

Next Stage 'A Way Forward' Ltd

Next Stage 'A Way Forward' - St Pauls Court

Inspection report

St. Pauls Court
St. Pauls Street
Bury
BL9 6BF

Tel: 01613126854

Date of inspection visit:

17 December 2020

22 December 2020

23 December 2020

24 December 2020

05 January 2021

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27 January 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Next Stage – St Paul's offers support to people living independently within their own flats situated in St Paul's church, Bury. People are supported to develop their independent living skills as well as maintain their own tenancy. Staff are available throughout the day and night time; hours of support vary depending on the assessed needs of people. At the time of our inspection there were 15 people using the service.

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.

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

The purpose and focus of the service needed to be re-established as well as improvements in the quality and safety of support. It was felt a period of implementation and review was needed to help reduce risks and provide confidence in the new service model.

Following conclusion of two recent safeguarding investigations the service has been asked to provide assurance that systems are in place where people have specific support arrangements, so they are kept safe.

Risk management plans and support files were not sufficiently detailed, reviewed and updated to reflect the current and changing needs of people, helping to minimise potential risks to people and others.

The admissions and assessment process was under review so only those people who can be effectively and safely supported will be offered a placement at the service. To assist this, specific areas of training were to be provided and 'matching' of people and staff to help provide more structured and effective support.

People spoke positively about the support they received and their relationships with staff, who were described as 'friendly but professional'. Whilst people's routines had been impacted on due to the pandemic, alternative activities and opportunities were being explored.

Staff said there was good communication and teamwork. The new manager was said to be approachable, responsive and supportive of the team.

Clear systems were in place with regards to the management of people's medication. Training and assessments of competency were completed to check staff understood their responsibilities. Where shortfalls had been found through the audits and checks, appropriate action had been taken.

Systems and process to help minimise the risk of cross infection were in place. Staff used personal protective clothing when supporting people as well as additional cleaning within the building.

The manager maintained a record of any issues or concerns brought to their attention and any action taken where necessary.

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 November 2019).

Why we inspected

We received concerns in relation to the safe care and treatment of people, particularly in relation to risk management. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence the provider needs to make improvement. Please see the safe, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Next Stage – St Pauls on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to the risk management, support plans and areas of governance at this inspection.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Next Stage 'A Way Forward' - St Pauls Court

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

This service provides care and support to people living in a supported living setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission; however, this was at another of the provider locations. Arrangements were being made to amend their registration details. This meant they and the provider were legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

Inspection activity started on 17 December 2020 and ended on 5 January 2021. We visited the office location on the 17 December 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used all of this information to plan our inspection.

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.

During the inspection

We spoke with two people who used the service and three members of staff including the manager and support workers. We reviewed a range of records. This included governance, health and safety and safeguarding.

After the inspection

We continued to review evidence. We looked three people's care records, recruitment information for permanent and agency staff, training and support records and a variety of records relating to the management of the service, including policies and procedures.

We also contacted five further support staff by telephone to seek their feedback about the service. We spoke with the nominated individual about the current service provision. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Following conclusion of two recent safeguarding investigations the service has been asked by the local authority safeguarding team to provide assurances. This includes implementing safe and effective systems with regards to handovers and staff breaks whilst still ensuring one to one staffing arrangements were maintained ensuring the safety and protection of people.
- Internal reporting systems were being reviewed and further support was to be provided for staff in the effective and accurate reporting of all incidents and concerns.
- Following any incidents, managers completed a 'lessons learnt plan' identifying any actions required and by whom.
- Staff spoken with confirmed they had completed training in safeguarding adults and were able to demonstrate their understanding of what constituted abuse.

Assessing risk, safety monitoring and management

- Detailed policies and procedures were in place with regards to 'positive risk management'. A review of people's records showed information to guide staff was not sufficiently robust.
- The risk assessment for one person with a specific health condition had been developed using a medical assessment completed a number of years earlier. There was no evidence the medical assessment had been reviewed and updated to reflect the current level of risks.
- The NHS 'recovery plan' for another person outlined considerable risk in relation to substance misuse, exploitation and domestic violence. We found risk assessments had not been kept under review, guidance for staff to help minimise risks was vague and risk scores did not reflect the level of risk. This was concerning particularly when taking into consideration this person had been involved in 14 incidents, since moving into the service in April 2020.
- Self-medication risk assessments for two people were unclear. Assessments stated people were able to self-medicate away from the service however, had full assistance when with staff. It was unclear how this had been determined when there were identified concerns of substance misuse and non-compliance with medication.

