

Next Steps Ltd

Next Steps Hertfordshire

Inspection report

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03 July 2017
17 July 2017

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this inspection on 29 June, 03 and 17 July 2017. We gave the service 48 hours' notice of our inspection to ensure that someone would be present in the office, and we were able to speak with staff and people using the service.

Next Steps Hertfordshire is registered to provide personal care to people living in their own home. The service specialised in providing flexible home support across a 24 hour period to people with learning disabilities living in their own homes. The service specialised in supporting adults who had lived in large institutions for a long period of their life or had several failed placements prior being supported by Next Steps Hertfordshire. At the time of the inspection 15 people were using the service. At our previous inspection on 29 September 2015 the service was rated as good.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People received care and support that met their needs while encouraging their independence. Risk assessments were in place for all aspects of people's lives and these helped to ensure that people's choices were not restricted. Positive risk taking underpinned the approach to risk management within the service in order to support people to live fulfilling lives. People felt safe and staff knew how to respond to any concerns that may affect people's wellbeing. People were supported by sufficient numbers of staff who had been recruited through a robust process that matched staff to people's individual needs. People's medicines were managed safely and where possible people were encouraged to manage their own medicines.

Staff received a robust individualised induction and on-going training tailored to the needs of the person they worked with. This helped to ensure they had the appropriate skills for their role and further development opportunities were made available. People only received care once they had provided their consent and for those people unable to provide this, staff followed the appropriate procedures to ensure the care delivered was in people's best interest. People were provided with a good variety of nutritious meals and staff ensured people had access to health and social care professionals as needed, and when they requested them.

People were at the centre of the service, which was organised to suit their individual needs and aspirations. People's achievements were celebrated and their views were sought and acted on. People were supported by staff that were passionate and consistently treated them with dignity and respect. Without exception, people who used the service and their relatives we talked to were very complimentary and positive about the staff that supported them.

People were able to pursue their individual interests as well as engage in meaningful activities both within

the home and in the local community. People participated in a range of personal development programmes that were designed to provide new experiences for people to develop new skills. People who used the service accessed a range of community facilities and completed activities within the service. People knew how to make a complaint, and where complaints were raised these were responded to promptly.

People were very positive about the management of the service and the views of people were sought in relation to the quality of care provided. The registered manager was a role model to both staff and people alike. There was an extremely positive culture within the service with clear visions, values and enthusiasm about how the registered manager and provider wished the service to be provided and these values were shared with the whole staff team. A robust system of auditing, monitoring, reviewing and improving the quality of service was in place, and the registered manager clearly led a service that promoted a positive and open culture.

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 were overwhelmingly positive about feeling safe with the care provided.

People's safety was promoted by a staff team who were knowledgeable about the potential risks and signs of abuse.

Potential risks to people's health, well-being or safety had been identified and controls were in place in place to mitigate risk.

Staff were employed following a robust recruitment process that involved matching the right person to the right worker.

People were supported by sufficient numbers of staff to meet their needs and promote their independence.

People were supported to manage their own medicines. Where medicines were managed this was done in a safe manner.

Is the service effective?

Good 

The service was effective.

Staff told us they felt supported and were provided with the necessary skills to carry out their role effectively.

Staff had the knowledge and skills necessary to individually meet people's needs. Staff training was individually developed to support each person's specific needs they supported.

The service worked in line with the principles of the Mental Capacity Act 2005.

People were supported to maintain a healthy diet, and where people required support with eating and drinking staff did so sensitively.

People were supported to access healthcare professionals promptly when needed.

Is the service caring?

Outstanding 

The service was very caring.

Every person we spoke with and their relatives told us the staff were exceptionally kind and caring.

People were encouraged to make choices about how they lived their lives and retain their independence

The service had a strong culture centred around providing individualised care to people and building meaningful relationships.

People were supported by the manager and staff who were committed to a strong person centred culture which put people in the centre of the care provided.

People were respected and received dignified care and this was evidenced by the interactions observed between people, management and staff team.

People were allocated specific staff members which enabled them to develop trusting meaningful relationships.

