

Next Steps Ltd

Next Steps Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Next Steps Ltd is a supported living service. At the time of inspection, the service was supporting nine people in six different properties.

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 received good quality care. Auditing systems were in place however improvements were required to strengthen them and ensure they identified all areas that required improvements.

People made great progress with the service. People's speech, behaviour and independence were all areas that people had made significant developments with since using the service. Relatives commented positively about the progress people had made and commended the staff's caring approach.

People received safe care, and staff understood safeguarding procedures and how to raise concerns. Risk assessments were in place to manage risks associated with people's lives, and staff we spoke with felt safe supporting people with a wide range of needs.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Medicines were stored safely and were administered in accordance with people's preferences. Staff were well trained to support people effectively.

People were supported to have their nutritional needs met. Healthcare needs were met, and people had access to health professionals as required. Care plans outlined any support people required to manage their healthcare needs.

People's consent was gained before any care was provided. Staff treated people with kindness, dignity and respect and spent time getting to know them.

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.

Care plans reflected people's likes, dislikes and preferences. People were empowered to make their own

choices about what interests they pursued. This included holidays and activities with staff they enjoyed spending time with.

A complaints system was in place and used effectively. The management team were keen to ensure people received good care and support and listened to feedback when provided.

Investigations took place into accidents, incidents and any events that could be learnt from. Learning was shared with the team and improvements were made when required.

At the start of inspection, the service had a registered manager in post however they subsequently left. A new manager had been recruited.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 1 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Next Steps Ltd

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

This inspection was completed by one inspector.

Service and service type

This service provides care and support to people living in six '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 had a manager registered with the Care Quality Commission at the start of inspection however they subsequently left before the conclusion of the inspection. A new manager had been recruited and they were in the process of completing the requirements to become a registered manager. This means that the provider is 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 short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also asked Healthwatch for their feedback on this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent to us in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met three people who used the service and spoke with two people's relatives about the care and support Next Steps Ltd provide. We also spoke with six members of the care team, four members of the management team and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and medication records. We looked at an overview of staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and request further evidence to support our findings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were well supported to understand how to keep themselves safe from the risks of abuse.
- The provider had produced a short presentation to help people understand the providers safeguarding policy. Staff had good knowledge about reporting expectations if there were any suspicions or allegations of abuse.
- Safeguarding investigations were completed with a focus on learning and prevention.

Assessing risk, safety monitoring and management

- People had risk assessments in place which supported them to take positive risks and live their lives with minimal intrusive.
- Staff were consistent and clear about the care and support people required however we found that further detail would be beneficial in people's care plans about how staff keep people safe. The provider confirmed that this would be reviewed following the inspection.

Staffing and recruitment

- People and their relatives were encouraged to become involved in recruitment to ensure people had staff that would meet their needs, interests and preferences.
- Appropriate background checks were completed on staff including references and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.
- During the inspection, it was identified that one person's care needs had changed, and their staffing arrangements required reviewing. The provider confirmed that the changes would be implemented with immediate effect.

Using medicines safely

- People were supported to take their medicines safely. Staff had a good understanding of how people liked to take their medicines and supported their preferences.
- Staff received training in the safe management of medicines and their competencies had been checked at regular intervals.

Preventing and controlling infection

- People were protected from the risks of infection by staff who understood how to maintain hygienic practices. For example, by using protective clothing when needed.
- Staff operated a 'clean as you go' system to help people receive support in clean environments.

Learning lessons when things go wrong

- The management team took a detailed approach to learning from incidents and were committed to ensuring improvements were identified and acted on.
- Investigations were completed, and learning was shared with staff to help prevent further incidents.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A holistic approach was taken to assessing people's needs to ensure they got the best care from the beginning. A comprehensive assessment was completed for each person, considering all aspects of their life and what was important to them. For example, people's beliefs and wishes, people's socialising and relationships needs, and people's goals were all valued elements of the assessment process.
- The provider used all the information they gathered to specifically recruit staff suited for each person to work together. They matched staff and people with similar interests to empower people to have a happy and fulfilling life.
- In addition, wherever possible, staff observed and shadowed family/staff currently providing care and support to the person to fully understand their requirements. This helped the staff to tailor the care they provided so there was a smooth and consistent handover when they began to use Next Steps Ltd.

