

Next Step Support Limited

Next Step Support Limited

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Next Step Support Limited is a domiciliary care service providing personal care to people living in their own home within supported living projects. At the time of the inspection the service was supporting 19 people with their mental health needs, alcohol and substance misuse, mild learning disabilities and autism.

Next Step Support Limited support people within ten supported living schemes in and around London, Bedford, Luton and Hertfordshire. The supported living schemes are located within residential areas as part of the local community and vary in size. Each project is a residential house or building within which people have their own flats.

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

People told us that they were happy and well supported. Other people who were unable to communicate due to their disabilities, were observed to be happy, content and well supported.

We saw positive and caring interactions between people and support staff. People were observed to know the support staff well and were comfortable and confident around them.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The model of care and setting maximises people's choice, control and independence. Care is person-centred and promotes people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

Support staff understood how to safeguard people from abuse and the actions they would take to report their concerns.

People's individualised risks associated with their health, care and social needs were comprehensively assessed giving clear guidance to staff on how to minimise the identified risks to keep people safe.

Medicines management and administration was safe. People received their medicines on time and as prescribed.

Support staff recruited were appropriately checked and assessed to ensure their suitability for the role and to ensure they were safe to work with vulnerable adults.

People's needs were comprehensively assessed prior to any placement and support plan being agreed to confirm the service could effectively meet their needs.

Support staff received appropriate training and support to carry out their role effectively.

People were appropriately supported with their nutrition and hydration which considered any specialist dietary requirements.

People were supported with their health and medical needs where required. We saw records where the service had requested specific involvement from specialist services to address people's health and care needs.

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.

Support plans were person centred and comprehensive giving clear information about people's care needs and how they wished to be supported.

Management oversight processes in place enabled the provider to monitor the quality and people's experiences of the care and support that they received. Where issues were identified action and improvement plans were in place to address these.

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 3 April 2018).

Why we inspected

We received concerns in relation to the care and support people received, staffing and training provision for staff. As a result, we undertook a focused inspection to review the key questions of safe, effective 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. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Next Step Support Limited on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Next Step Support Limited

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

This inspection was carried out by one inspector and an 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. The Expert by Experience made telephone calls to people and relatives to obtain their feedback about their experience.

Service and service type

This service provides care and support to people living in ten 'supported living' settings, so that 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. 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

This inspection was announced. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service and needed to be sure that the registered manager would be available to support the inspection. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic. We also wanted to make sure that people's consent to a home visit from an inspector was obtained.

Inspection activity started on 27 November 2020 and ended on 7 December 2020. We visited the office location and one supported living scheme on 27 November 2020. On 30 November 2020 we visited another

supported living scheme. On 1 and 2 December 2020 we spoke with people, relatives and staff. Feedback of the inspection process was delivered to the registered manager and the nominated individual on 7 December 2020. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people about their experience of the care they received. We spoke with the registered manager and two service managers. We reviewed a range of records. This included six people's care records and five people's medication records. We looked at six 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 also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a further eight people using the service and four relatives. We also spoke with an additional nine members of staff including an area manager, two service managers, two deputy managers and four support workers.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes followed by the service ensured that people were safeguarded from the risk of abuse.
- People told us they felt safe and happy, stating that the care and support that they received met their needs and enabled them to live independently. One person said, "They make sure I am well. They take me shopping and if I have places to go, they make sure I arrive safely."
- Relatives also stated that they felt re-assured and at ease knowing that their family member was safe and appropriately supported. Feedback included, "She's safe and is now close to me. The place is quite secure and what I like is that she doesn't go out on her own."
- During the inspection we observed people to be at ease in their own surroundings and in the company of the staff that supported them. We saw that people, including those who were unable to communicate, recognised staff, reacted using positive facial gestures and approached them with confidence with their needs and requests.
- Support staff received safeguarding training which was refreshed regularly. Staff were able to describe the different types of abuse, the signs they would look for and the actions they would take to report their concerns.
- Staff understood what whistleblowing was and who to report any concerns to.
- The registered manager and service managers clearly understood their responsibilities around identifying and reporting all concerns to the appropriate authorities.