People's confidentiality was protected and sensitive information was stored securely.

Is the service responsive?

Good 

The service was consistently responsive to people's needs.

People received care that was individually tailored to their needs and preferences.

People were fully supported by staff to engage in activities to stimulate and promote their overall wellbeing. Staff recognised and responded to people's social and recreational needs by enabling people to engage in various activities.

People's views and opinions were sought and listened to. Feedback from people receiving support and their representatives was used to improve the service.

Is the service well-led?

Good 

The service was well-led.

People's relatives and staff were all positive about the approach

of management and were proud to be part of Next Steps Hertfordshire.

The culture within the service was open, caring and inclusive. The registered manager and provider demonstrated a close, supportive relationship towards the staff they employed and people who used the service.

Good practise was demonstrated by staff and the registered manager ensured they constantly kept their knowledge up to date to ensure good practise was maintained and developed.

There were robust systems to ensure quality and identify any potential improvements to the service. There were a range of checks undertaken routinely to help ensure that the service provided was safe and appropriate to meet people's needs.

People's views and opinions were sought and listened to. Feedback from people receiving support and their representatives was used to improve the service.

Notification of incidents that are required to be made of untoward incidents were made appropriately to CQC and local authorities when necessary.

Next Steps Hertfordshire

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. At our previous inspection on 29 September 2015 the service was found to be meeting the required standards.

This visit took place on 28 June, 03 July and 17 July 2017 and was carried out by one inspector. The visit was announced to ensure that relevant people were available to assist us with the inspection. Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed how staff supported people who used the service, and met with the provider and the registered manager. We talked with nine people who used the service, visited one person in their home, spoke with six care staff and three relatives. We also looked at care records relating to three people, and reviewed records relating to the management of the service.

Is the service safe?

Our findings

Everyone we spoke with told us the service was safe. One person told us, "I feel very safe, safer than I have ever felt." A second person said, "Safe as can be, they've looked after me so well." People's relatives consistently told us they felt people were safe. One person's relative told us, "[Person] was in a different service, and we feel so much happier now he is with Next Steps. We can now go on holiday three times a year, confident that [person] is well cared for and looked after." A second relative told us, "They protect [person] but also give them the freedom they want to experience life in a safe and controlled manner, I feel [person] is absolutely safe."

People were protected from harm. Staff had attended training about protecting people from abuse, and training records we reviewed confirmed this. Staff were able to confidently describe how they would both identify and report any concerns to their line manager or external safeguarding authorities. Staff were clear in telling us they would not hesitate to report concerns where necessary. Where concerns had been identified, we saw there were clear processes in place to assess, review, report and monitor these appropriately. The registered manager worked positively with local authorities to review incidents that may have placed people at risk of harm and took appropriate action to mitigate risks further when it was appropriate.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for areas including people's mobility, the environment and specific health conditions such as epilepsy, autism or communication. People and their relatives were fully involved in the initial assessment process and reviews of people's changing care needs. A health professional told us, "I feel very confident that the staff at Next Steps always have the safety and welfare on people at the fore front of everything they do."

Staff encouraged people to live full and content lives, acknowledging people's limitations but not allowing these to be a barrier to them experiencing new opportunities. People told us they were able to engage in whatever activity they wished and staff would find a way for this to happen. For example, one person became anxious and irritable when in the car which meant they were limited in what they could do day to day. Staff assessed and managed this with the person, who was then able to use the car safely and benefit from a range of different activity and appointments.

Staff were aware of the reporting process for any accidents or incidents that occurred in people's own homes. When we spoke with staff they were able to describe to us examples of incidents that had occurred, for example a person not returning home when out and about, or when they found a bruise or unexplained mark on people's skin when assisting people with care.

People, relatives and staff all told us there were consistently enough staff to support them. One person said, "I always have staff to help me when I need it." People were assigned their own care team to support them in their homes. The staff were chosen by people based upon shared interests, relationship and that people felt comfortable with the staff member. Some of these staff had worked with people for a number of years in

which time they had formed close relationships with people. This meant the service had experienced a low turnover of staff, helping to ensure people were supported only by staff they knew. When staff were on leave, cover staff who supported people were only those who knew people well.