Staff support: induction, training, skills and experience

- The service worked in partnership with other organisations including two different universities to keep up to date with new research. They were involved in designing research to create best practice guidance. The provider was enthusiastic and committed to pioneering good quality care and promoted this amongst the staffing team.
- Staff provided excellent feedback about the training, supervision and support they received. One member of staff said, "The support from this company is unbelievable. We always have training, it's very good. [Name of staff] is just at the end of the phone, just to say well done – it goes a long way."
- People's families were invited to participate and contribute to staff training. The experience of people's families were valued and respected and this was used to help shape staff training. The service also valued the consistency of care for people and therefore people's families were able to attend staff training to help understand and replicate the care people received from staff.
- There was a proactive approach to staff development. Staff felt valued and were supported to develop and grow. Many staff told us they had been able to take on additional responsibilities and we saw that managers had confidence in their staffing team. Staff had been supported to achieve promotions and were proud of their contributions to providing excellent care to people. Staff performance was regularly evaluated and when necessary, staff were praised for their performance to ensure people received high quality care.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked well with other agencies to provide consistent care. This was particularly crucial as people's care needs changed and additional specialists such as Speech and Language Therapists (SALT) were involved.

- People had made incredible progress with the support of other agencies and a consistent staff team at Next Steps Ltd, for example with improved behaviours, speech and independence.
- New equipment and technologies were also used to help support the delivery of high-quality care and independence. For example, people were supported and encouraged to use a virtual assistant (Alexa) to help support their independence. People were supported to play music they enjoyed instantly and easily.

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

- Innovative methods were in place to help encourage and support people to eat well. For example, strategies were in place to help people be as independent as possible during their mealtime. We saw that one person did not enjoy sitting down or keeping still whilst they ate their meal. Staff supported this practice and empowered the person to choose how, where and when they ate their meals. People were independent in their choices about how they managed each mealtime.
- People's nutritional needs were well monitored and people made good progress in maintaining healthy weights that people wanted.
- People were encouraged to make their own food choices and if appropriate, be involved in food preparation. We saw staff praise people when they made choices that they had been previously been unable to do so. This showed people's great progress and trust in staff that their choices would be respected.

Supporting people to live healthier lives, access healthcare services and support

- Staff were extremely responsive to people's healthcare needs, particularly when people were unable to verbally communicate their needs. Staff sought medical attention promptly and supported people with their needs.
- People had detailed information about their healthcare needs in an easily accessible format. This helped support medical professionals quickly understand people's allergies, medicines, medical histories and other information pertinent to people's their care and support.

Ensuring consent to care and treatment in line with law and guidance

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 and found that they were.
- Care plans had been developed with people's involvement and staff asked people for their consent before they provided any care.
- Best interest decisions had been made when people were unable to make their own decisions. At the time of inspection, no Court of Protection applications had been authorised to restrict people's liberty.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People were supported with kindness and care from staff. During our inspection we saw staff interact with people in a warm and friendly manner and engage with people patiently and with love. One person's relative told us, "The staff are spot on. They're consistent and their care is good."
- People had loving relationships with staff and enjoyed spending time with them. Staff remained professional and caring and helped people to understand appropriate barriers to ensure people learned how they could respect people's personal space.
- Staff and the management team clearly knew the people using the service well. They understood the way in which they wanted to be cared for and respected them as individuals.

