

Next Stage 'A Way Forward' Ltd

# Next Stage "A Way Forward" Ltd - Crostons Court

## 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 ●

# Summary of findings

## Overall summary

### About the service

Next Stage Crostons Court offers support to people living in four supported living properties located in Bury, Rochdale, Urmston and Blackburn. People are supported to develop their independent living skills as well as maintain their own tenancy. Individual staff teams are based at each location with staff available throughout the day and night time. At the time of our inspection there were 30 people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People spoke positively about their experience. People said they felt safe and trusted the staff. People said they were offered lots of encouragement and support to follow a lifestyle of their own choosing. One person talked about how the service was now supporting them to move to more independent accommodation. Whilst others spoke about how they no longer felt socially isolated and were now learning new skills as well as developing friendships with other people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There was great emphasis on providing a 'personalised' service for people. Designated staff were available to support people to explore social, education and employment opportunities helping to promote their independence, increase community presence as well as reduce social isolation.

The service had recently gone through a period of restructure. All staff spoken with felt this had been well managed, with positive improvements to the service including open and inclusive management who now 'listen' to staff.

A review of records, feedback received, and our observations showed sufficient numbers of staff, that had been safely recruited, were available to respond to people's requests for support. This was available on a planned and informal basis.

The service focused on the personal development and support of staff, providing a wide range of opportunities based on their individual learning needs as well as the needs of people they supported. Staff were enthusiastic about their role and the improvements being made. They said the service was well run, there was good team work and they were effectively supported in their role.

Detailed assessments were completed, which were then used to inform the development of people's support plans and risk assessments. These focused on minimising areas of risk whilst enabling people to remain as independent as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Systems were in place to support people with the safe management and administration of their prescribed medicines. People had access to a range of health care support where needed.

Varying levels of support were provided in areas such as budgeting, shopping, cooking and housekeeping, encouraging people to continually develop their independent living skills.

Good working relationships had been developed with the landlord to ensure individual properties were maintained. Relevant health and safety checks including fire safety were completed to make sure people and the premises were kept safe.

There was evidence of on-going management and oversight of the service. Regular audits and checks were completed to monitor and review the standards of care. Any themes or patterns were explored, such as accidents or incidents, an action plan was put in place to evidence improvement to be made.

System were in place for the recording and responding to any safeguarding issues or complaints and concerns. These were responded to appropriately.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 6/2/2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on our inspection programme.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

This service provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. A manager appointment had been made and application to register was CQC was in the process of being completed. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on the 8 August 2019 and ended on the 13 August 2019. We visited the office locations on 8 August. On 13 August we visited people living in their own homes as well as meeting with

staff.

#### What we did before the inspection

We reviewed information we had received about the service since registering with the CQC. We sought feedback from three local authorities involved with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No issues or concerns were raised with us.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We also reviewed information we held about the service, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service about their views and experience of the care and support provided and 11 members of the staff team; two support staff, two team leaders, four training and human resources staff, the personalisation lead, a quality performance manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting health care professional.

We reviewed a range of records, including multiple medication administration records (MAR's), care records staff personnel files, training records as well as information relating to the health and safety and management and oversight of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service felt safe and had developed trusting relationships with individual staff members. We were told, "Yes, I do now", "It helps having the cameras and there's always someone around" and "I feel they've [staff] helped me a lot."
- Policies and procedures along with staff training in safeguarding and whistleblowing were in place to help guide staff. Those staff we spoke with were able to demonstrate a good understanding of the types of abuse and what to do if they witnessed or had an allegation of abuse reported to them.
- The provider took appropriate steps to protect people from abuse, neglect or harm and knew they had to report concerns to the local authority and CQC.

