

Next Step Domiciliary Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection was announced and took place on 19 and 20 March 2018.

Next Step Domiciliary Care Limited is a domiciliary care agency registered to provide care for people in their own home and specialist housing. It provides a service to older adults and younger disabled adults. This service also provides care and support to people living in two 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of our inspection, the service offered support to 31 people, however only 24 people were in receipt of the regulated activity 'personal care'. This consisted of 15 people living in the supporting living schemes and nine people receiving care at home.

There was a registered manager in post. 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.

At our last inspection in March 2016, we found two breaches of the regulations in relation to recruitment and the service was not appropriately notifying CQC of incidents. We also made recommendations in relation to medication, safeguarding information, training, awareness of Mental Capacity Act 2005, records and the complaints procedure. The provider sent us an action plan of how they would address these shortfalls. At this inspection, we found that improvements had been made. However we made a further recommendation in relation to medication.

We saw that it was not always clear on the Medicine Administration Records in the supported living schemes what support people needed with their medication and where people needed assistance with topical creams, we found that body maps were not always in place to inform staff where this should be applied. Staff knew people well and were able to describe what support people needed, therefore we made a recommendation to review paperwork in line with current guidelines for medication.

Risk assessments were in place, however where we found high risks the risk assessments were not always detailed. Staff we spoke with were very clear on the risks and could explain what action they would take. The registered manager agreed to ensure that the risk assessments reflected the staff knowledge and were more detailed. The registered manager commenced a review of the risk assessments during the course of our inspection.

There were sufficient staff to complete the scheduled visits for each person and travel time was built into the staff rotas. They told us that generally staff arrived on time and they were contacted if there were going to be

any delays. Visit times were recorded on an electronic system so the registered manager was alerted if there were any delays or if any of the tasks were not carried out within the visit.

Arrangements were in place to protect people from the risk of abuse. We spoke to staff about their understanding of safeguarding and they were able to describe what action to take if they suspected that someone was at risk of abuse or they saw signs of abuse. People using the service reported that they felt safe and their relatives told us that they were confident that their family members were safe and supported by the staff of Next Step Domiciliary Care.

We looked at recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

Next Step is a small family run company and care and support is provided by a small consistent set of carers who know the people they work with well. Everyone we spoke with was very positive about the approach of staff members. They spoke of staff being amazing, supportive, respectful and people felt that they were respected to make choices in their own homes and their independence was promoted.

People were supported to maintain their independence and where appropriate to progress into more independent accommodation. People's support was individual with some people having flexible care packages each week that were negotiated around their activities that week.

The care files that we looked at contained the detailed relevant information that staff needed to care for the person including their preferences. It was clear through discussions with staff that they knew the people they were supporting well and they were able to provide consistent care to people and build up positive relationships.

Discussions with staff members identified that they felt happy and supported in their roles. They told us that the registered manager was supportive and they felt that they could contact her and the office staff at any time.

Systems were in place to check the quality and safety of the service. The registered manager also sought feedback from people informally on a regular basis and on a formal basis annually. All the feedback we viewed was positive. Spot checks and observations were carried out with staff to ensure that the standards of care were maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medication records were not always clear what support people were given with their medication in the supported living schemes and risk assessments were not in place where people were self-medicating.

Staff were aware of their responsibilities to protect people from the risk of abuse. People using the service and their relatives told us that they felt safe and secure when staff visited them in their own home.

Recruitment records demonstrated there were systems in place to help ensure staff employed at service were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People told us that they felt well cared for and they had no concerns about staff knowledge and skills.

Records showed that staff had received induction when they began working for the service and they were able to access support and training to build upon their knowledge and skills.

Daily records were kept that monitored any changes to people's health and wellbeing. Where any changes were noted in people's care need, relevant action taken.

Is the service caring?

Good ●

The service was caring.

The people that were using the service and their relatives told us that the staff were kind and caring.

People generally received continuity of care as the registered manager tried to ensure that people carried out the same visits each week. Rotas were provided to people in advance in order

that they knew which staff would be attending their home. People felt that staff who knew them, their needs and preferences well.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and provided detailed guidance for staff on how people wanted to be supported to meet their individual needs.

People were supported to access activities and their support would often be tailored around such activities. Some people liaised directly with the staff providing support each week in order that they received care in accordance with their activities that week.

The provider had a complaints policy and processes were in place to record any complaints received and everyone we spoke to knew how to complain. This was available in pictorial format in the supported living schemes.

Is the service well-led?

Good ●

The service was well-led.

The provider had systems in place to check the quality of the care provided.

Spot checks of staff were regularly carried out to ensure that standards of care were maintained.

Feedback was regularly sought from the people receiving a service and all the comments we viewed were positive about the service.

Regular team meetings were held and staff were updated through the electronic system of changes and updates.