Appropriate checks were undertaken before staff started work. Staff files we looked at demonstrated that pre-employment checks had been carried out that included written references, criminal records checks and evidence of the staff member's identity. One staff member told us, "The whole process was intense; I mean the interview alone was nearly two hours, but they want to make sure they have exactly the right person working with the right service user." The registered manager told us that a key area for them when recruiting staff was their approach. They said, "When we are looking for new staff, the most important part is their attitude, they have to care and have a commitment to them [people] as they would their own family." We found this approach to recruitment was clear and apparent in the care that people and relatives experienced. One person's relative said, "Induction for staff was bespoke and tailored to meet that staff members individual needs." People who used the service and their relatives were encouraged to participate in the interviewing process for potential employees.

Medicines were managed safely. Procedures for managing and administering medicines were understood by staff. Staff encouraged people to look after their own medicines, many of whom had not had the opportunity to manage their own medicines before they joined the service. People told us they were supported and guided to administer their own medicines and this increased their independence. Staff had all received training to administer and manage medicines safely. Where there had been an error or omission, this had been swiftly identified, reviewed and actions taken to minimise the likelihood of it recurring. People's views and records we looked at demonstrated that medicines were safely managed.

The registered manager had arrangements in place to manage and monitor infection control practices. Appropriate equipment was available in people's homes for staff to use as needed and regular checks to ensure people were cared for in an environment that was kept clean were conducted regularly.

Is the service effective?

Our findings

People who used the service had complex needs and health conditions such as autism, mental health needs, epilepsy and learning disabilities. Staff were provided with a range of training and support to enable them to provide personalised care to people.

All staff completed the care certificate induction training when they started in their role which covered areas such as safeguarding, moving and handling and health and safety. Additionally they were inducted in the values and the ethos of the organisation set by the provider and the registered manager. The ethos was well known to staff, people and relatives. This ethos and values promoted were to be open, transparent, always caring and to work to give people control of their lives and to do what it takes to support people to reach their goals.

To ensure staff were able to follow and adhered to the ethos we found that the provider and the registered manager had a well-developed training and support program for staff. In many cases training, support and supervision was carried out on a one to one basis. The registered manager had recently promoted one staff member to the position of quality lead and trainer, and had supported them to attend a variety of train the trainer courses to give them the necessary skills to train staff. This enabled the staff member to provide bespoke training that staff required to manage positively people's varying needs. One staff member told us, "I have worked for a lot of care companies over the years but I stay here because the managers care about the service users and us. The training has been exactly what I needed, there were a lot of things in my training that perfectly fitted [person] so it was not a one size fits all package but based on [person`s] needs." A second staff member told us, "Training is very good, but above all [provider and registered manager] are always on hand, they will even phone us and the service user at the weekend just to check we are okay."

Staff told us their supervision and annual appraisals were regular and they could discuss a variety of both personal and professional issues with their line manager. Staff told us they received support when they asked for it and told us the registered manager and the provider were visible, supportive and attentive. One staff member said, "They support, encourage and have pushed me to develop. Two years ago I was in retail, no experience of care, I've done loads of different training, have been promoted to deputy team leader, and now to support me to the next step they have even put me on further training for management. Their whole approach is to support and promote from within."

Staff were aware of when to seek people's consent when assisting them, and were clear in how to seek consent from people who may have not been able to verbally express their agreement. One staff member told us, "I speak with [relative] and I understand their anxieties and wants. But I work with [person] and focus on what they need and how they want things to go. Just because they can't verbally tell me what they want doesn't mean they can't accept or refuse things through nonverbal language."

People's care records clearly demonstrated throughout that people had their care and support plans discussed and written with their agreement, being clearly signed and documented with their views and comments regarding to their consent to the care They received. One staff member said, "We give them their

choice, but that's with them also having to accept responsibility and consequences of their action."

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. We checked whether the service was working within the principles of the MCA. The registered manager demonstrated a good awareness of what steps needed to be followed to protect people's best interest and minutes of staff meetings showed that the topic had been discussed with the staff team regularly.