Assessing risk, safety monitoring and management

- People were encouraged to take positive risks to help encourage their independence. One person told us, "They [staff] give you lots of encouragement, which helps to motivate you; I've learnt a lot whilst I've been here."
- Individual risk assessments were complete based on the individual needs of people. These were colour coded in relation to the level of assessed risk and any intervention or support required. These assessments helped to minimise areas of risk whilst enabling people to remain as independent as possible. These included areas such as, self-neglect, social contact, medication, behaviours and past history.
- Systems were in place to check the environment to make sure the premises were adequately maintained and safe systems were in place, such as fire safety. Personal emergency evacuation plans were in place for each person and reflected the level of assistance each person would require in the event of an emergency.

Staffing and recruitment

- Sufficient numbers of staff were available. Staff spoken with said changes within the team had improved the culture within the service and felt the team worked well together and staff knowledge and skills complemented each other. Comments included, "We've got the right team", "We're supportive of each other" and "There's a good mix of skills."

A visiting healthcare professional also commented, "They're effective at communication, they engage well and listen to advice."

- Staff support was planned and co-ordinated with each person based on their agreed support plan. People were also able to access staff informally throughout the day and night should they need. This was seen during the inspection.
- Robust recruitment procedures were followed. We saw electronic staff records were held including an application form, written references, identification and a record of interview. The completion of a Disclosure and Barring Service (DBS) check had been completed prior to new staff commencing their employment. A



DBS check helps ensure people are suitable to work with vulnerable adults.

- The service had developed a 'values based' interview process. We were told this had proved successful with recruiting to vacancies and retention of staff.

#### Using medicines safely

- Suitable arrangements were in place for the safe management and administration of people's medication. We saw records were completed to evidence the administration of medication. Audits were completed to check safe systems were maintained.
- Individual support plans and risk assessments were completed to show what support people needed. People had given their consent to staff assisting them.
- Staff were responsible for prompting and administering medicines for the majority of people. Some people were being supported to self-administer their medicines and staff checked to make sure these had been taken.
- All staff completed medicines training and a competency assessment was completed to check their practice in administering medicines was safe.

#### Preventing and controlling infection

- Staff completed training as part of their induction and on-going programme of training. This helped to ensure their knowledge about infection prevention was up-to-date.
- However, staff had access to personal protective equipment (PPE), such as, gloves and suitable hand-washing facilities were provided.

#### Learning lessons when things go wrong

- We were shown examples of the action taken where 'lessons had been learnt' following incidents, such as a safeguarding concern. This identified any training and development needs of staff, changes in organisational procedures or areas for consideration as part of the quality monitoring systems in place. These were kept under review to check action identified had been addressed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service did not use restrictive practice. Where people had or were at risk of developing, behaviours that may challenge the service had developed personalised 'positive behaviour support' plans. These explored people's physical, mental and sensory needs and guided staff on how to support the person using de-escalation techniques. A visiting health professional said staff managed 'hostility' and 'behaviours' well and they had no concerns about the support provided.
- We were told, and records showed a comprehensive pre-admission assessment was completed prior to people being supported by the service. Opportunities were made available for people to visit, spend time and meet with staff and other tenants prior to any decision being made.
- It was evident through our discussions with people, staff and a review of records that people were actively involved in making decisions for themselves and were consulted about the support they wanted and needed. Consent was sought where support was required for areas such as medication, welfare checks and entry to people's flats as well as the sharing of information.
- Relevant policies and procedures and staff training were provided in the MCA principles. Staff spoken with had a good understanding and said where decisions needed to be made in the persons 'best interest' this was done in partnership with relevant people, such as health and social care professionals so that people's rights were protected.

Staff support: induction, training, skills and experience

- Staff spoken with told us, "I want to progress, they will support you to do anything" and "Supportive environment and constructive feedback, I feel I can learn a lot from [staff member]." A visiting health

professional also said staff engaged well and staff appeared skilled in carrying out their role.

- Training staff spoke enthusiastically about their role and the training offered to the staff team. To help develop opportunities training staff were completing 'roadshows', visiting individual locations and speaking with staff about their learning needs.
- New staff completed a thorough induction and shadowing programme in line with the Care Certificate. We saw a group of new staff completing their induction, they told us the process had been through and they had learnt a lot about the service.
- We saw the training matrix which evidenced a good standard of mandatory and supplementary training was provided for all staff relevant to their roles. Supervision meetings were undertaken regularly and there were annual appraisals to give staff the opportunity to look at any training and development needs they had.
- Four members of the management team had completed comprehensive training in positive behaviour management, which explored de-escalation techniques. This learning was shared with staff teams, where needed.

