

K Bond Healthcare Ltd

Next Steps Monton

Inspection report

69 Monton Street
Manchester
Greater Manchester
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Tel: 07515925199

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Next Steps Monton is a small care home providing personal and nursing care to four people with mental health needs at the time of the inspection. The service can support up to six people.

Four bedrooms had an ensuite shower room and there were two flatlets with separate bedroom, shower room and lounge area. There were two communal lounges and a large shared kitchen / dining room. The home had a small enclosed yard, which people used if they wished to smoke.

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

People were supported to identify what was important for them and to be involved in their care and support. Detailed care plans and risk assessments identified people's needs and provided guidance for staff in how to meet these needs. Staff knew people and their needs well.

People were supported to maintain their physical and mental health. Medicines were administered as prescribed and regular medical reviews were completed.

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.

People were encouraged and supported to be as independent as possible. They were involved in planning their weekly activities and what meals they wanted. There were sufficient staff on duty, including when they wanted to go into their local community.

Staff were involved in the service and felt well supported by the management team. Recruitment systems ensured suitable checks were made before new staff started work. Staff received the training they required to carry out their role. Incidents were recorded, reviewed and debrief sessions held to identify any changes that could be made to reduce the chance of further incidents.

A quality assurance system was in place, with named staff completing a range of audits and checks. All actions identified from these audits were added to a home improvement plan.

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

Rating at last inspection

This service was registered with us on 7 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was first registered with the CQC.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Next Steps Monton

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Next Steps Monton is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted people living at the home to be told of our visit in advance to reduce any anxiety they may have.

What we did before inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the nominated individual, registered manager, clinical lead, a nurse and two care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed interactions between people and staff where possible, although this was limited due to the nature of the service and people going out into the local community.

We reviewed a range of records. This included one person's care records and multiple medication records. We looked at two 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 contacted two professionals who regularly visit the service.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Comprehensive risk assessments were in place, providing guidance for staff to manage known risks. The nurses reviewed these monthly to ensure they were still current. An external healthcare professional who worked with the service said, "Risks are excellently managed and whenever there is an issue we are informed as soon as possible."
- Due to people's mental health needs, they may engage in activities considered to be risky or become agitated. Guidance and policies were provided on how staff should react and support people in these situations. Staff were trained in 'breakaway' techniques to protect themselves and other people. The organisation did not use physical restraint.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- Staff wrote detailed reports following an incident, which were reviewed by the registered manager. If required, the registered manager or nurse on duty made safeguarding referrals to the local authority. The registered manager had also sent incident reports that did not meet the threshold for safeguarding referrals to one person's funding team, so they had a clear overview of the incidents at the home.
- Debriefing sessions were held with staff following a serious incident. These enabled staff to discuss what had happened, identify possible triggers to the incident and agree any changes to the support provided to reduce the chance of further incidents where possible.
- Any learning from incidents in other Next Steps services was shared across the whole organisation to reduce the risk of a similar incident happening elsewhere.

Using medicines safely

- People received their medicines as prescribed. Guidelines were in place for when any medicines not routinely administered, including homely remedies, were to be used.
- Robust systems were in place to record and audit medicines. Any issues found were promptly addressed.

Staffing and recruitment

- The registered manager organised the staffing rota according to the needs of the people living at the home. Staff told us there were enough staff on duty, with more staff working on the days people had planned activities and needed more support. A member of staff said, "We have flexible shift times so we can support people to go to appointments if we need to. There's enough staff; with extra on if [name] is going out."
- There was one nurse on duty overnight. However, additional staff could be called upon to provide additional support if needed. An on-call system meant staff were able to contact a senior manager if they needed to.

- Staff were safely recruited, with all pre-employment checks completed prior to staff starting work.

Preventing and controlling infection

- The home was clean throughout. A dedicated domestic member of staff was employed to ensure the cleaning was completed without taking the care staff away from supporting people.
- Personal protective equipment was available for staff to use when needed.

Is the service effective?

Our findings

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

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

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

- The nominated individual and registered manager completed a pre-admission assessment. This involved the person themselves and included information from the people's current care setting, family and other professionals as appropriate.
- Next Steps had introduced a new transition planning document to plan and record people's move to the service, which included any agreed follow up support by mental health services. This document had been introduced following the breakdown in one person's placement and the problems encountered by the service to obtain support in managing the person's mental health needs and subsequent behaviour. The transition plan document was now being used across all Next Steps services.

Staff support: induction, training, skills and experience

- Staff told us they were well supported by the management team and colleagues. A member of staff told us, "I like it here; the company treat staff well, so you feel like you want to stay. We get enough support, they're bob on with everything."
- Staff received the training they required to carry out their role. The nominated individual and registered manager provided specific training for people's mental health needs at company conference days and team meetings. Staff were also able to access specific courses through the Greater Manchester Mental Health foundation trust's training programme.
- New staff completed an induction and were enrolled on the Care Certificate, which is a nationally recognised qualification for staff working in social care.
- The registered manager held supervision and team meetings with the staff team. Staff told us they found these useful as they were able to discuss their roles and any ideas or issues they had about the service.

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

- Staff supported people to maintain their diet. Where necessary, care plans gave guidance for people's nutritional intake. For example, one person's fluid intake was monitored and they were supported to reduce their fluid intake as advised by their GP.
- People were supported to agree a weekly menu, although alternative meals were also available if people wanted them.

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

- People were supported to maintain their physical and mental health. Care plans identified the signs to look for if people's mental health was deteriorating and appropriate appointments were made when

required; for example, we saw an emergency psychiatric appointment had been arranged for one person.

