty rota for days was three or four staff members including the nurse and shifts were flexible to meet the needs of the service with one waking nurse on at night. People told us that there was always enough staff members on duty and the staff team knew them well. One person told us that they had agreed welfare checks of them in their rooms at 11pm and seven am to prevent them from being disturbed during the night.

We saw that the property was well maintained and well-decorated, clean and suitable for the people living at the service. There was a system of audits in place in relation to infection control and health and safety and any concerns were reported promptly to maintenance. The service has received a high compliance rating from the local authority infection control inspection and a five star rating from the food standards agency. We saw personal protective equipment (PPE) readily available throughout the inspection and cleaning records confirmed when cleaning had taken place. There was a legionella risk assessment in place and we saw that there was documented evidence of flushes and cleaning of outlets. Water temperature checks were regularly documented. The service provided us with up to date certificates of gas and electrical safety and portable electrical testing. There were also checks of fire and carbon monoxide alarms.

There was a fire risk assessment in place and people had personal emergency evacuation procedures (PEEPS) in place to assist staff and others to help people evacuate in an emergency. These documents were kept in people's care files and in the hallway in the home. We saw that staff and people living at Next Steps attended fire training sessions together. This was to enable everyone to be clear of their responsibilities in the event of a fire occurring. Staff and people took part in regular fire drills and we saw this was documented. People we spoke with confirmed to us what action they would take in the event of the fire alarm sounding.

Good

# Is the service effective?

## Our findings

All the people living at Next Steps had complex mental health needs. Their mental health had been holistically assessed as part of the pre-assessment for the service. The people living at the service had all been subject to detainment under the Mental Health Act 1983 (MHA) and had been granted a leave of absence under the act to trial the service and to ensure the service could meet their needs. As part of the pre-assessment, people were offered the opportunity to visit and have overnight stays at the service as part of a community treatment order (CTO). A CTO allows a person to leave hospital and be treated safely in the community rather than at the hospital but they will have to keep to certain conditions such as when they take their medication. One person who was at the service was on their first overnight stay told us "I had a good night's sleep. I made the decision to come in here and my family supported me. I met [Registered Manager] at the hospital and we talked about everything." Pre-assessment records were detailed and we saw that several professionals such as psychiatrists and community psychiatric nurses had been involved to ensure that the service had as much information as possible about the person. The registered provider told us that they had previously arranged a person's admission from another service and they later found that there was lots of missing information and details about the person's wellbeing. This impacted on the service they offered and since only offer to provide support once a full assessment has been completed and all information has been verified from professionals to prevent the service failing the person or others.
We were told and records confirmed that the service provided a 12 week assessment to ensure they can meet the needs of the person and to gather information to be able to support the person effectively.

The Mental Capacity Act 2005 (MCA) providers a legal framework for making particular decisions on behalf of people who 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Each person living at the service had a capacity assessment and a DoLS authorisation in place where they had lacked capacity to make a particular decision. Staff we spoke with were aware of the authorisation and any conditions attached to it. We also saw that staff had received training in mental capacity and the service used advocacy services to ensure there was someone impartial supporting people if required to make decisions. The registered manager and registered provider had a very good understanding of the processes required under MCA. We saw that a best interest decision had been made for a person with a life limiting illness as they had expressed a wish to be able to spend time with their partner in a less restrictive way. The person was receiving one to one and continuous supervision, but after consulting with everyone involved, a decision was made to support the person in the least restrictive way.

We found that people had consented to the service holding information about them and consented to

having a photograph taken for the care file. One person we spoke with said they had refused to have their photograph taken for a long time but had recently agreed once they had their hair styled. Each person had recorded in their care file a copy of the rights charter. This confirmed to the person that they had the right to be treated as a human being, be treated equally, be able to make mistakes and choose not to take responsibility for others. People we spoke with told us that they were always made aware of these rights by the staff at the service. One person told us, "I can make my own decisions, staff help me, they know me best."

We saw certificates available showing that staff received regular training in topics including mental capacity, safeguarding, medication, fire and psychosis. These were updated annually. Furthermore, every two years staff completed training in first aid, food handling, health and safety and infection control. New staff members were supported to undertake the care certificate on commencement of employment. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. This formed part of the induction programme. The training within the care certificate was robust we saw that the units of the course were in-depth to enable staff to understand the requirements expected of them in their role. The Staff told us that they were also able to complete further qualifications and one staff member told us that they were currently doing a level two diploma in mental health supported by the organisation. All staff were issued with the code of conduct for health care workers and they signed to say they agreed to the code. The code of conduct sets out the standard of behaviours and attitudes that people should experience from health care workers and is best practise in health and social care environment's. Registered nurses were supported by the registered manager and the registered provider to ensure they were up to date with practice to meet the requirements of their registration with the Nursing and Midwifery Council (NMC).We saw that the provider was a placement provider for the nursing programme at Manchester University. Students on placement gain community experience and practical opportunities. Tis helped the nurses working at the service to keep up to date with clinical practice and knowledge and support the students as part of their progression. 100 percent of the students who have been on a placement at Next Steps said they felt well supported and it encouraged their work.

