

Next Step Support Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out an inspection of Next Step Support Limited on 2 November 2015. This was an announced inspection where we gave the provider 48 hours' notice because we needed to ensure someone would be available to speak with us.

Next Step Support Limited provides services to adults with learning disabilities, autism and complex needs. People who used the service previously lived in hospital, long term residential care or had moved away from home for the first time. The service supports people in

supported living services and also provides a community service to people who require support in their home. At the time of our inspection there were fourteen people who received personal care from the agency.

We last inspected the service on 25 June 2014 and found the provider was meeting the required standards at that time.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People were protected from abuse and avoidable harm. People told us they were happy with the support received from the service. Staff members knew how to report alleged abuse and were able to describe the different types of abuse. Staff knew how to 'whistleblow'. Whistleblowing is when someone who works for an employer raises a concern about a potential risk of harm to people who use the service.

Risk assessments were recorded and plans were in place to minimise risks.

People were supported by suitably qualified and experienced staff. Recruitment and selection procedures were in place and being followed. Checks had been undertaken to ensure staff were suitable for the role. Staff members were suitably trained to carry out their duties and knew their responsibilities to keep people safe and meet people's needs.

Staff received regular one to one supervisions and told us they were supported. Appraisals were not recorded. It is important to record appraisal to enable agreed actions and timescales to be noted and for the form to be reviewed before the next appraisal meeting to identify if objectives have been met and any need for further development.

People were supported to plan their support and they received a service that was based on their personal needs

and wishes. People were involved in the planning of their care and the care plan was then signed by people to ensure they were happy with the care and support listed on the care plan. Care plans were regularly reviewed.

Systems were in place to ensure that medicines were stored, administered and managed safely.

People had access to healthcare services to ensure their health needs were met. For example their GP, nurses and dentists.

Regular questionnaires were completed by people about the service through key worker meetings, which we saw were positive. We were told that spot checks were undertaken by management, this was confirmed by staff however we did not see documentary evidence to support this. The provider and registered manager assured us that systems will be in place to record spot checks.

People told us they did their own weekly shopping with the support of staff if required and were able to buy their own ingredients.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and told us permission was always sought when providing support.

There was a formal complaints procedure with response times. People were aware of how to make complaints and staff knew how to respond to complaints in accordance with the service's complaint policy.

People enjoyed a number of activities such as going to community centres, churches and theme parks.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Risk assessments were in place to protect people against known risks for people.

People were protected by staff who understood how to identify abuse and who to report to.

Recruitment procedures were in place to ensure staff members were fit to undertake their roles and there were sufficient numbers of staff available to meet people's needs.

There were suitable arrangements for the management of medicines.

Good



Is the service effective?

The service was effective.

Staff members were trained and had the skills and knowledge to meet people's needs.

Staff received one to one meetings and told us they were supported. Appraisals were carried out verbally and were not recorded.

There were suitable arrangements in place to meet the requirements of the Mental Capacity Act 2005. Staff understood people's right to consent and the principles of the Mental Capacity Act 2005.

People chose what they wanted to eat and were given choices during meals.

People were supported to access a range of health care professionals to ensure that their general health was maintained.

Requires improvement



Is the service caring?

The service was caring.

There were positive relationships between people and staff.

People and relatives were involved in the planning of their care and reviews were undertaken regularly. Staff had good knowledge and understanding on people's background and preferences.

Care plans were person centred and took into account people's choices and preferences. Details of people's background and personal information were recorded on the care plans.

Staff encouraged people to be independent.

People were treated equally and their religious and cultural beliefs were catered for.

Good



Summary of findings

Is the service responsive?

The service was responsive.

Care plans included people's care and support needs and staff followed these plans.

People participated in activities such as going to theme parks and bowling.

There was a complaint system in place. People knew how to make a complaint and staff were able to tell us how they would respond to complaints.

Good



Is the service well-led?

The service was well-led.