Assessing risk, safety monitoring and management

- Comprehensive risk assessments were in place which gave detailed information about individualised risks associated with people's health, care, mental health and social care needs.
- Plans in place guided staff on how to manage and minimise the risk so that people were kept safe and free from avoidable harm.
- Risk assessments were reviewed every month or sooner where identified risks had changed.
- Health and safety checks were in place which included fire safety and management to ensure people's safety from the risk of harm.

Staffing and recruitment

- People were supported by sufficient numbers of support staff that had been assessed as safe to work with vulnerable adults.
- Staffing levels were determined based on people's needs and support hours commissioned by placing authorities. We saw there were appropriate numbers of staff available to support people with their assessed

needs.

- Relatives told us that there were always staff available and that they all received the right level of support that they needed.
- People were supported by staff who had been checked and verified as suitable to work with vulnerable adults. Pre-employment checks completed included checking the Disclosing and Barring Service for any criminal convictions, conduct in previous employment and proof of identification.

Using medicines safely

- People received their medicines safely, on time and as prescribed. Policies and systems in place supported this.
- Medicines were stored in secure cabinets within the office.
- Medicine administration records were complete and no gaps in recording were identified.
- Where people had been prescribed 'as and when required' medicines, there were clear protocols in place giving guidance on how and when these medicines should be administered.
- At the last inspection we found that staff competency on safely administering medicines had not been assessed. At this inspection this had been addressed. Staff responsible for supporting people with medicine administration had received appropriate training followed by an observed assessment to ensure that they were competent to administer medicines.
- Weekly and monthly medicine audits and stock checks were completed to ensure people received their medicines safely and as prescribed.

Preventing and controlling infection

- People were protected by the safe use of infection control procedures and practices. At this inspection we found that the schemes were managing infection prevention and control well especially during the COVID-19 pandemic.
- An increase in daily cleaning had been implemented around the schemes during the pandemic to prevent cross-infection.
- People were responsible for keeping their flats clean and staff supported them where required. We saw three people's flats and observed that they were clean and in a good state of repair.
- A range of Personal Protective Equipment (PPE), in line with government guidance, was available for support staff to wear when delivering personal care and supporting people.
- People were also provided with a variety of PPE to ensure their safety especially when accessing the community. Hand hygiene was also regularly promoted by staff.
- Staff had received training on infection prevention and control and the effective use of PPE.

Learning lessons when things go wrong

- The service demonstrated a pro-active approach when dealing with and reporting on accidents and incidents that occurred within the service so that learning and further development could be implemented.
- Each accident or incident had been clearly documented. This included details of the event, the actions taken at the time and any follow up required to prevent any further re-occurrences.
- Systems in place enabled the registered manager to review, analyse and identify trends and patterns related all incidents and accidents across the service, so that learning and development could be shared with all staff.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs, and choices were comprehensively assessed by the service, in line with current social care guidance and the law. This enabled the service to confirm that they would be able to safely and effectively meet the person's assessed needs.
- The provider had implemented a COVID-19 contingency plan which included a revised pre-service assessment which focussed on additional health screening questions and testing for COVID-19 where possible, prior to admission to the service.
- Information gathered at the assessment was then used to compile a comprehensive support plan which included information about people's needs and associated risks.
- Support plans were reviewed on a monthly basis to ensure they remained current and reflective of people's needs and wishes.

Staff support: induction, training, skills and experience

- People were supported by staff who had received the required induction, training, knowledge and support to carry out their role effectively.
- People and relatives told us that support staff were appropriately skilled and trained to carry out their role and were very good at their job. One relative told us, "He [person] gets different staff and it works for him. He gets attached to staff and if they are not there, he gets aggressive. So, they take it in turns to be key workers and it helps."
- The service delivered a wide range of mandatory and specialised training to support staff which included safeguarding, drugs and alcohol awareness, learning disability, positive behavioural support and first aid.
- Support staff confirmed that the training they received was good and that the service always emphasised the importance of training and refreshing their knowledge. Support staff also told us that they felt appropriately supported in their role through regular supervisions and annual appraisals.

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

- People were guided and supported to eat, drink and maintain a balanced diet.
- Most people chose what they wanted to eat on a daily basis and were supported with shopping and meal preparation by support staff where required.
- Support plans documented people's cultural and dietary requirements, their likes and dislikes along with details of the level of support they required.
- During the inspection we observed people preparing their evening meal with the support of staff. People were encouraged to take the lead and were offered support where required.