People told us that they could see a GP or other medical professionals when they wished. For example, one person told us they had been reviewed by a psychiatrist the previous day and everything was going well. Another person whom had a life limiting health condition required a certain amount of fluids and to take prescribed medication each day. Staff we spoke with were fully aware of the consequences of this person not taking the prescribed medication and how much fluid the person required. Fluid intake was monitored and we saw evidence that the impact of not taking the medication or drinking the correct amounts of fluids has been risk assessed and discussed with the person and their representatives. This meant staff were completely aware of the risks presented to this person and were informing the person of how the risks may affect them. We saw detailed record of any health related appointments and visits with outcomes clearly documented.

We saw that staff received regular supervision and staff we spoke with confirmed that this occurred. Staff attended regular staff meetings and minutes confirmed this. At staff meetings, there was opportunity to reflect on experience and discuss what went well and what could have gone better.

We saw that people were encouraged to contribute to menu ideas and to assist in preparing meals. Recent house meeting minutes showed that people had requested some changes to meal ideas which included having some Caribbean food and potato hash. The registered manager had actioned the request by the end of the month the meeting was held in. People told us that the food was good and they had flexibility to change their mind if they wanted something different. We observed that drinks were freely available

throughout the inspection. People were risk assessed for being at risk of malnutrition and any concerns highlighted and reported to the GP. This meant people could receive appropriate referrals for support concerns around nutrition.

The service had "House rules" which people were required to be mindful of. These rules were discussed in the house meetings and included rules about not shouting at each other, being fair when watching the communal television and about smoking. There was a cigarette lighter ban across the home and people told us that they were clear on the fact they could only smoke outside of the building. This meant that the service was trying to offer fairness and equality to all people living at Next Steps.

The environment was modern, clean and homely and well decorated. People had personalised their rooms as they wished.

Good

# Is the service caring?

## Our findings

One person told us, "I am the dignity champion for the home. If they [people at the service] have any problems, they come to me and I bring them up. I have a file in my bedroom all about it and [staff member] is helping me." The registered manager confirmed that the person had been nominated as the dignity champion and they had taken their role very seriously. The same person was also going to be enrolling on a level two food handling course with support of staff and they also took responsibility for some jobs around the service such as brushing up in the garden. This was giving the person the opportunity to gain independence skills and have levels of responsibility.

A student nurse we spoke with told us, "I enjoyed visiting the service; I was really involved with the team and there was one staff member who was amazing with people who were challenging, they were firm but with humour. There is definitely a need for this type of service, the work they do is amazing."

All the people we spoke with said the staff were kind and caring. There was a calm atmosphere throughout our inspection and people were given opportunities to express themselves and join in what they preferred. We observed people choosing to go out, what to eat and when to have a cigarette. Staff spoke with people in a manner that the person could understand and they did not use confusing jargon. We observed staff and people joking with each other and staff knew how to respond to people whose agitation was escalating and used techniques described in people's care plans to reduce anxieties.

The registered manager told us that one person had expressed a desire to explore their sexuality. To ensure the person was safe, a staff member supported the person to access some literature and encouraged the person to have some private time in their bedroom to absorb the information. This was recorded as being discussed with the person and meant that the service is aware and supported people to understand their personal needs.

The registered manager told us and we saw that on one response received from the residents survey, one person has wrote that they wished staff would be kinder to them. When this was explored, the person had been prevented from giving their personal money to a homeless person. The staff were safeguarding the persons money but the service user felt this was unkind. After a discussion was held with the person and staff team, it was agreed that once the person had purchased what they needed, any monies left over, they could freely donate if they wished. The staff team explained to the person that they had never meant to seem unkind to them, they were helping to protect them. However, the person explained to the staff team that they had once been in a vulnerable position and wanted to help the homeless person out. This meant that staff and people were listening to each other and learning from each other and being proportionate to the person's choices.

Each person we spoke with said they felt that staff listened to them. Each person had complex mental health needs and staff spoke enthusiastically about the journey each person has been on since arriving at the service. The registered manager told us that they had supported one person to step down in to residential home support and as time progressed, they would hope that other people would be able to do the same or

move into the community. One person told us that they wished to be able to go into the community alone and that's what they hope to work towards. This was documented in the care plan. This meant that the service worked towards people's goals and aspirations.