Next Step Domiciliary Care Ltd

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 19 and 20 March 2018. The provider was given 24 hours' notice because the location provides a domiciliary care service and we wanted to ensure that someone was available. The inspection was carried out by one adult social care inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit.

The registered manager was available throughout the inspection to provide documentation and feedback.

During the course of our inspection we spoke with ten people who used the service and one of their relatives. We spoke with six members of staff including the registered manager, the nominated individual and four care staff. We also spoke to one social care professional following our inspection.

We visited five people who lived in the supported living schemes and one person separately in their home with their permission. We looked at care records for five people who used the service. Records reviewed included: policies and procedures, three staff files covering recruitment and training records, medicine administration records (MAR), staff rotas and complaints.

Is the service safe?

Our findings

Discussions with people who used the service identified that they felt safe and well cared for within their own homes and the supported living schemes. Relatives also felt that the service was safe. Comments included, "The carers are usually on time. They always turn up and there is someone on standby for emergencies", "They provide me with a rota so I know who is coming and they are generally on time" and "I like living here and feel safe".

At our last inspection in March 2016, we found the provider was in breach of Regulation 19 as some of the records in relation to recruitment were not complete. We found improvements at this inspection and the provider was no longer in breach of this regulation.

We looked at the staff files for three members of staff to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, an application form as well as evidence of references.

We looked at the risk assessments which identified some of the risks to people's health and wellbeing such as nutrition and health conditions. We saw that they identified the risks and what actions had been put in place to minimise such risks and to ensure that the people who used the service were safeguarded from unnecessary hazards. However where high risks had been identified, the risk assessments did not always contain sufficient details of what action staff should take. For instance, we saw someone who could be resistant to care and would be at risk of self-neglect. The care plan contained some details but was not detailed in terms of what action staff needed to take when care was refused. We also saw that a number of people in the supported living scheme were self-medicating, which promotes independence, but no written assessments were in place to demonstrate that all the risks had been considered in relation to this. We spoke with staff and as staff worked with small numbers of people, there were able to describe the risks and what action they needed to take and how these risks were minimised. We spoke with the registered manager in relation to this and during the inspection, she started to review all the risk assessments for the service and update these with additional information.

The risk assessments also included checks of the premises and the environment to ensure that staff were aware of any associated risks and there were instructions to ensure that they were safe whilst carrying out the care in the person's home or in the supported living schemes.

At our last inspection, we made a recommendation that the provider used Medicine Administration Records and that staff received appropriate medication training. We saw that these recommendations had been implemented. We checked the medicine arrangements and we saw that systems were in place that ensured staff consistently managed medicines in a safe way. Only staff who had received medicines training were allowed to support people with their medicines. Records confirmed that designated staff had received up to

date medicines training. Records showed that training and direct observations were completed regularly. We saw that records were kept when staff had provided medication support and the side effects of each medication. It was not always clear on the Medical Administration Records in the supported living schemes what level of support was required and where staff were supporting with topical creams, body maps were not in place on some of the records we looked at. We also saw that risk assessments had not been completed where people were self-medicating. We spoke with staff and they were very clear on what support people needed and where creams were to be applied. We spoke with the registered manager in relation to this and she advised that currently the checks that she completes are not recorded and these issues had not been picked up. However, all the care records were currently being migrated to an electronic system called PASS. We viewed this system and could see that medication tasks were clearly listed on here and staff members had to click to say each task had been completed. The registered manager was provided with a daily dashboard of any tasks which had not been completed during a support visit, including medication in order that any errors or omissions could be followed up immediately. This was currently in operation in people's homes and all the paper records were being transferred to this in the supported living schemes.

We recommend that the registered manager reviews medication arrangements in line with current good practice guidelines.

We looked at the staffing list and rotas and noted that travel time was built into the rotas in order that staff had time between visits. The provider had a policy of not doing any calls of less than 30 minutes. We spoke to people receiving a service as well as their relatives and they told us that staff were generally on time and stayed the allocated time. If there were problems or staff were going to be late, they were contacted by the office. The service provided people with a rota in large print each week in order that they knew which staff were visiting them. The service had individual contingency plans in each person's care plan and these had recently been activated in the severe weather. Staff who were able to visit people on foot had carried out calls where other staff members had been unable to get into work. The electronic system meant that the registered manager could see the start and finish times of calls as well as whether all tasks had been completed in each call. Where there were any problems, all office staff had received training in care; therefore they could cover for any emergencies or any late visits. Staffing within the supported living scheme was arranged around the people's activities and appointments. We saw that there was sufficient staff to assist people to access employment, activities and any health or social appointments.