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 by the service to access a variety of agencies and health care services so that they were able receive effective and timely care, enabling them to live healthier lives.
- Staff knew and understood people's needs well and where a change in people's health or wellbeing was noted, staff reported their concerns so that referrals could be made to access the appropriate support.
- We saw records confirming involvement by GP's, mental health professionals, dentists, probation officers and occupational therapists. Records confirmed the reason for the involvement and any follow up actions required. One person told us, "When I was sick they called the GP and arranged to go to the hospital. They check up on you when you are not okay."
- People received support and encouragement to maintain their oral hygiene. Support plans documented the level of support people required. Support staff had also attended training to further develop their understanding on the importance of maintaining good oral hygiene.

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

- Both supported living schemes that we visited were seen to be clean and well maintained.
- People were encouraged and supported to maintain their own rooms where possible. People also had access to communal areas such as the communal lounge and outdoor spaces.
- People had decorated and personalised their own room as per their choice. One person proudly showed us around their flat and told us about how they had chosen to decorate it.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We 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.

- People supported by Next Step Support Limited were not deprived of their liberty. Currently no one had been placed under a court of protection order.
- Where possible, people were able to access the community independently. People were not restricted and were encouraged and supported to go out as and when they wished.
- Where people had capacity to make decisions, records confirmed their involvement in the care planning process and had signed their care plan confirming consent.
- Where people had been assessed as lacking capacity to make decisions, managers were able to explain the processes that had been followed in relation to capacity assessments and best interest decisions which involved relatives and health professionals.
- The registered manager and support staff demonstrated a good understanding of the MCA and how people were to be supported in line with the key principles of The Act.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and registered manager worked towards promoting a positive culture within the service that promoted good care and aimed to work towards achieving positive outcomes for people. One person told us, "The staff are helping me to be independent by helping me make my own food. They know that my goal is to live independently."
- People knew the registered manager, the service manager for the scheme and all staff that supported them. Throughout the inspection we saw people approaching them with confidence and staff responded positively to their requests and needs.
- People and relatives told us that they had all been involved in the care planning and review process. One person told us, "The key worker handles the care plan. She will call me in the office and say, 'I was looking at this in the care plan, and do you want this happening?'"
- Regular telephone and written contact had also been maintained, especially during the COVID-19 pandemic to provide relevant updates. One relative told us, "Quite good. I call three times a week and they call her, and we can talk quietly. If you want to see her, you ring them and tell them you're coming."
- Staff spoke positively about the registered manager and the service managers. Staff told us that they were well supported, offered continuous training and development and were able to approach any of the managers at any time. One staff member told us, "Yeah they [managers] are very approachable. We have a good working relationship, I feel I can talk and we work as a team."

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

- The registered manager clearly understood their legal responsibilities in relation to being open and honest with people when something went wrong. Accident, incidents, complaints and safeguarding records confirmed this.
- Where required, the registered manager and service managers was also aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or allegations of abuse had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and registered manager had systems in place to monitor quality and risk to on a weekly, monthly and annual basis to ensure regulatory requirements were adhered to.

- Service managers were responsible for checking and auditing various aspects of service provision which included medicines management, support plans, rotas and health and safety.
- In addition to these systems the provider had also commissioned an external agency to carry out CQC style inspection at each of the schemes to assess and monitor the quality of care people received.
- These processes enabled the service to analyse the quality of service provision, continuously learn, identify issues and make the necessary improvements where required.
- The service demonstrated a willingness to learn and reflect to improve the service people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People using the service, their relatives and all staff were continuously engaged and involved in care delivery and the day to day running and management of the service.
- People were encouraged to participate in monthly tenants meetings and key work sessions where they were encouraged to give their views and opinions on how the service was run and managed.
- The registered manager explained that satisfaction surveys were due to be sent out to people and relatives in December 2020. The last exercise was completed in 2019. Feedback was overall positive and where issues were identified an improvement plan had been implemented.
- All staff told us that they were also always encouraged to engage and be involved in the management of the service. This was facilitated through supervisions, annual appraisals and monthly staff meetings.
- We saw that the service worked in partnership with external agencies such as psychiatrists, and mental health professionals to maintain the health and wellbeing of people.