

Next Steps Ltd

Next Steps Ltd

Inspection report

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10 May 2022

11 May 2022

12 May 2022

13 May 2022

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10 June 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Next Steps Ltd is registered as a domiciliary care and supported living agency who provide care and support to people living in supported living properties. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection six people received personal care across five individual supported living properties.

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

Right support

People received support to develop, flourish and pursue their own interests.

People received support with their medicines safely and in the way they preferred.

People were supported to have maximum choice and control over their lives.

The staff team provided person-centred care which was stimulating and followed people's preferences.

Staff enabled people to access and follow up specialist health and social care support in a timely manner.

Right care

People were protected from abuse and avoidable harm.

People were supported to communicate in the way they preferred. Staff were provided with the training to support people in this area.

People's care and support plans were detailed and regularly reviewed and updated. This ensured people received the right care that was responsive to their changing needs.

People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

Risks associated to people's care and choices were set out in their care records and regularly reviewed.

The staff team provided kind, compassionate and effective care and support.

Right culture

The companies' ethos, values, attitudes and behaviours were followed by staff in supporting people to be empowered and lead fulfilled lives.

People receive good quality care, support and treatment from staff that sufficiently trained and supported in their roles.

People and those important to them were involved in planning and reviewing their care.

The registered manager promoted an open and welcoming culture. People using the service, relatives and

staff felt valued and supported.

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 6 April 2021).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of 'Right support right care right culture'.

The inspection was prompted in part due to anonymous concerns received of alleged neglect and poor care to some people. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm or neglect.

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 well-led?

Good ●

The service was 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 2008.

Inspection team

One inspector carried out the inspection.

Service and service type

This service is registered as a domiciliary care agency. It also provides personal care and support to six people living in individual 'supported living' properties to 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. 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

The inspection was announced, to make arrangements to visit people in their homes and to ensure staff would be there to support the inspection.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people living in the supported living settings are often out and we needed to be sure people would be at home and staff available to speak with us.

The inspection activity started on 10 May 2022 and ended on 13 May 2022. We visited the office location on 12 May 2022.

What we did before inspection

We reviewed information we had received since the last inspection, including information from the local authority commissioning and safeguarding teams. The provider was not asked to complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan and inform our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. Some people were unable to talk with us and used different ways to communicate including, gestures, vocalisations and body language. We also observed how staff interacted with people during the inspection visits to people's homes.

We received feedback from 19 members of staff about their experiences of working for the service. This was in person, over the telephone and via email. We spoke with support workers, senior staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We discussed the needs of all people using the service with staff providing their care and support and reviewed in depth two people's care records. We looked at the medication records for all people using the service. We looked at two staff files in relation to recruitment, and records relating to staff training and support. We also reviewed records on the management and oversight of the service, including quality assurance audits, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received a range of records and updates on care processes and support plans and medicines audits.

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 kept safe from avoidable harm. One relative told us of a safeguarding incident that happened, they said, "[Registered manager] dealt with it very well, they kept in regular contact with us. This gave us confidence [Person] was being fully protected, we are very happy with the care and support [Person] receives and have no concerns at all."
- Staff confirmed and records showed they received safeguarding training and knew what to do if they had any concerns about the people using the service.
- The feedback we received from staff demonstrated they had confidence in the registered manager and senior staff to take appropriate action to ensure people were kept safe from harm or abuse. We received comments such as, "I would speak to my team leader and then to the manager. If a safeguarding concern was not handled properly, I would then escalate my concerns to the right authorities in charge of safeguarding and to the CQC."
- Records showed the registered manager had raised safeguarding concerns and undertook safeguarding investigations when required

Assessing risk, safety monitoring and management

- People's risks were assessed and reviewed as their needs changed.
- The care and support plans set out how people could be safely supported whilst promoting their preferences and independence.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Some people showed expressive emotions and could become distressed. One relative said, "[Person] sometimes gets overanxious. The staff know the signs to look out for they support [Person] to go out for walks to get some fresh air, [Person] loves going to coffee shops, this helps calm their anxiety." A staff member said, "I have built a good relationship with the person I support. I am confident enough to support [Person] when they are struggling with their mental state and emotional distress."
- Guidance was sought when needed from relevant health professionals to ensure staff understood how to support people safely and effectively. A staff member said, "The psychiatrist suggested [Person] go on daily walks, [Person] likes going to car boot sales, shopping and visiting museums. The psychiatrist is very pleased with [Person's] progress."
- Hospital 'passport' information packs had up to date essential information available to share with health professionals in the event people were admitted to hospital.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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 found the service was working within the principles of the MCA. Capacity assessments were undertaken to support people's decisions making in specific areas. For example, managing medicines and finances.