Spot checks were carried out but not recorded. The provider told us systems would be put in place to record spot checks.

The service sought feedback from people and staff through meetings and surveys.

Good



Next Step Support Limited

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.

The inspection was carried out on 2 November 2015 and was announced. The inspection was undertaken by a single inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting people's safety and wellbeing. We also made contact with the local authority for any information they had that was relevant to the

inspection. We contacted health and social care professionals such as a community nurse and project manager for a local authority who places people to receive a service from the agency and is involved with people who use the service for their feedback.

During the inspection we visited a supported living unit and spoke with three staff members, the provider and the registered manager. We also looked at seven care plans, which consisted of people receiving personal care in supported living units and in their own home. We reviewed seven staff files and looked at documents linked to the day to day running of the agency including a range of policies and procedures.

We also looked at other documents held at the home such as medicine records, quality assurance audits and residents and staff meeting minutes.

After the inspection visit we spoke to eight people who use the service, two relatives and six staff members by telephone.

Is the service safe?

Our findings

People told us they were happy with the support they received from the service. One person told us, “I like it here” and another commented “I am happy with Shelby Court [a supported living unit]”.

Staff members were aware of their responsibilities in relation to safeguarding people. Staff had undertaken training in understanding and preventing abuse and up to date training certificates were in staff files. Staff members were able to explain what abuse is and who to report abuse to. One staff member told us, “We are here to support them from abuse, from others and staff.” Staff also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the local authority. The registered manager told us, “I will raise safeguarding concerns immediately.”

We looked at the provider’s safeguarding and whistleblowing procedure, which provided clear and detailed information on types and signs of abuse and how to report allegations of abuse.

Systems were in place to manage people’s finances. Each transaction was logged and recorded on people’s individual finance sheet with receipts. An overall balance was listed after each transaction. Records were then sent to the service’s accountants for quality assurance and the provider told us any discrepancies were then communicated to senior managements by the accountants. We checked two finance sheets in detail and found the records and balance was accurate.

Assessments were undertaken with people to identify any risks and provided clear information and guidance for staff to keep people safe. There were general assessments for everyone in relation to fall/slips, fire alarm, transfer/handling, hygiene and security. The risk assessments detailed how staff should manage these situations to ensure the safety of the person as well as other people who may be present. There were also assessments specific to individual’s needs such as self-harming and the action listed ways to minimise the risk. Assessments were regularly reviewed and updated to ensure they were current. Assessments involved people and were signed by the people to ensure they agreed with the contents on the risk assessment. Staff told us the approaches they used in

these circumstances which corresponded with the information seen in the risk assessments. Feedback from a health and social care professional detailed how the service had a good track record in supporting service users who had mixed complex needs.

Staff received training in handling challenging behaviours safely. These are behaviours that pose a risk of harm to other people, property or the person themselves. Staff told us they had not used physical intervention to manage behaviours which challenged the service. One staff member said, “We don’t do restraint.” The provider had guidance that listed de-escalation techniques in order to manage challenging behaviour. Staff described how they used de-escalation techniques such as listening and talking to people in order to calm people down if people demonstrated challenging behaviour. Risk assessments were carried out for people that may demonstrate forms of challenging behaviour and listed types of de-escalation techniques to use specific to that person. We observed staff and the registered manager providing reassurance, listening and talking politely to a person, when they displayed behaviour that may have challenged the service.

We reviewed the accident and incident book. We noted that the incidents were recorded in detail and listed actions that have been taken. The registered manager told us that the risk assessments were updated depending on the incident in order to ensure that risks were minimised. We saw evidence that a risk assessment was reviewed and updated following an incident.

Records showed the service collected two references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the staff. The registered manager told us staff members do not commence employment until pre-employment checks have been completed. This corresponded with the start date recorded on the staff files.