People who used the service were encouraged to manage their own nutritional needs. Staff supported them to plan, shop and prepare their meals, and encouraged people to eat a healthy and balanced diet. Staff were aware of people's nutritional requirements and allergies, and ensured people ate meals that were good for them. One staff member told us, "[Person] is gluten free so it's not as simple as saying you can't eat this or that, but getting them to understand and learn what it means and what they can eat is the key."

People were supported by a range of health professionals. People we spoke with told us they were able to access GP's and a variety of appointments freely and with support from staff. Records we looked at confirmed this.

Is the service caring?

Our findings

People were supported by staff who were clearly passionate about their work and had developed a close relationship with the people they supported. Staff we spoke with talked highly about people they supported in a kind, caring, and respectful way. One staff member told us, "[Person] is like a friend I've known them for so long, we have the same social life, and they are part of my family really."

People we spoke with all told us the care they received was kind, caring and sensitive. One person told us, "I can't wish for anything better. They [Staff] treat me the same as them." A second person said, "Before Next Steps came along I felt alone, they care and now I feel happy and have a life to live."

People were helped to grow confidence and live an active life. This was achieved by developing an efficient supportive network around people. Building and forming meaningful relationships was a key part of people's care. The office was central to this, and people were encouraged to regularly visit the office with their workers to socialise with other people using the service and also to catch up with staff and the management team. People were seen to freely mingle and socialise, and when people visited the office, staff stopped what they were doing and made sure they took time to talk to them and find out what they were doing. Conversations were light and friendly, and every person visiting the office on the day of the inspection appeared to be relaxed, comfortable and enjoying staff's presence. People and their relatives told us that this approach had been a key factor in people building trust, social skills and developing their communication. One person's relative told us, "It's not a service, it's more a widened family. We feel inclined to visit, and feel relaxed around the staff and other people. We have developed meaningful relationships with the staff and feel that [person] receives the very best care available." A second relative told us, "Before [person] was miles away, there was no care really where they were to help them grow as a person. When we met [registered manager and provider] we just knew this was the right place, they were so caring and immediately understood what [person] needed, and now they are growing in confidence and independence."

Staff understood the importance of developing meaningful relationships with people. When staff spoke about people they did so in a manner that clearly demonstrated how much they respected and valued people. Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. They had an in-depth knowledge about people's life histories, relationships, likes, dislikes, gripes, grumbles and routines. When we observed staff and people interacting, we saw the same humour, conflict, sensitivity and understanding that is present in close respectful relationships. For example, we observed one person go through a whole range of emotions. They were upset and angry because of how another person had spoken to them, then tearful, which then turned to happiness when they were given a cuddle and reassurance. Shortly after they then became impatient, agitated and surly when unable to get their own way. The staff member encapsulated the scene entirely by telling us, "It's just the same sometimes as my own family, we are here for life's ups and downs, we guide them through, and just keep loving them all the same."

We found that the provider's systems and processes were developed to enable the management and staff

to provide people with personalised care and support. The registered manager made contact and visited people before they joined the service for a period of time to enable people to get to know them and establish a relationship. The visits were used to talk to people and capture what was important for them and shape the service to meet people's expectations. For example the registered manager and the provider on several occasions visited a person living in an inpatient treatment centre a considerable distance away. These visits were used to develop a detailed assessment that took account of this person's complex physical and emotional needs. The views of this person were central to the assessment as were those of the health professionals involved in their care. Where this person had experienced significant upheaval through their life, and suffered with their mental health, at times harming themselves, we saw since being in the new environment at Next Steps Hertfordshire, this person's overall quality of life had significantly improved. This person told us, "Before I was here, staff didn't listen to me, I didn't get the care I needed and I was not looked after well. But now I feel my care is managed safely, I am listened to and I am free to do whatever I like."