Supporting people to eat and drink enough to maintain a balanced diet

- Individual support plans were in place to help people with their shopping and dietary needs. Consideration was given to people's religious and cultural preferences where necessary.
- Whilst some people were able to manage independently other required help with budgeting, shopping and cooking.
- People enjoyed the weekly communal meal with staff. This provided a further opportunity for people to spend time with each other and staff. One person we visited had good cookery skills and had spent the afternoon baking. Whilst another person said they enjoyed the communal meal or having tea with one of their neighbours.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were committed to promoting people's health and wellbeing. Care records showed, and people confirmed they were supported to access the healthcare services they required and were registered with a local GP.
- Where people required or wanted support when attending appointments, this was included within their individual support plans.
- In line with the Mental Health Act, some people were receiving on-going support with regards to their mental health condition from psychiatric nurses or care co-ordinator. A visiting health care professional told us, "They [staff] listen and are responsive to requests."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the people we spoke with felt staff treated them with respect and were discreet when speaking with them. We were told that confidentiality was also maintained. One person commented, "Confidentiality is good, if you tell them [staff] something then other people don't get to know about it."
- We saw people and staff enjoyed a warm and friendly rapport with each other. People told us, "Great staff, I like them", "It's our own care package, not one fits all", "[Staff member] knows what they are doing," and, "I've got confidence in them [the staff]."
- Consideration was given to areas of equality and diversity. As part of the assessment process the 'protected characteristics', such as, age, disability, race, religion or belief, and sexual orientation were explored. Information would be shared regarding places of worship, a sexuality book was to be developed with information about places to go, safe sex as well as liaising with sexual health teams to help educate people.

Supporting people to express their views and be involved in making decisions about their care

- People we spoke with said they were actively involved in making decisions about their care and support through the care planning process, keyworker meetings and tenant meetings. Records seen were person centred and included what was important to people.
- People we spoke with told us, "I trust them", "I can talk to staff and they help me" and "Staff are available all the time if you need them." One staff member also commented, "There's mutual respect from people due to the positive relationships we have built."
- Brochures about all areas of the service were available and advised people of what they could expect if they joined the service.

Respecting and promoting people's privacy, dignity and independence

- People said staff respected their wish for privacy. People were happy with the use of CCTV and knew that staff used this to monitor people and visitors coming and going from the properties. If someone had not been seen for a period of time, then staff would carry out a 'welfare check' where staff called at their flat to check they were alright. Two people we spoke with found this reassuring; one person added, "Best of both worlds, they leave you alone if that's what you want."
- Two people we spoke with talked about how the service had enabled them to develop in confidence and skills with one person planning to move to more independent accommodation. We were told, "I was very isolated but now I have friends" and "I'd like to start looking at college or a job again."
- Staff spoken with talked about how support focused on helping people to regain their independence. This was reflected in the support plans developed with people.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service placed great emphasis on providing a 'personalised' service for people. Designated staff were available, supporting and encouraging people to explore social, education and employment opportunities helping to promote their independence, increase community presence as well as reduce social isolation.
- People we spoke with confirmed what we had been told and talked about how their confidence and skills had increased with support from the staff. People we spoke with told us, "Helped me to develop and supporting me to move on," and, "I feel more motivated."
- A health care professional described the service as 'proactive' with lots of 'social inclusion.'
- People and staff, we spoke with talked enthusiastically about the wider opportunities made available, which had enabled people to spend time with others developing new friendships. These included; a recent sports day involving people and staff across the service; walking group with visits to Snowdon and Ben Nevis; access to a local allotment; litter picking with the Mayor, as well as camping in Wales.
- Care and support files included a thorough assessment of each person. Support plans provided comprehensive information about the specific individual needs of people, their interests, wishes and preferences and aspirations. We saw people who used the service were fully involved with planning and reviewing their care and support.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about all areas of the service was available to people and their families. As part of the assessment process people's preferred method of communication and understanding would be explored so the appropriate tools could be put in place or staff training provided such as sign language.
- We were told that information would be provided in a way people could understand. This could include using IT equipment, story boards and PECS. PECS is the Picture Exchange Communication System, which allows people with little or no communication abilities to communicate using pictures.