We observed that staff members were respectful to people. We saw them knocking on doors and asking permission to enter. We observed that staff did not over load people with questions and gave people time answer.

We saw that any personal information relating to people or staff was stored securely in locked drawers. Some documents were stored on a computer which was password protected. This meant that information was stored confidentiality.
We saw that the registered manager and the registered provider had received training in the new General Data Protection Regulation (GDPR). GDPR is new legislation which come in effect in May 2018, will supersede the Data Protection Act 1998 and give people more control over how their personal data is used and how this will affect information held in health and social care services. This meant the service was planning for change and ensuring they were working in line with the requirements for the change in legislation.

Good

# Is the service responsive?

## Our findings

Each person we spoke with told us that they had the opportunity to contribute to their care plan and have a copy if they wished. One person told us, "I can have a full copy of my care plan but I choose not to as it's too much information." The same person told us that they had access to an easy read pictorial copy of the care plan in their bedroom.

We saw each person had a pictorial version of their care plan on the back of their bedroom door; this was in easy read format with pictures and covered what the person could do for themselves and what support they needed with personal care. In addition a physical health plan described the support needed to manage each person's health. Each plan had been drawn up in conjunction with the person, their keyworker and named nurse and gave staff a brief overview of the support each person needed.

Care plans we viewed gave clear information and guidance for staff to meet the needs of people living at Next Steps. Care plans documented what care was required to assist people with personal care. A detailed health care plan documented what help people needed to stay well and how to support them with various conditions and illnesses and a safety care plan discussed how to safeguard people from anti-social behaviour, supporting people to take medicines and keeping people safe from exploitation. For one person, we saw that steps had been taken to prevent them becoming involved in radicalisation. Although this wasn't involving the person directly, the service became aware that this could become a risk and were able to intervene before any concerns escalated. Social needs care plans discussed interventions to manage low mood and agitation and gave distraction and de-escalation techniques for staff to use. Other care plans we viewed referred to people's goals and aspirations. One example we saw stated that the person wanted to be able to go to the shops on their own. Although this was not suitable at the time of inspection, the service plans to work with the person in the future to enable them to achieve this goal. Care plans were reviewed monthly or more often when required and the review involved people using living at the service. We saw detailed daily written notes for each person kept in care files. The notes were clear and legible and described how the person had been supported throughout the day and night.

People had a "My preferences and my life so far" document in place; this gave detailed personal, social and health history about each person. The registered manager told us that it took around three months to complete the document and the staff team built a picture of people's history and the document was used to start conversations with people. The document was kept in people's care files.

We saw that there was a guide to activities available each week on the noticeboard. There were drop in services such as local churches and a social afternoon's where people could meet up for a chat. Furthermore there was a Tai Chi starter group in the local community that welcomed people from the service. One person we spoke with told us that they enjoyed going to football training once a week. A staff member confirmed that they supported the person to do this and this activity was documented in the care plan. Another person told us that they enjoyed playing on the PlayStation and staff supported them to visit their partner. A third person said they enjoyed going shopping with the staff and to the cinema and cooking. The registered provider told us that on Boxing Day last year, the whole group and all staff members went out

for a meal and that it was a positive experience for all as people and staff were able to spend time together in a relaxed environment. We saw in minutes of residents meetings where people were able to discuss any trips out. One person said they would like to go to Alton Towers. This was actioned as a plan for the spring time when the establishment opened.

Residents' meetings were held at three monthly intervals. From the minutes, we saw people were given the opportunity to discuss what was working well for them and what could be improved. Ideas were shared about activities and meals. Any concerns about the environment or people's rooms could be raised and people discussed having the opportunity to be involved in the interview process for new staff and wanting to attend some of the staff training sessions. This meant that the service was involving people to help improve the service and giving people the opportunity learn skills.

We saw that there was information for people on how to make complaints displayed on the noticeboard within the service. There was clear, easy to read and accessible guidance available. One person told us that they could post a complaint anonymously and the registered manager would look into the complaint and post an answer back on the noticeboard. The guidance for making complaints was in line with the Accessible Information Standards. These standards are legal requirements for people receiving adult social care to ensure they can access and understand information they are given. The service had received two complaints from people who used the service which we saw were investigated and outcomes sought in a timely manner. Any learning from the complaints was shared in staff meetings and house meeting for people living at the service.

Good

# Is the service well-led?

## Our findings

One person told us, "[Registered manager] is kind and listens to me." We saw that the registered manager and the registered provider had complete oversight of the service. They knew people very well, were visible across the service and were knowledgeable about each person's care needs and routines.

Staff we spoke with were clear about their roles and responsibilities. They felt supported in their role and told us that they were able to approach the registered manager or registered provider about anything. One staff member told us, "The home is very well managed; the staff team are brilliant."