The managers and staff went the extra mile in creating a service which was tailored to each person for example taking time to find the right property in an area the person preferred, to help them become part of the local community even if this meant that longer time was needed to arrange the support network around people. Considerable efforts were made by the provider and the management of the service to find the right place by looking at the type of property; the area; the possible social links and they continued searching until the person, their families and the partner agencies were happy with the place to help the person flourish. One person told us, "I told them I did not want certain towns, and it wasn't a problem, they just found me the perfect home."

People were involved in every aspect of the service which had a direct impact on them. For example they were supported by the provider and the registered manager to be involved in the recruitment process and select the staff who then provided support to them. People spent time with prospective staff as part of this process to ensure their views were taken into account and to trial if they felt comfortable with staff. This demonstrated the service's commitment to the culture of inclusion and empowering people who used the service.

People were supported and empowered to take the lead in what care and support they needed. Care plans were created by people with the help from staff or their relatives if appropriate and captured their life histories, likes, dislikes and preferences. People told us they felt empowered and supported to express their views and were fully involved in making decisions about their care and support. One health and social care professional told us about how staff had helped a person to really establish a home and be part of the local community and supported them to get voluntary employment. Staff also helped the person to live an active social life and have more frequent contact with a close friend and family.

Staff told us that the key element in supporting people effectively was to listen to them, taking time to develop a bond that enabled them to develop bespoke care plans to fully meet people's needs. Staff followed the ethos that was demonstrated by the provider and registered manager, ensuring people were well matched with staff for meaningful relationships to form.

Staff took time to help people overcome barriers and develop new skills to help them be more independent and live a happy life. One person's relative told us about one person who when they first moved to Next Steps Hertfordshire suffered frequent seizures, were unable to communicate their needs effectively, and were anxious and agitated most of the time. They told us about how they worked together with staff to find techniques that would work for the person to help them be less anxious, improve their communication and well-being. This person's relative said, "Since being here, staff have pushed hard to get to the neurologist and have the seizures reviewed. This was then controlled and then they could work with us on developing

[person`s] independence and wellbeing. Before [person] just pointed, but staff have spent time developing communication so now [person] uses Makaton, pictures, a computer device and so on. [Person] had two staff present all the time because of the seizures, but now it is one and they [person] has flourished. [Person] is relaxed, healthier, and feedback from the college is that their confidence is growing. All down to the staff listening and caring."

People told us they felt all staff treated them in a dignified manner and respected their privacy. We observed throughout the numerous interactions both at the office and in people`s homes that this was an approach adopted by all staff. People regularly visited the main office supported by their care staff member. The provider, registered manager and administration staff all were observed to adopt a welcoming, warm, caring and friendly approach. When people came to the office, staff stopped what they were doing and focused solely on the people visiting.

People's care records were stored in a lockable office at the agency office in order to promote their dignity and confidentiality.

Is the service responsive?

Our findings

People told us their life was positively influenced by the care and support they received from management and staff. They told us they led active and interesting lives due to how flexible the service was to their needs. One person told us, "I can't wish for better, they treat me like they would anyone, they listen to me. I pick what I want to do and when and they go along with it. I go on holidays, I live in the area I want to live, and I am free to have a life that I choose. Before I was here, I wasted years of my life because nobody heard my call for help. When I got here, with my 'Sisters'[Staff] everything has changed. They give you your life back." A second person said, "I think they have given me my life back, they support me, sometimes with a bit of tough love, but I am soon going to be living alone without them staying with me. They [staff] used to stay with me at night, but I said no, I didn't want that, so it's changed. I'm nervous, but excited at the same time to have my own space, but I know they are just on the phone when I need help."

Staff worked enthusiastically to support people to lead the life of their choosing and as a result people's quality of life improved and was optimised to the full. We heard numerous examples where people's condition improved after receiving support from Next Steps.

All the people we spoke with told us that they were able to develop and influence the assessment and review of their needs. They confirmed a thorough assessment of their needs was completed before they joined the service and that both they and their relatives were central to this. One person said, "Before I even looked at the area I wanted to live in [registered manager and provider] drove up to assess me in hospital. They came a few times. I told them where I didn't want to live, and what I wanted to get from the care they gave me. They even brought the workers to meet me a few times before I moved. From day one, I have everything I need to live my own life the way I want to and with happiness." All the relatives we spoke with also confirmed they were able to contribute their views about the care and support people received. This meant that people were in control of their care which was delivered and shaped to their individual needs and wishes.