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

- Care plans included details of people's life history, and about the people that were important to them. This information was used by staff to ensure they provided care which met people's needs, in the way they wanted.
- Staff understood people's different communication requirements and provided different ways to support people to express their views and choices. For example, by showing people their options, and giving people time to consider what they wanted to say.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves and celebrated and congratulated people when they made progress. For example, one person had chosen their own cup and drink which was a new skill for them. Staff responded positively and ensured other staff and relatives were made aware of the person's success.
- People were treated with dignity and respect. For example, staff supported people to maintain their dignity and self-respect by ensuring their bodies were adequately covered up when they were unaware their body had become exposed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had comprehensive care plans in place which reflected their care needs, likes and preferences. People had goals and ambitions and staff supported people to achieve these.
- Care plans were reviewed and updated when changes had been identified. All care plans were electronic meaning they were accessible and easy to update.
- People's care was personalised to meet their preferences and choices. People were empowered to make their own decisions and the staffing team were flexible to meet people's requests. People were encouraged to choose the staff they wanted to support them, and this was respected.

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.

- During the assessment process people's communication needs were assessed and discussed, and a care plan was completed which supported people's requirements.
- People were supported to access information in a format they could understand. For example, information about medication, safeguarding, complaints, recruitment and the provider's statement of purpose had all been produced in a presentation format to further support people understand key issues which may affect them.

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

- People were supported to spend their time in ways they enjoyed. The staffing team were flexible and responded to people's requests.
- People were supported to pursue their interests and a variety of activities. Some people chose to attend day centres or pursue other activities within the community and other people liked to spend time at home. People also enjoyed going on holiday and spending time with other people within the service.
- People were able to maintain relationships that were important to them. They were supported to entertain guests within their homes and spend time with people important to them. Staff worked with people to ensure they could maintain good relationships with their family.

Improving care quality in response to complaints or concerns

- People and their relatives were able to raise complaints and concerns and were provided with information

they could understand about how they could do so.

- Staff had regular meetings with people to give them frequent opportunities to provide feedback on an informal basis.
- Complaints were investigated and responded to appropriately.

End of life care and support

- Systems were in place for people to express their end of life care wishes.
- People had care plans in place which recorded their wishes for the end of their life.
- At the time of inspection, nobody was receiving end of life care.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has changed to Requires Improvement. This meant the service management and leadership was not always consistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had comprehensive quality monitoring systems in place however these could be strengthened and improved to ensure all areas of the service were adequately reviewed and improvements made. For example, audits did not always identify when further guidance to staff was necessary about people's care requirements, or when staffing arrangements needed to be reviewed as people's care needs changed.
- Providers are required to ensure that a manager is registered with the Care Quality Commission (CQC) in locations where regulated activities are carried out. The service had a manager registered with the CQC at the start of inspection however they subsequently left before the conclusion of the inspection. A new manager had been recruited and they were in the process of completing the requirements to become a registered manager.

Working in partnership with others

- Improvements were required to ensure good working partnerships were maintained. For example, we saw that one person's medication was delayed due to miscommunication with the doctors/pharmacy team resulting in delays to the person receiving their medicine.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives felt the service was open and inclusive and well run. One person's relative said, "There's always someone [staff] available to speak to. I would recommend it to anyone."
- People and their relatives were involved in the running of the service, for example, they were able to participate in the recruitment of staff and receive staff training. This helped people receive consistent support from staff and family who understood how to help keep people safe.

Continuous learning and improving care

- The service had been recognised for its contribution to improving care and had been nominated for several awards and had been successful as 'Most Innovative Team 2019' The whole staffing team were proud and motivated to achieve such recognition.
- In addition, the service had close links with two universities to help develop research into key elements related to the care industry.

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 management team maintained records of accidents and incidents and responded to them efficiently. Information and learning was shared and discussed with staff to reduce the likelihood of similar occurrences.
- The management team understood information sharing requirements. We saw that information was correctly shared with other agencies, for example, when the service had identified concerns, and the manager sent us notifications about events which they were required to do by law.

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

- Staff were encouraged to share their views about people's care with the management team. The management team recognised and valued the experiences of staff and used this to help amend people's care.
- Annual surveys were used to obtain feedback from people, relatives and staff involved with the service. We saw these contained positive comments about the quality of the care people received.