

K Bond Healthcare Ltd

# Next Steps Mental Health Levensulme

## Inspection report

1055 Stockport Road  
Manchester  
Lancashire  
M19 2TF

Tel: 07515925199

Date of inspection visit:  
04 December 2018

Date of publication:  
24 January 2019

## 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

This inspection took place on 4 December 2018. This was the first inspection of Next Steps Mental Health Levensulme (known as Next Steps) since first registering with the Care Quality Commission (CQC) in December 2017.

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

Next Steps is registered for up to five people with mental health needs. The house has a shared lounge, dining room, bathroom and kitchen. Each person has their own bedroom. There were five people living at the home at the time of our inspection, with one person being short term whilst a more independent supported living home was identified.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People living at Next Steps can live as ordinary a life as any citizen.

The service had two managers registered with the CQC. One registered manager was one of the directors who had set up the home and one had been registered since to manage the home on a day to day basis. 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 2008 and associated Regulations about how the service is run.

Clear, person centred care plans and risk assessments were in place to identify people's needs and provide guidance for staff in how to support people to meet these needs. Care plans gave details about people's mental health needs and provided strategies and distraction techniques for each person. People were supported to take positive risks where appropriate and to increase their independence. Care plans and risk assessments were regularly reviewed to ensure they were current.

People were involved in agreeing their care and support. They met with their key worker each month to discuss their support and what they were happy or unhappy with. Goals were agreed and reviewed.

The service was working within the principles of the Mental Capacity Act (2005). Capacity assessments and best interest decision meetings were seen in people's care files.

Staff were knowledgeable about people's needs and how to support them to minimise their anxiety levels. Staff told us they enjoyed working at the service and felt well supported by the registered manager, nurses and directors. Regular supervisions and team meetings were held.

Staff received the training they needed to fulfil their role. Training courses were used alongside micro-teach sessions within supervisions and team days to discuss the support strategies being used.

There were sufficient staff on duty to meet people's assessed needs. A recruitment system was in place to ensure staff were suitable for working with vulnerable people.

People were supported to access their local community and to maintain their independence where possible. They were encouraged to complete any tasks they could do for themselves.

People's health, nutritional and dietary needs were being met by the service. Other professionals, for example psychiatry services, were involved in supporting people and the service where needed.

A quality assurance system was in place at the service. The registered manager and directors completed checks for medicines, finances, care plans, the environment and health and safety.

All incidents were reviewed by the manager to identify any patterns in the incidents. Where applicable following serious incidents de-brief meetings were held with the staff involved to review the incident and to review how people were supported to try to reduce the risk of further incidents occurring.

Medicines were administered as prescribed. The director introduced a separate chart for staff to record when they had applied any prescribed topical creams. Protocols were in place for the use of medicines that were not administered regularly, although some required more detail of the signs that the person needed the as required medicine to be administered.

The service sought the views of the staff and relatives through annual surveys. The staff survey responses had been positive and the registered manager had followed up any comments made in the survey. Regular residents' meetings were held.

The home was visibly clean with no malodours. Equipment was maintained in line with national guidelines.

## 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.

Risk assessments and mental health plans were in place. Staff had clear guidance to reduce the identified risks and manage people's anxieties. People were supported to take positive risks.

People received their medicines as prescribed. Protocols for when medicines prescribed as 'when required' should be administered needed more detail. Topical cream charts were introduced for care staff to sign when they had applied the prescribed creams.

There were sufficient staff to meet people's needs. Staff were safely recruited.

### Is the service effective?

Good ●

The service was effective.

Staff received the training and support through supervisions and team meetings to carry out their roles.

The service was working within the principles of the Mental Capacity Act (2005).

People were supported to meet their nutritional needs and maintain their health.

### Is the service caring?

Good ●

The service was caring.

Staff had developed positive relationships with people and knew their needs well.

People were encouraged to complete the tasks they were able to do themselves to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were in place which gave detailed guidance for staff in how they should support people to meet their assessed needs. People living at the service were involved in agreeing their care plans.

People were supported to participate in activities within their local community and to complete meaningful tasks within the home.

The service had a complaints procedure in place. All complaints received had been responded to appropriately.

**Is the service well-led?**

**Good** ●

The service was well-led

A quality assurance system was in place, including audits by the registered manager and directors of the company.

Staff said they enjoyed working at the service and felt the management team were supportive and approachable.

Feedback was obtained from residents, relatives and staff through surveys and resident meetings. Feedback had been positive, summarised and followed up by the registered manager.