### Improving care quality in response to complaints or concerns

- A system for managing complaints and concerns was in place. A copy of the complaint's procedure was available in the 'service user guide' as well as being displayed in the building.
- We saw issues or concerns raised had been recorded and responded to appropriately.

- Where issues had been raised by members of the local community we were told contact had and continued to be made to help resolve any issues as well as developing understanding. Information showed the registered manager had dealt with these in line with the procedure.
- People we spoke with felt confident they were able to raise any concerns with the staff team. We were told, "We talk with the staff all the time", "I don't bottle things up" and "They will sort things if you need them to."

#### End of life care and support

- The service was not currently supporting people at the end of their life. As part of the care planning process people were asked about their wishes.
- Where necessary the service would access advice and support from relevant healthcare professionals to ensure people received appropriate care and support when approaching the end of their life.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had recently gone through a period of restructure. All staff spoken with felt this had been well managed, with improvements to the service including open and inclusive management who now 'listen' to staff.
- Staff spoke with commented, "100% positive experience, "It's increased the support networks", "It's improved the overall running of the service", "Management is open and honest" and "There's not a day I don't want to come to work"
- Staff spoken with demonstrated a clear focus on achieving the best outcomes for people. One staff member said, "It's about helping people to be the best they can be; we're building a valued service for people."
- Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events which happen in their services. The registered manager was clearly aware of their regulatory obligations and had informed CQC of significant events, where necessary.
- The service had developed quality assurance systems and processes providing scrutiny and oversight of the service. Quality performance managers were linked to individual locations. Managers completed regular audits of the service, where areas of improvement were identified action plans were put in place and kept under review. Further monitoring and review was provided through monthly management and quality leadership meetings.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the time of our inspection there had been a change in management. The new manager was in the process of completing their registration with CQC. They were supported in the role by the nominated individual, quality manager and team leaders. These arrangements provided clear management and oversight of the service.
- Managers within the service were supported by the provider to develop their knowledge and skills with additional training relevant to their management role. This meant the manager was clear about their role and was able to offer the necessary advice and support to the staff team.
- Management and staff were passionate about driving improvements across the service with an emphasis on providing person centred care based on the individual needs and wishes of people. Staff gave examples of how the provider was supporting their continuous professional development to help enhance the

experiences people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked their views about the service and how it could improve. Through the tenants meeting, which included a brunch, people were kept informed about events and were to discuss if they had any issues.
- Staff told us they felt listened to and were able to share the views about the service through the regular team meetings and supervision sessions.
- The senior management team had also introduced 'keeping in touch sessions' where they visited staff at the individual locations. These visits were to promote open communication across all the team. One staff member said, "There's open management, an open door and very accessible."
- To help improve community relations members of the training team and staff were liaising with community groups and community police officer to help people develop their knowledge and understanding of the service.

Working in partnership with others

- The service worked in partnership with other agencies including a range of healthcare professionals, the local authority, safeguarding teams and the police to help improve the outcomes for people.
- The service worked closely with the landlord. A housing officer was available for each location to address any maintenance and safety issues as well as provide tenancy support. We saw one officer visiting people in their own homes offering support. From our discussion it was evident they had a good understanding of people's individual needs and worked well with support staff. They told us, "We work well together, it's well managed."
- As part of the inspection we spoke with three local authorities and a visiting health care professional. We were told, "It's a flexible service, good joint working," "They understand the persons needs and adapt the support" and "Good trusting relationship."
- Links had been developed within the local and wider community to help promote people's community presence as well as maintain their independence.