Risk assessments and plans needed to be sufficiently detailed, reviewed and kept up to date so that potential risks to people and others can be effectively and safely managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- As part of the managers improvement plan, training in risk assessment/management had been identified for staff. Following our visit, we were advised one of the 'positive behavioural support' coaches was to assist

the service in reviewing and implementing robust risk management plans.

- In discussion with the manager and nominated individual (NI) we found the team was working closely with other professionals to address areas of risk and review the suitability of placements for people, so they and others were kept safe.
- Staff told us they were aware of individual risks to people, adding; "I know what signs and behaviours to look out for and the need to respond appropriately" and "If a service user rejects support for a full shift, staff have systems to check on their welfare."

Staffing and recruitment

- Appropriate recruitment checks had been completed prior to permanent and agency staff commencing work at St Paul's.
- A review of staff rotas, for a three-month period, showed significantly high levels of agency staff, were being used to support the service. In discussion with the NI we were told the implementation of the new service model would result in a significant reduction. It was anticipated this would commence the beginning of February 2021. Until such time no new placements would be made at the service.
- People told us there were enough staff available. One person told us, "I have a mixed group of staff, which is okay. I would prefer regular staff as opposed to agency staff." Another person said, "I have the same staff, they know I don't like change."

Using medicines safely

- Comprehensive policies and procedures were in place with regards to the management and administration of people's medication.
- A programme of staff training was provided, and competency assessments and observations completed to ensure practice was safe.
- Through internal audits and checks it had been identified that a number of errors had occurred. We were told these had been made by agency staff. Action had been taken to address this and minimise further errors.
- Staff spoken with told us; "I did medication management training, shadowed others then three observations, passed" and "Advanced training is also available. It covers checks on medicines. Quite a lot of different medicines are administered and so competence and confidence are necessary."

Preventing and controlling infection

- Policies and procedures along with a programme of training were provided for staff.
- Staff said they had access to personal protective equipment (PPE), which was worn when visiting people in their flats and carrying out certain tasks. This was seen during the inspection.
- The service was to take part in the testing programme for COVID 19. Additional monitoring such as temperature checks were also carried out and risk assessments had been completed for those people identified as 'vulnerable'.
- Staff told us they felt protected and spoke about increased cleaning of high touch areas to help minimise the risk of cross infection. One staff member told us, "We have regular updates and information sent to staff by email. Plenty of PPE stock and cleaning materials."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Support plans and supplementary records were not sufficiently detailed to effectively guide staff in people's care and support. Information had not always been reviewed and updated.
- We found specific health issues, areas of risk and protocols devised to help guide staff in specific areas of support were not included in people's support plans. In one file, the medication support plan conflicted with information detailed on the risk assessment.
- Other shortfalls were found on the supplementary records, such as, signature sheets to evidence staff have read support files were incomplete. Engagement sheets used to evidence staff support lacked detail of activities undertaken, for example, 'in flat with staff' or 'in communal area' and handover notes again had gaps, with little or no information about people's activities or routines.

Support plans were not sufficiently detailed to guide staff in meeting the specific needs of people. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One person said they felt listened to and supported in a way they needed. We were told, "Staff drop what they are doing and help when I'm anxious" and "They try and keep my mental health good."