# Next Steps Mental Health Levensulme

## **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.

This inspection took place on 4 December 2018. We gave the service 24 hours' notice of the inspection visit because it is a small home supporting people with mental health issues. We needed to be sure someone would be in and to give the home time to inform and support people before our visit. One inspector completed the inspection.

Before our inspection the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. We looked at the statutory notifications the home had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

We contacted the local authority safeguarding and commissioning teams. The feedback we received was positive about the service. We also contacted Manchester Healthwatch who did not have any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with four people who used the service and observed people and staff interactions in communal areas of the home. We also spoke with three members of care staff, the registered manager and the two directors of the provider.

We looked at records relating to the management of the service such as the staffing rotas, policies, incident and accident records, three staff recruitment files, training records, two care files, meeting minutes and auditing systems.

# Is the service safe?

## Our findings

The people we spoke with said they felt safe living at Next Steps. Staff we spoke with were aware of the safeguarding procedures at the home. Where required, protection plans were in place, for example for a person's finances, so that their money was safely managed. They understood how to report any safeguarding concerns and confirmed they had received safeguarding training. They told us they would report any concerns to the management team.

The risks people may face had been identified, for example with personal care, community activities, mobility, falls and the environment. Clear guidance was in place for staff to mitigate these risks. For example, one person was at risk of falls and a safety plan was in place to reduce the likelihood of falls occurring.

People living at Next Steps had enduring mental health needs and may have behaviour described as challenging. People had a mental health care plan which detailed the signs that a person's mental health may be deteriorating and the potential triggers for this. Information was provided on how staff should support and distract the person to try to reduce their anxiety. There was a description of behaviours the person may have when they were agitated and how staff should support and re-assure them. The service used breakaway techniques so staff could remove themselves from a situation and did not use physical restraint.

All incidents and accidents were recorded and reviewed by the registered manager and directors. Care plans and risk assessments were reviewed where appropriate to reduce the risk of further incidents occurring.

We also saw that people were supported to take positive risks. For example, one person visited their family each week with staff support. Following discussion with the person, their family and staff, a plan was agreed whereby the person went to their family's house on their own and staff then supported them to travel back to Next Steps after their visit. This plan was regularly reviewed with the person to ensure the known risks were managed.

People received their medicines as prescribed. The medicines administration records (MARs) we saw had been fully completed. Nurses completed a weekly medicines audit and any discrepancies investigated.

Protocols were in place for when medicines that were prescribed to be administered when required (PRN) should be given. However, these did not always provide sufficient detail on how staff would recognise the person may need a PRN to be administered. For example, one protocol stated to administer the PRN when the person was agitated without stating the signs that would show the person was becoming agitated. The MARs showed that PRN medication was not routinely administered.

Care staff applied any prescribed topical creams. They noted in the daily activity schedule notes when this was done and informed the nurse on duty who signed the MARs. Best practice guidelines state the person applying the prescribed cream should sign to state when they have done so. We discussed this with the



registered manager and directors who said they would introduce a separate chart for the care staff applying the cream to sign to state when they had done this.

Staff were safely recruited. All pre-employment checks were made before the new staff member started work, including two references and a Disclosure and Barring Service (DBS) check. Nurses registration with the Nursing and Midwifery Council (NMC) was checked prior to starting work.

There were sufficient staff on duty to meet people's assessed needs. A Registered Mental Health nurse (RMN) was on duty at all times. Where required, for example a change in people's needs or activities taking place, additional staff were rota'd to work.

The home was visibly clean throughout, with no malodours present. Cleaning schedules were used to ensure all areas of the home were cleaned each day or week. External cleaners were employed to complete a deep cleans of all areas each week. The local authority infection control audit in July 2018 had rated the home as 'good' (93% overall score). Personal protective equipment (PPE) was available for staff when supporting people with personal care tasks.

We saw evidence that equipment was maintained and serviced in line with national guidelines and the manufacturer's instructions. Weekly checks were made on the fire alarm and monthly checks for the emergency lighting system and call bells. Legionella water checks were completed each month.

Personal emergency evacuation plans were in place for each person. These detailed the support a person would need in the event of having to leave the building in an emergency. Regular fire drills had been completed. Contact information and guidance was seen for staff to deal with any emergency situations such as a gas or water leak.

## Is the service effective?

### Our findings

The directors and registered manager completed a comprehensive pre-admission assessment before people moved to the home. This included detailed information about people's mental health needs and any associated challenging behaviours. This enabled the service to ensure that they could meet the person's individual needs and that the person would be able to share the home with the other people already living there. A commissioner told us the assessments were, "Robust, detailed and answer all the questions a commissioner needs to address."