Staffing and recruitment

- There were sufficient staff available to meet people's needs.
- Staff recruitment, induction and training processes promoted safety.
- Staff spoke positively about working together as a team to support people in the way they preferred, and which met their needs. One staff member said, "We have a brilliant staff team, there is very low sickness, the staff are committed to ensuring [Person] has a consistent staff team to support them."
- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles.

Using medicines safely

- People were supported by staff who received medicines administration training and assessed as competent to safely administer medicines.
- The medicines administration records (MAR), were completed correctly by staff when administering medicines and people received their medicines on time. We noted the instructions for one medicine stated it was to be given over a few weeks. Following the inspection, the registered manager provided confirmation from the person's GP that the medicine was to be continued and the instructions on the MAR chart were updated to reflect the change.
- The registered manager was implementing a new system of introducing body maps to identify the area a prescribed topical medicine (such as creams) should be applied.
- People received support from staff to make their own decisions about medicines wherever possible and told us they understood what they were taking their medicines for. Protocols were in place for staff to follow when administering medicines prescribed to be given 'As Required' (PRN).
- Medicines stock counts and MAR checks took place on each shift to ensure correct records were maintained and any errors identified and responded to timely.
- The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The registered manager understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles

Preventing and controlling infection

- Staff had received training for infection prevention measures, which included the correct procedure for the putting on and taking off, of personal protective equipment (PPE).
- We observed that staff wore PPE, which included masks, aprons and gloves in line with the current government guidance.
- Staff were tested for COVID-19, consistent with government guidance.

Learning lessons when things go wrong

- Staff meetings were used to share information so lessons could be learnt to promote good practice. For example, improvements had taken place to the checking of MAR charts to ensure any errors were quickly identified and acted upon.

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 Requires Improvement. At this inspection this key question has now improved to 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

- The registered manager and management team instilled a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Throughout the inspection we observed and heard about examples of people being supported to pursue their interests and achieve good outcomes.
- Positive feedback was received from people, relatives and staff about the approach and availability of the registered manager. A relative said, "[Registered manager] is very approachable, caring and helpful, [Person] said to me only yesterday, 'I am very happy living here.'"
- Staff we spoke with all commented they enjoyed working for the service and found their roles rewarding and placed each person living in the supported living settings at the centre of everything they did. One staff member said, "The people get quality and safe support. Staff maintain their dignity; they respect and treat people individually. The value of communication we give to clients and the smiles we get back show they are happy."
- Another staff member said, "This is not just a care job, it's a pleasure to support people to be more independent. It's like a 'global village' we all work together as a team."

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 registered manager worked in an open and transparent way when incidents occurred in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.

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

- There were effective systems in place to monitor the quality and standards of the service. This included audits by the registered manager, and the nominated individual.
- The registered manager had effective oversight of key areas of the service. This included promoting good communication between staff at all levels to ensure consistency for all people receiving care and support. A staff member said, "The management works hand in hand with the support team to ensure a smooth and conducive working environment. The rota is always published on time to give opportunity for shift plans and arrangements to suit the people we support. Good listening and communication skills is always established. Quality care and support provided, and safety ensured."
- The management team promoted a person-centred culture and staff were clear about their roles and

responsibilities in achieving this. A staff member said, "Working for Next Steps Ltd has really enhanced my skills and knowledge. It is very supportive and has the ability to bring out the best in me by improve my working skills and knowledge. This is through the training and development, evaluation, supervision, and incentives and lots of motivational strategies."

- Regulatory requirements and responsibilities were met by the registered manager. Statutory notifications were submitted to the CQC as required. The CQC rating from the last inspection was displayed on the provider website and in the head office.
- The registered manager was supportive of the inspection process and welcomed feedback on any areas which could be improved further.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service supported people with a range of abilities and equality characteristics. People and their relatives were fully involved with their care and made significant decisions with the support of staff and other professionals where required. All the relatives we spoke to were happy with the level of communication from the service and their involvement in making decisions. One relative said, "They [staff] are brilliant, they keep in daily contact with me, they are always 'on the ball'."
- Staff meetings took place regularly where a range of topics were discussed. Minutes showed information was shared and there were opportunities for discussion about broader issues. A staff member said, "My manager is great to work alongside with, they have supported me with a lot of things, and [Registered manager] supplies me with extravagant support." Another said, "We have a brilliant staff team, the staff are committed to ensuring people have a consistent staff team to support them."

Working in partnership with others

- The registered manager and staff continued to work in partnership with health and social care professionals involved in monitoring and providing care and treatment for all people using the service.
- We received positive feedback from health and social care professionals who worked with people living in the supported living homes.