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

- We were told people's routines had been impacted on due to the pandemic, as places attended were currently closed. During the summer period a range of activities were provided using the outside garden area, allowing people to spend time together whilst maintaining social distancing. One staff member said, "In summer it was much easier to manage, it was brilliant" and "Staff and service users made good use of the gardens and good weather, lots of activities outdoors, e.g. BBQs, trampoline, visits to local parks."
- A health care professional we spoke with felt, "Staff need to be more creative about the time allocated with people." One person said they did not have a lot to do, adding, "Agency staff don't really know me and so spend time chatting and watching television."
- Staff spoken with acknowledged exploring different activities and routines had been hard. Their told us, "Staff and service users try to find things to do but it's very hard given that community activities have stopped, and it is winter and the pandemic" and "Staff try to do what they can and come up with ideas to fill the gaps. There are lots of arts and crafts onsite; they hold movie nights, go on walks, try new recipes and the meals."

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.

- Most people were able to verbally express their needs and wishes. Staff told us one person continued to communicate with staff using a wipe board as well as lip reading. This enabled them to engage with staff.
- People we spoke with were clearly aware of their support plans. We were told where necessary people would be provided with information in an 'easy read' format to help them understand what was recorded.

Improving care quality in response to complaints or concerns

- Detailed policies and procedures were available advising people of the complaints process. The manager maintained a record of any issues brought to their attention and any action taken where necessary.
- One person we spoke with had confidence staff would respond to any concerns they may have, adding "Staff always there to talk to when you need them."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We discussed our concerns about the current service provision and its purpose due to the number of incidents and concerns with the manager and NI. It was acknowledged placements made for some people were unsuitable and should not have been agreed. Agency staff brought in to help facilitate emergency placements were not sufficiently skilled, which impacted on support arrangements for others.
- The manager and NI told us about the new service model; this was to be implemented from February 2021. This would involve a review of people's placement and support hours as well as the team structure and skills. The management team were working with relevant agencies to address this. It was felt a period of implementation and review was needed to help reduce risks and provide confidence in the new model.
- Whilst the manager had only been in post five weeks prior to our visit, a review of the service was being completed. An action plan had been put in place to address identified areas of improvement. This included, reviewing and updating people's support and risk management plans, implementation of a clear admissions process and the training and development of staff in the specific needs of people.
- A programme of internal audits and checks were completed by the manager and operations staff. Further oversight and scrutiny of the service was needed to assist in implementing the improvements needed.

The focus and purpose of the service needs to be re-established to help mitigate risks and make the necessary improvements in quality and safety. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There had been a recent change in the management of the service. The new manager was transferring from another of the provider services. Arrangements were being made to amend their registration. The manager was supported by the nominated individual and operations manager.
- The manager was clearly aware of their regulatory obligations and had informed CQC of significant events, where necessary.
- Staff spoke positively about the new manager. We were told, "Approachable manager, genuine open door, no barriers", "New manager is very good. Morale of staff is really good now, manager s very supportive of

staff and their welfare" and "Real positive change has been felt by staff already."

- Those staff we spoke with felt the team worked well together. They told us, "Great staff team and management, very supportive" and "Still new and still learning, supportive and approachable staff."
- A professional we spoke with said whilst arranging an emergency placement, the service had been, "Very accommodating." They said they worked closely with a senior member of staff, developing a 'good working relationship'.

Working in partnership with others

- The service worked closely with a range of health and social work professionals to help meet the needs of people. This included people's GP's psychiatrist, clinical specialist nurses and social workers.
- A housing officer, acting on behalf of the landlord was involved with the services to address any maintenance and safety issues as well as provide tenancy support to people.
- One professional we spoke with felt the service could be more person centred. They described staff as 'very personable but some need upskilling due to the behaviour and complexity of support provided'. They felt the Provider was 'willing to learn and the service had massive potential'.

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

- People were able to share ideas and provided feedback on the service through the tenant's meetings. Further opportunities were to be provided through the distribution of feedback surveys.
- Opportunities were also available for staff to share their views through supervision sessions, team meetings and handovers. Staff spoken with said they felt fully supported in their role. One person told us, "Approachable colleagues and manager. They answer any questions, 'however daft. I feel well supported.'"

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments and plans need to sufficiently detailed, reviewed and kept up to date so that potential risks to people and others can be effectively and safely managed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Support plans were not sufficiently detailed to guide staff in meeting the specific needs of people.</p> <p>The focus and purpose of the service needs to be re-established to help mitigate risks and make the necessary improvements in quality and safety.</p>