People and staff had no concerns about staffing levels. One staff member told us, “We do have enough staff.” We saw the staff rota and this corresponded with the staff on duty at one of the supported living units. The service employed three care workers during the day, which also included the registered manager and one care worker at night for both supported living units. The service deployed six care workers to provide personal care to six people in their homes. The registered manager told us that further bank staff members were deployed especially if people were

Is the service safe?

taken out for activities or if staff were unable to come to work. People said they were happy with the help they had from staff and told us that staff members always come to provide support as expected. One person told us, “There is always someone to help.”

Medicines were stored in a locked cabinet. Staff received appropriate training in medicines. Staff confirmed that they were confident with managing medicines. Some

people were supported by staff to manage and take their medicines, while others took them without staff support. Medicines and recording sheets showed people were given the required medicine at the times prescribed. People told us that they received their medicines on time and that staff explained to them what the medicines were for. There were appropriate return procedures for unused medicines.

Is the service effective?

Our findings

People and relatives told us staff members were skilled and knowledgeable. One person said, “They know what they need to know.”

Staff told us that they received induction training when they started working at the service. Staff confirmed that the induction training was useful and covered important aspects in fire safety, abuse, neglect, health and safety and medicines administration, and one staff member told us, “Induction was useful especially if you do not know service users”.

Records showed that staff had undertaken training in first aid, dementia, fire safety, nutrition, health and safety, Mental Capacity Act (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The service had systems in place to keep track of which training staff had completed and future training needs. Staff told us that they have easy access to training and had received regular training. One staff member told us, “Training is very, very useful.” Training needs were discussed during formal one-to-one supervision and staff meetings.

Staff confirmed that they received supervision and support from management and records confirmed this. They said they had informal day-to-day contact with senior staff, and the registered manager and the provider were available at any time if required. They told us they could talk about any areas where improvements could be made. Individual one-to-one supervisions were provided recently, which addressed current issues and follow up actions.

The provider’s appraisal policy showed that appraisals should be recorded on an appraisal form recording key topics, actions points and objectives with staff members. The registered manager told us after the inspection appraisals were carried out verbally with staff members and were not recorded. It is important that all appraisal meetings are recorded properly and promptly. This will enable agreed actions and timescales to be noted and for the form to be reviewed before the next appraisal meeting to identify if objectives have been met and any need for further development. This will help both the provider and staff member to form an objective view of the staff members past performance, as well as encourage better performance in the future.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and understood the principles of the Act. One staff member commented, “You get consent to do what you need to do” and another told us, “If people don’t have capacity we contact the social worker”. People confirmed that they were able to make their own decisions. The registered manager told us that the local authority assessed people’s capacity to make decisions about their support and we saw evidence that capacity assessments were completed where people did not have capacity to make a particular decision at a specific time. A best interest’s review was undertaken with the person and with relatives to discuss what would be in the best interest of the person before making a decision.

People told us that they did their own food shopping and made their own food. One person said, “I do my own shopping” and another person told us, “I cook the ham.” Staff told us people buy their own ingredients and meals were prepared with the support of staff if required. Records showed that food was discussed with people and listed what types of food people liked and disliked. We saw evidence that food recording charts were used for people and showed people’s preferences and cultural needs were taken into account. For example, one person did not eat pork due to religious beliefs. We saw nutritional risk assessments were undertaken for people with weight management issues and food intake were monitored through a food chart, which listed the types of food that was consumed by the person and the amount that was eaten.

Each person had a ‘health review plan’ focussing on aspects of their health, which included medicines, health checks and appointments. Records showed that people had been referred to healthcare professionals such as the GP, chiropodist and dentists. Outcomes of the visit were recorded on people’s records along with any letters from specialists. Appointments were recorded with healthcare professionals.

People confirmed that there is easy access to healthcare professionals when needed. One person said, “I kept my doctor when I moved here.”