The home was adapted to meet people's needs as required. One person's pre-admission assessment stated there was a risk of falls, especially when using the stairs. Prior to the person moving to the home a stair lift was installed and agreement reached that the person would use this to reduce the risk of falling downstairs. After the person had settled in it was found they were able to use the stairs with some support. Therefore, the stair lift was removed and a 'stair steady aid' fitted. This provided the person with more independence and recognised the change in their needs.

Staff told us they received the training and support they needed to carry out their role. New staff completed training in areas considered mandatory by the company as part of their induction. New staff also shadowed experienced staff in order to get to know the people living at the home and their support needs.

Most new staff employed had previous experience in care and had gained a recognised health and social care qualification. They had to complete a set of questions covering the topics of the care certificate to check their understanding of the topics covered in the care certificate.

The training was refreshed every two years. Nurses' clinical training was also refreshed every two years.

In addition, the company held team days and an annual conference for the whole company. These were used to discuss specific topics, such as personality disorder, or discuss strategies for supporting each person living at the home to ensure there was consistency across the team. One staff member said, "We had a training day at the Hyde offices. It was team building just for this team. We all had a voice with regard to what worked and what could be improved."

The registered manager or named nurses completed regular supervision meetings with staff. These included a discussion on the staff members performance, training, ideas and concerns. They also included a 'micro-teach' section where a topic would be discussed, for example the new General Data Protection Regulation (GDPR) or the role of CQC.

Staff were positive about this mix of training methods and felt they were able to learn from their colleagues and the experience of the directors.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

The service was working within the principles of the MCA. People's capacity was assessed as part of the pre-admission process. DoLS applications were made appropriately. Decision specific best interest decisions were recorded where required

People were supported to maintain their health. Each person was registered with a local GP and referrals were also made to other health professionals, for example, psychiatry and community psychiatric nurses (CPN's) as required. People were supported to attend hospital appointments.

Clear epilepsy care plans were in place where required. These provided information about the person's epilepsy, what happened if they had a seizure and action staff should take in the event of the person having a seizure.

People's nutritional needs were being met by the service. Menus were agreed for the main evening meals at resident meetings. People's preferences were recorded and alternative options provided where needed. Where required the quantity of food or fluids consumed was recorded. One person had a recommended maximum fluid intake per day and a running total of drinks was kept so staff were aware when they were nearing their daily limit.

People had personal items in their rooms and the communal areas of the home were regularly re-decorated. Glow in the dark paint had been used on the landing as one person could get anxious when using on stairs and the paint helped them to see where they were going.

## Is the service caring?

### Our findings

Due to people's needs and the layout of the building our observations during the inspection were limited. The observations we did make showed the staff had formed positive relationships with the people living at Next Steps. It was clear that staff knew people and their likes, dislikes and needs well. One person told us, "The staff are great; they've always got time to listen to you."

Care plans included information about people's life history. Each person had also been asked about their hobbies and interests as part of the pre-admission assessment. Staff would therefore be able to talk about topics they knew people were interested in. This can be particularly useful if a person is becoming anxious and staff are able to distract them by talking about something they like.

Staff could describe people's support needs and how they gave them choices in their day to day lives. For example, showing people a choice of clothes suitable for the planned activity so they could indicate which they wanted to wear.

Staff spoke with people in a respectful way. Staff were aware how to maintain people's privacy and dignity when providing support. One staff member told us, "I always explain what I'm going to do before I give any support so people know what is happening."

People were encouraged to complete the tasks they were able to themselves. One staff member said, "I empower [name] as much as I can, doing things at her own pace, prompting her to do what she can do for herself." Staff could tell us how they prompted and encouraged people where possible.

A commissioner commented, "The staff are very knowledgeable and are friendly, delivering person centred care in a homely environment."

Equality and diversity training was part of the training all staff had completed. People's preferences for their support staff was recorded, for example if they wanted male or female staff to support with personal care.

Care plans included information about people's religious observance and cultural needs where appropriate.

People's communication needs were captured during the pre-admission assessment. At the time of our inspection everyone living at Next Steps was able to verbally communicate with staff.

The provider had a 'dignity champion' from a different service. Their role was to support people to ensure their views were known and to ensure decisions were made in people's best interests.

People's confidential information was securely stored in the office at the home. Staff were knowledgeable about the need to maintain people's personal information confidential and were careful to ensure they could not be overheard when discussing people's needs and activities.