People's care plans emphasised their own views about their strengths and levels of independence, health and what their expectations were about the quality of their life. Staff spoken with were all aware of the importance of being aware of what people felt was important to them, and delivered care to them in that manner. For example we found that one person lacked confidence, particularly in social situations, however staff supported them to re-gain their confidence and live an active life by supporting them to engage socially with people in the office and looking at a range of activities they could do in the community. This had helped them with their mental health and significantly improved their life. This person told us, "I am a lot calmer now, my confidence was knocked but since I moved here my confidence is better. Staff understand me, they are patient and although they push me, they do it to help me be independent. Getting me in the car was a big step, now I can come here to the office and go out. The next step will be to do it on the bus. I know the staff and [registered manager] are around so that means I can do it."

We found that care plans were detailed, up to date and provided key information for staff about how to meet people's needs that included areas such as maintaining safety, providing personal care and

supporting people with physical, mental and emotional needs. These were regularly reviewed as people's needs changed, and staff had an acute awareness of how to support people and were able to describe to us in detail people's current needs.

Staff frequently shared information about people through handover and all staff were aware of the most up to date information about people for that day. Each person's needs were discussed and key events or observations regarding physical, emotional and social needs were addressed. Information was shared effectively between staff and responsibilities were managed and planned ahead, such as contacting GP's, chasing prescriptions and supporting people with different activities and appointments. Each shift was well planned and managed and this enabled tasks to be completed effectively and in a timely manner to respond positively to people's needs.

There were lots of activities offered to people throughout the day including going out. Staff knew what people liked to do. Some people liked to go out all the time and other people wanted quiet calm time and this was supported. People were supported to socialise with others but also to follow their own aspirations. People were supported to go to college, or take on a part time local job for example, which helped with their social skills and confidence and also gave them skills to obtain employment in the future. People were able to go on holidays abroad, day trips locally, and importantly were supported to have relationships that were loving and intimate. Staff took their time to talk to people to educate them about relationships and keeping safe. People were supported to engage in relationships of their choosing. Where necessary staff supported people to understand their sexuality and discussed this with the person freely, answering their questions and educating people. Healthy relationships were important to people, and people told us they were happy to be supported to live their life as others did. One person told us, "I can't believe I have a partner now, it's exciting and we are able to have our private time."

There was a clear focus on the importance of people, relatives and relationships. People's relatives told us they felt welcomed by all staff, and that the inclusive approach had benefitted all the people using the service. We saw that when people's relatives arrived at the office they embraced staff, and stopped to warmly greet other people. The atmosphere was friendly, warm and family orientated and this approach clearly benefitted all those who lived and worked in the service.

All the people and relatives we spoke with were aware of how to raise a complaint both within Next Steps Hertfordshire and also with the provider if needed. The registered manager told us they used complaints or concerns as a way of learning and improving their services. Formal complaints had not been made to the registered manager, but they did address people's grumbles or dissatisfaction in a robust manner.

People and relatives were kept informed of developments in the service. Regular people and relative meetings were held and led by staff, and allowed for people to speak freely regarding any issues, and have their concerns listened to.

Is the service well-led?

Our findings

People and their relatives knew the provider and registered manager by name and were seen throughout the inspection to approach them for a variety of issues. People were seen to talk openly and freely with the management team, and we could see they had developed an open and trusting relationship between them. One person said, "[Registered manager] is great, they phone me all the time, they talk to me about things I need, I know they are there for me." A second person said, "[Provider] comes to see me, they are friendly and care about me. I think Next Steps is very caring just like them [provider]." A health professional told us, "The management is exemplary, they are driven to have a service of excellence."