Staff told us they knew when someone was unwell and gave us examples of where they were able to identify if the person was not well, and take the person to the GP. We saw staff booked an appointment with the GP for one person as the person was dribbling from the mouth. One staff

Is the service effective?

member told us, “We take them to the GP and hospitals.” We saw documentary evidence from a health and social

professional that complimented the service for improving a person’s health. This meant that appropriate actions were taken to manage people’s healthcare needs and protect people from the risks of deteriorating health.

Is the service caring?

Our findings

People told us that staff members were kind; one person commented, “I am happy with my care.”

Staff showed they had good relationships with people, speaking about them warmly showing that they held them in high regard. Staff showed respect for people by addressing them using their chosen name. We saw the registered manager telling staff that a person had been admitted to hospital and may not return to receive support from the service and staff showed genuine emotion and expressed their wellbeing for that person. Staff told us they built positive relationship with people by spending time with them and going out together. One staff member told us, “We go out to tea and lunch” and another commented, “We interact very well with them.”

People were regular callers to the agency’s office and on the day of our visit we observed the relaxed atmosphere and warm reception people received on entering the agency. People were at ease and enjoyed a relaxed conversation with staff.

People were involved in planning their care and regular key working meetings were undertaken with staff. The care plans and key working meeting notes were signed by the people to ensure they agreed with the information on the care plan and notes. People’s needs were reviewed monthly and care was planned and delivered in line with their individual care plan. People told us they were able to make their own choices about what to do.

Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff members were able to tell us the background of the people and the support they required. They told us they always encouraged people to do as much as they could to promote independence. One staff member told us, “I encourage independence.” There were long term goals listed in people’s care plans for example, in one care plan a person’s goal was to start cooking with the support of staff

to make their own meals. People told us they went out and sometimes on their own. Two people told us they looked after their own Freedom Pass and went on buses on their own. Staff told us they encouraged independence by being patient and through prompting and encouragement. One staff member gave an example of a person who received personal care at their home was unable to carry out a particular activity and through support and encouragement was now able to undertake the activity without support.

People told us that staff treated them with respect and with dignity particularly with helping them with showering. Staff told us that they respected people’s dignity and ensured people were given privacy. One staff member commented, “We shut the door to help people get dressed.”

The service had an equality and diversity policy and staff members were trained on equality and diversity. Cultural and religious beliefs were discussed with people. Their preferences were recorded in care plans. Records showed that people attended religious institutions and the service accommodated this. One staff member said, “We normally take [the person] to church on Sunday.”

We saw end of life care plans, which included detailed assessment of people’s wishes such as contact details of relatives, where the person’s belonging, should go and the place of burial. In one plan we saw that along with family members the person wanted staff to attend the funeral. This showed that staff members were important to that person. The registered manager told us end of life care was discussed with people however it was raised delicately as it could be a sensitive subject for people.

People had contact with friends and family members and details of family members were recorded on their care plans. Records showed that people visited family members. One person commented staff helped him entertain a friend “On Christmas day staff cooked and my friend came.” Another person told us, “I go out every day, I go to a cafe and have tea and meet my friends.”

Is the service responsive?

Our findings

People told us that they were able to make choices on what to do and staff told us care plans were completed with people. One person told us “Staff listen to me.”

People’s care plans were personalised and person centred to people’s needs and preferences. Staff told us they get time to provide person centred care. One staff member said, “We get time, its good”, and another staff member commented “We get time to provide person centred care”. Care plans were signed by people to ensure they agreed with the information in their care plan. A system was in place to review individual needs and the required support every month through ‘monthly progress reports’. One staff member told us, “Care plans are done with service users, it’s important, it’s their life.”

All care plans had a personal profile outlining the person’s communication methods, diets, support needs, identity and religious beliefs. There was a three stage daily plan, which consisted of daily activities and support needs for each person during the morning, day and night. Reviews were undertaken regularly with people which included important details such as people’s current circumstance and if there were any issues that needed addressing.