## Is the service responsive?

### Our findings

Person centred care plans provided clear guidance for staff on how to meet people's identified needs. The plans were detailed and were reviewed every three months or following an incident. People were asked for their views about their needs and the support they wanted, which was included in the care plans.

Multi-disciplinary meetings were arranged when required to review a person's needs and support. A range of specialists were involved, for example the mental health team and care co-ordinators from the clinical commissioning group (CCG).

Staff told us they were given information about people's needs before they moved to the home. They read the pre-admission assessment and had team discussions with the registered manager and director about the new person's needs. One staff member told us, "We discussed how we could manage [name's] presentations before they moved in. We also discuss if what we are doing is not working and what could do differently."

The service also agreed additional 1:1 staffing for an initial four-week period so people moving to the service were able to have extra support whilst settling in. The staff team were also able to spend additional time getting to know the person and their support needs. We were told this worked well and made the transition for the people themselves and the staff team better.

Each person had a designated staff member as their key worker. Reflective files had recently been introduced for all people living at Next Steps. The key workers met people each month to talk about their support, how they felt about their health and anything they were not happy about. People were encouraged to think about any goals they had and a plan was agreed for how they would achieve these.

This had successfully been used to support one person to move on from the home to a more independent setting managed by the provider.

Each person had an activity care plan in place which identified things the person wanted to do. We saw people going out in the local area during our inspection. Clear care plans were in place for staff to follow when supporting people in the community to reduce the chance of incidents occurring.

The staff team assessed people's moods, anxiety levels and behaviour before agreeing the activities for the day. Staff were allocated tasks each morning to ensure people received the support they needed and were able to participate in the planned activities. If required, for example when a day trip out was planned, additional staff would be on duty to provide the support people required.

People were also prompted to complete meaningful tasks in the home. For example, one person was now starting to assist with their own laundry and people were involved in the shopping for the house. This helped build people's self-esteem and independence.

One person had started to look after a stray cat. They had been supported to buy items for the cat and to provide food for it each day. The person said they liked animals and was demonstrably happy having the cat to look after.

People's end of life wishes could be recorded in their care plans. The people currently living at the service had not wanted to discuss this at the time of our inspection.

A complaints policy was in place. Very few complaints had been received. Those that had been received had been looked into and responded to appropriately.

## Is the service well-led?

### Our findings

The registered manager was supported by the provider's directors who visited the service each week. The registered manager worked some shifts as well as having time off the rota to complete their management role.

The service had a clear ethos to involve people in agreeing their care and support, support people to gain independence skills, participate in their local community and where possible to move on to more independent care settings. A staff member said, "The ethos of the home was clearly explained to me during my induction" and a commissioner commented, "I appreciate their ethos and management of some very complex clients."

The registered manager gave us an example of how one person living at the service used to be homeless and neglect themselves. They had now settled into the home, were involved in their own personal care and had established a routine, including helping with the cleaning around the home and going out with staff.

A quality assurance system was in place at the service. The registered manager and directors completed regular audits, with action plans being written for any issues identified. These included weekly and monthly audits for medicines, people's finances, care plans and clinical notes. Other audits were quarterly or bi-annually, for example environmental, health and safety, incidents and accidents, training, mattresses and employee files.

The registered manager and directors reviewed all incidents and accidents. Debrief sessions were held if appropriate. One staff member told us, "After one incident [provider name] came in for a debrief and we changed our work patterns and how we communicate as a team."

Staff told us they enjoyed working at the service and felt well supported by the management team. One staff member said, "It's a small company and they're keen to maintain the team and support the staff. There's a good team dynamic, we all support each other."

The service sought the views of the staff team, residents and relatives to inform improvements in the service. The results of the 2018 staff survey were positive and displayed within the home. Any comments made in the surveys had been followed up by the registered manager through team meetings and staff supervisions.

A survey had recently been sent to relatives and the service was waiting for the replies at the time of our inspection. Regular service user meetings were held and recorded. As noted previously in this report, people were encouraged to give their views on their care and support with monthly meetings with their key worker and involvement in developing their care plans.

Regular staff meetings and nurse meetings were held. Staff said these were open meetings where people's needs and support were discussed, as well as any incidents and safeguarding.

An annual provider conference was held which brought the staff from all the provider's homes together to discuss common issues across the service.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the Care Quality Commission (CQC). We checked the records at the service and found that all incidents had been recorded, investigated and reported appropriately.