Prior to the inspection we asked for the registered manager to organise two or three separate informal meetings with people, so we could discuss their experience of care. However, when we arrived, we found that all the people who used the service wanted to come to talk to us and give feedback about the care and support they received, including some of their relatives. People, relatives and staff told us they felt it was important for them to support Next Steps Hertfordshire. People told us they wanted us to understand how well managed and run Next Steps Hertfordshire was and how well they were supported by staff. It was very clear throughout the day that there was a shared respect between people, their relatives, staff and management that was borne from the close relationships they all developed.

Staff we spoke with told us they were happy working at Next Steps Hertfordshire and told us they were kept informed of any developments in the service. One staff member said, "This is the first company that cares, I came here because they cared." A second staff member said, "We are very well supported, there is nobody here who could say they don't know what's going on. When we have meetings we also invite people's relatives to get involved, there are no secrets here. I mean look at all the people who want to see you [inspector] today, doesn't that show you how joined up we are as an organisation?" The registered manager told us the relationship between the office and staff and people was the key to their success. They said, "People come to the office to get their monies or have a review, but it's more than that. It's about building relationships, confidence and developing networks."

The provider had commissioned an independent company to carry out a survey of the quality of care people received. People, relative's staff and health professional's views were sought for this survey and we saw the results were overwhelmingly positive. Where issues were identified within this survey we saw the management team had taken action to respond to these.

At our last inspection in September 2015, the service achieved an overall rating of good with an outstanding rating for their caring approach. At this inspection we found that the high quality level of care had been maintained. The provider and registered manager carried out a range of regular audits to ensure that the service provided was of high quality and appropriate to meet people's needs. These included spot checks of staff and safety checks of people's homes, audits of care records to confirm they reflected the care that people needed, and this been provided in line with their care plan. In addition, management then spoke with people who used the service to check they were happy with the care they received. We viewed responses from a quality assurance survey completed by people who used the service and staff members.

We noted that all responses had been positive. The ways the service encouraged and developed best practice had brought recognition for them and they had been a finalist in 2017 organised by a reputable care company in the category "Putting People First, Personalisation Award." In addition to this, the service had also been recognised in local care awards for providing innovative care and finding ways to break barriers to positively supporting people with complex needs. This was awarded for assessing staff to match people's needs and involve people in staff training, facilitating true understanding of their condition and the care they needed. This demonstrated that through a continually improving and innovative approach to recruitment, development and allocation of staff to meet people's specific needs, the management and care delivery of the service had been commended for its approach.

To ensure their knowledge was kept up to date, the registered manager regularly attended local forums to network with other care providers and keep their knowledge up to date. They also kept abreast of national news and key issues relating to policy, legislation, research through weekly updates via blogs and national alerts. The registered manager ensured all staff had all the information they needed to support people and were kept up to date with any changes through regular meetings.

The service had a number of multi-agency working agreements. The manager was proactive in arranging multi-disciplinary meetings with health and social care professionals to ensure people received consistent support, people's relatives were involved with these meetings also confirmed that this approach worked well. As part of integrating people with their local community staff supported people through connections such as local businesses, restaurants, bingo halls, charity organisations, colleges, and local support groups.

The approach to management of the service by the registered manager and provider had effectively utilised all resources available to them to maintain the quality of care provided in order to improve the lives of people who, because of their complex needs, required specialist and personalised support to enable them to live fulfilled lives. This was evident in all aspects of the way the service was managed. From the moment people were introduced to the service, through to the individual approach to staff recruitment and development and the day to day individualised support people received. The registered manager supported development in other services by enabling one person to be involved with research around improving community assessment with the local authority and treatment services and telling their stories to improve awareness of the challenges they face at events. The service was clearly and evidently well led through the approach to care clearly led by the registered manager and provider.

The manager understood their legal obligations including the conditions of their registration. They had appropriately notified us of any significant incidents and proactively kept in contact with local commissioners. There was a strong emphasis on continually striving to improve the service for people. Quality assurance audits were carried out monthly by the service managers and senior staff carried out regular audits of all aspects of the service to review the effectiveness of the support people received. The provider made sure actions were followed through, and issues identified in one audit were followed up in the next to ensure the service had made the necessary improvements. This showed us that the registered manager was committed to providing a safe service.