- Next Step nurses checked people's health observations monthly where required, for example, people's blood pressure. Appointments were made to monitor people's ongoing medical needs.
- Hospital passports had been written to provide brief information about people's needs in the event they needed to be admitted to hospital.

Adapting service, design, decoration to meet people's needs

- People had their own bedrooms and ensuite shower room. The home was well decorated throughout. People were able to independently find their way around the home.
- Due to people's behaviours, notices were either stuck to walls or kept within enclosed notice boards.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. People's capacity to agree to live at Next Steps was discussed as part of their pre-admission assessment and an agreement made if people lacked capacity the service would apply for a DoLS when people moved to the service.
- Capacity assessments and best interest decisions were made for a range of decisions, such as medical treatment and people's diet.

Is the service caring?

Our findings

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

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

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

- Due to the nature of the service, our observations within the home were limited as people went out during the day or chose to be in their own rooms. The interactions we did observe were positive. One person said, "I like it here; there's always staff around" and a relative told us, "[Name] seems to have settled in well and all the staff seem kind."
- People's personal preferences and choices were recorded, including any cultural needs they may have. Where people wanted, staff could support them to follow their cultural or religious beliefs.
- Brief details of people's live history, including schools attended, jobs, friends and places they felt were important. Staff told us they were able to read people's care files before they moved to the service so they could know a little bit about them. One member of staff said, "We build up a relationship when people move in, we try to bring people out of themselves without pushing too hard. It takes time to get to know people."

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

- People were supported to give their views on the service through regular resident meetings and an annual survey. People were able to talk about meals they would like and activities they wanted to take part in. One person comment in the last survey, "Staff know what they are doing and are really nice and chatty."
- Where required, people were supported to have an advocate, who is an independent person who ensures decisions made on people's behalf are in their best interests.

Respecting and promoting people's privacy, dignity and independence

- People's care plans included information about what people could do for themselves and where staff needed to prompt, encourage or provide support. A professional commented, "Next Steps offer people practical day to day support such as cooking, shopping and going out."
- Staff members clearly explained how they maintained people's privacy and dignity whilst providing support.

Is the service responsive?

Our findings

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

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

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

- Detailed care plans identified the support people needed in their daily lives. This included different interventions that may be required depending on the person's mood at the time.
- People were involved in agreeing and reviewing their care plans with their named key worker. The key worker also wrote a comprehensive review each month, covering activities, health and any incidents that had occurred.
- The clinical lead reviewed the care plans to ensure they were person centred and all of people's needs were included.

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

- Each person agreed a weekly activities planner. One person said, "I have my weekly planner and go swimming, to Trinity House (community group) and to the cinema." The staff rota reflected the support people needed to participate in their activities. For example, more staff worked when a person needed two staff to support them when going out.
- People also had links with other Next Steps properties and would visit for a drink or arrange to go on activities together, sharing staff from each house. On the day of our inspection one person was looking forward to going to Blackpool for the day with someone from another house.
- Next Steps were developing a community hub at their offices, with a gym and future plans to develop a café and beauty salon with a local college. This would provide an opportunity for people from different houses to meet each other in a safe space.

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.

- The service provided personalised information in an easy read format to support people to be able to understand important information about their support and health.

Improving care quality in response to complaints or concerns

- Next Steps had a formal complaints policy in place. No complaints had been made at the time of our inspection.

End of life care and support

- Advanced care plans were used to record people's wishes for the end of their lives. This included any cultural or religious needs.

Is the service well-led?

Our findings

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

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

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

- A quality assurance spreadsheet identified the frequency and dates for checks and audits to be completed, for example medicines, health and safety and training. Any actions identified during the audit were added to the homes action plan for a named staff member to complete. The registered manager highlighted all actions that were near their completion due date by adding them to a board in the office so they were visible and could be monitored to ensure they were completed.
- Staff had clear roles as part of the quality assurance system, for example, key workers reviewed people's care files, a named nurse completed the medicines checks and a named staff completed the environmental checks.

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

- Staff said they felt fully involved in the service and were well supported by the management team. Regular team meeting days were held, as well as debrief sessions following an incident and supervision meetings.
- An annual staff conference was held for all staff teams across the organisation. These celebrated the work of each team and also included time for training and the recognition of staff achievements.
- People were supported to identify what was important to them and some achievable goals they wanted to achieve, for example seeing family or going on holiday. Care plans reflected these goals.

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

- Regular residents' meetings were held to engage people in what they would like to do and to plan their meals. Keyworkers supported people to be involved in their care plans and reviews. Where applicable, people's families were also involved in people's reviews and support plans.
- The provider conducted annual resident and staff surveys, which were positive. The provider had acted on suggestions made the staff teams.

Continuous learning and improving care;

- The management team reviewed all incidents with the members of staff on duty at the time. One staff member said, "We're always talking about things; how could we have handled it better or other things we could have done. Everyone's learning all the time. We're not frightened to say with this company if something could have been done differently."

- Learning from incidents was shared across all the providers homes. For example, the recently introduced transition document as described in the effective domain. Additional checks had also been introduced for people prescribed a particular medicine following an incident at another home. The learning from this incident had also been shared to other mental health services supporting people prescribed this medicine.
- The registered manager notified the CQC of any serious events as required by law.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service worked well with medical and mental health professionals.
- The provider was open with external bodies and relatives about any incidents and the outcomes of any investigation. A professional involved with the service said, "The team manager is excellent at communicating with us; whenever there is an issue we are informed straight away."