People were assessed before being offered a service in order to ensure the service could cater for their needs. Pre-admission sheets confirmed people were assessed and reviewed important aspects such as their background history, medication history, past and present situation. The registered manager told us they speak to people, their relatives and social worker in order to create a draft support plan, which is reviewed in three months. Records showed that the service included the people and where possible family members in support plans and reviews. We saw evidence from a health and social care professional that complimented the response of the service to support a person with accommodation as outstanding.

There was a daily log sheet, communication and staff handover book, which recorded key information about people’s daily routines such as behaviours and health appointments, and the support provided by staff and this was also communicated on staff handovers. For example, we saw on the communication book that there were people not known to the service outside a supported living unit and people who smoked were told to be careful when going outside to smoke. Staff told us that the information was used to communicate between shifts on the overall care people received during each shift.

People told us they do activities. One person said, “I go to art classes on Monday and gardening on Friday.” Another person commented, “I went to Barcelona” and one person told us “Staff arrange outings”. Records listed the types of activities people enjoyed such as playing cards or going to the community centre. We saw pictures in the staff room that showed people went to the theme park and winter wonderland. People spoke about activities during meetings and we saw evidence that their preference was catered for. For example, people wanted to go bowling and the service had arranged this. One member of staff told us, “We do cinemas, daytrips; we do lots of stuff here” and another commented “In the summer we went to Southend”.

The service had a complaints policy and information was also available in pictorial format to let people know how to make complaints. There was a complaints/compliments box near the entrance to one of the supported living units. Complaints were not received from people that received services in their own home. People told us that they did not have concerns about the service. Staff members were able to tell us how to manage complaints in line with the service’s complaint policy.

Is the service well-led?

Our findings

People told us they were happy with the support provided by the service and staff told us they were happy working with the organisation and were enthusiastic about the way they were working with people. The service's statement of purpose was to 'Involve people to deliver high quality care and create an environment where individuals were valued.' Staff told us that vision and values were communicated in staff meetings and supervisions.

The registered manager told us "Staff have very close relationship with the people." We observed people and staff interacted well with each other, chatting and listening respectfully. Staff told us the culture was one of a family. One staff member commented, "We are close knit little family", and another told us "We try to make them feel at home, it is their home".

Staff members were positive about the registered manager. One staff member told us, "Manager and Director are good, they are focused on service on service users." One person told us, "[The registered manager] is ok."

The feedback we received from a health and social care professional included good joint working and communication between all parties in achieving really good outcomes.

Staff told us that they were supported by the registered manager and were comfortable to contact him when needed. One staff member said, "He is supportive, can always talk to him", and another commented "Manager is very supportive to staff in every angle". The interactions between staff and the registered manager we observed were professional and respectful.

Regular meetings enabled people who used the service to provide a voice and express their views. Meeting minutes

showed people discussed seasonal celebrations such as Christmas and activities. Staff meeting minutes showed staff discussed people's current needs, medicines and health and safety checks.

The service had a quality monitoring system, which included questionnaires for people who received personal care. People confirmed that the service asked for their feedback. We saw the results of the questionnaires, which included questions around safety and staff. The feedback was very positive.

There were policies and procedures to ensure staff had the appropriate guidance and staff confirmed they could access this information. We did not see evidence that the policy and procedures were reviewed regularly. The registered manager told us the policies and procedures were reviewed and up to date to ensure the information was current and appropriate and dates would be included on the policy and procedures to ensure this was clear.

The registered manager and the provider told us spot checks were carried out by senior members of staff and the results were communicated to staff afterwards. The provider also told us he carried out spot checks to review the registered manager's and staff members work. This was confirmed by staff and the registered manager. There was no documentary evidence detailing these spot checks and information on what percentage of spot checks had been done and what was still outstanding.

Keeping records of spot checks is important to keep track of the number of checks undertaken and help identify areas of improvements or best practise that can be used in staff supervision and appraisals. We fed this back to the registered manager and the provider who assured us that system will be in place to record spot checks.