We found quality audits were completed regularly and used to develop the service. Audits were including the management of deprivation of liberty safeguards referrals (DoLS) and safeguarding referrals, infection control audit, management of quality assurance which included looking at the timeliness of responding to complaints and submitting notifications to the Care Quality Commission (CQC) and monthly audits on maintenance of the service. Outcomes from the audits were scored and a percentage given as to how the service was operating and gave advice where improvements could be made. We saw outcomes from audits were shared at staff and house meetings. Audits of the service were linked to CQC Key Lines of Enquiry (KLOE'S) to ensure that the service was assessing, monitoring and improving inline with our guidance.

The registered provider carried out compliance visits to the home and provided the registered manager with a report with any necessary actions. Incidents and accidents were analysed to monitor for patterns or trends, any lessons learnt from incidents were communicated to staff through team meetings or supervisions and significant incidents were discussed with the wider staff team and analysed to work out what went wrong and what the service could do better.

Medicines were audited weekly with results being reviewed and recommendations made to improve medication procedures. We saw that the service did a random count of boxed medicines to ensure stock levels were correct. The service had a WhatsApp group set up with the pharmacy, the registered manager, the registered provider and the nurses. This enabled the service to communicate quickly with the pharmacy to inform them of changes to medication and raise any questions they had. What's App is a mobile phone messaging service which is secure and offers end to end encryption to keep information private. The registered manager told us that this method worked well and meant that people received changes in medication or advice quicker. We spoke with the pharmacist who told us, "The service (Next Steps) is well run and staff are on the ball; they always communicate with us any changes or request advice. We use a WhatsApp group to communicate but we don't use people's names under data protection."

We also saw that there was a secure What's App group set up amongst the registered manager, the registered provider and the staff team. All staff signed a confidentiality statement before being added into the group Conversations in the group were used as a way for staff to communicate information to everyone. We saw information about training was shared in the group and the duty rota.

The service employed 16 staff members and regularly supported placement of student nurses from

university. The service sought the views from people living at Next Steps before a new student began their placement. This is to ensure students do not impact on the anxieties of people living at the service.

We saw that the registered manager completed micro-teach training sessions in staff supervision. For example, we saw in one supervision record that it discussed a person's positive risk taking assessment and then the registered manager would ask questions about the risk assessment to check staff understanding.

We saw that the service had developed their own assessment questions for staff who had completed the care certificate. This was to test the staff's learning of the course and before they were passed for completion. We also saw that on completion of the care certificate, staff received a monetary bonus as a congratulation. This assisted in the retention of staff and one staff member told us that they felt valued.

We saw that the registered manager and the registered provider had worked with the partner of a person living at the service. This was to support the partner to have insight into the person's condition and to assure themselves that the partner was aware of their responsibilities and what to do in an emergency. This meant that the service had been able to facilitate the relationship with two people and assist in keeping the person living at Next Steps safe.

People, their relatives and staff were encouraged to feedback on the quality of the service provided through a variety of means. There was a "You said, we did" newsletter which was displayed on the noticeboard, which documented ideas from staff such as having virtual supervision and exploring opportunities for people living at Next Steps to volunteer in the community. Furthermore, there was outcomes listed on the document which shown that there were plans being put into place to hold Facetime or Skype meetings and opportunities had been arranged for some people to volunteer at a local centre.
The results of the survey for people living at the service shown that all people were totally satisfied with the food, the care they received, that they felt listened to and felt safe and all people were satisfied with the information they received about their care. This meant that the service was continually seeking feedback on what they provided to improve outcomes for people.

We saw that a development day had been held for all people living at Next Steps and all staff members. The day was an opportunity for everyone to spend the day together and be able to promote self esteem and well being. Each of the staff and people were encouraged to tell each other what they liked and admired about each other. Look at what would be a good day for each person and what would be a bad day and what help people would like when they were having a bad day. From the day, the service wrote their mission statement using statements and words from people using the service and staff members. This included looking at what people wanted to achieved while living at Next Steps. This gave the staff team clearer ideas about how best to support people while learning about themselves.

We saw that the registered provider had published their best practices in medical journals which included an audit of a service user's perception of choice in a 24 hour mental health setting and improving 24 hour nursing care. This demonstrated that the service is seeking to find ways of improving services for people living in a nursing or mental health setting.

The registered manager told us that they attended local care home forums and liaised with managers from other services within the organisation to share ideas and best practice. This was recorded on meeting minutes. We saw the service had developed a statement of purpose which described the aims and objectives of the service and what will be provided. Furthermore the statement of purpose included any contact details and legal entity's and the needs of people which the service can meet. This meant that the service was working within the requirements of the care quality commission (registration) regulations 2009.