We also spoke with staff who told us that they had sufficient time to complete their visits and were able to carry out all their required tasks. Staff told us, "We definitely have more than enough time to get between visits and we don't have to rush. If you feel the call times are not long enough, I feedback and the call times were amended" and "Have enough time between calls, sometimes too much. The new [electronic] system is better as I have time to read this in between my calls, so I know any changes before I go in."

At our last inspection, we made a recommendation that safeguarding information was provided to the people using a service. We saw in the supported living scheme that safeguarding was available in people's care plans in pictorial format. Staff told us that they had received training in protecting vulnerable adults and had read the provider's safeguarding policy. We were able to view training records and could see that all the staff had received safeguarding training. All staff spoken with demonstrated their understanding of the process they would follow if a safeguarding incident occurred or they had any concerns about one of the people they provided care to. Staff were clear about the meaning of the term 'whistleblowing' and they were clear about escalating any concerns regarding poor practice both within the organisation and externally. Services which are registered are required to notify the CQC of any safeguarding incidents that arise. Next Step had submitted the necessary notifications to the CQC when required.

The registered manager told us that they tried to promote consistency of staff by keeping the same staff with the same people and people confirmed this. Staff told us that they recorded details of the care provided at the end of every visit or at various times within the supported living scheme, this ensured that there was a record of any issues or areas of concern for the next carer to monitor. We were able to view copies of these records and could see that these provided a good level of information. The electronic system meant that staff were updated on any changes instantly and in the supported living schemes they also had communication books that recorded appointments.

Staff and the people receiving the service told us that staff used protective equipment such as gloves and aprons. This was to try to reduce the risk of infection.

Is the service effective?

Our findings

People we spoke with told us that they were well cared for by people who had the skills and knowledge to look after them. Comments included, "They are a wonderful team and I would not be here if not for them. They help with anything I need", "They all know me well and if they send someone new, then they introduce themselves to me first" and "They help me make my own choices and listen to how I want to be supported. They know how to support me 100%".

At our last inspection, we made a recommendation that the provider reviewed arrangements for training and induction. At this inspection we saw that the recommendations had been implemented. Staff told us that after interview and prior to starting work they had a period of induction. This included training in areas such as manual handling, safeguarding, infection control and medicines. The provider also enrolled staff on the Care Certificate which they were expected to complete within their first three months of employment. This is a nationally recognised and accredited system for inducting new staff. Staff were also encouraged to enrol on further courses following their induction and a number of staff told us that they had completed or registered to undertake National Vocational Qualifications. The staff members also confirmed that they shadowed a number of shifts before starting work within the service. They stated that they were given time to read the care plan if this was a new visit to them and they were always introduced and visited the person with another staff member before starting any new visits.

All the staff members we spoke with told us that they received on-going support and supervision on a regular basis. We were able to view the supervision records. We could see that all staff received regular supervisions. Staff also received regular direct observations of their practice at least twice a year and twice a year their supervision consisted of a question and answer session on random topics which they had completed within the training programme.

All the staff we spoke to confirmed that their training was up to date. Training records showed that staff had received training in key areas such as first aid, food hygiene, safeguarding, and moving and handling. The provider had a training matrix so it was clear to see when people's training needed updating. We did note that three staff members needed to update their training. We spoke to the registered manager in relation to this and she explained that the staff member responsible for training was not in work at present, therefore these had gone out of date. We saw that there were dates booked for these staff members to update their training.

We asked staff how they made sure that they sought permission from people before providing care. Staff told us in all cases, they could ask the person directly and gain consent and there was also information contained within the care plan to guide them about their needs and preferences. People we spoke to using the service confirmed that carers would always gain their consent prior to carrying out any tasks. We noted in the care plans that people had been asked to sign their consent to receiving the care prior to the care commencing.

At our last inspection, we made a recommendation that staff were given support around the

implementation of the Mental Capacity Act 2005. At this inspection, we could see that this recommendation had been followed as staff had received training around this subject. Discussions with staff showed that they understood their role in identifying and referring people who had experienced a change in their mental capacity. 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. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff told us that if they noticed any change in the capacity of a person using the service, they would contact the office. The registered manager confirmed that if they had any concerns about someone's capacity, they would involve the local authority or GP in order that they could assess the situation and take appropriate action in the person's best interests. We did note where someone lacked capacity, the paperwork was not very clear. However during the course of our inspection, the registered manager devised new paperwork and arranged a visit with the person to complete this improved paperwork.

We saw that people were supported with their nutritional needs. One person told us of how the staff had supported them to lose weight and achieve this goal. We saw another person had received support from a dietician and their advice had been followed to support this person.

In one of the supported living scheme, the provider had liaised with the landlord as someone's needs had changed and they had advocated for the property to be adapted. Following these discussions, the landlord had adapted the property to make this more accessible.

We saw that the service regularly made referrals and sought advice from other health and social care professionals. We noted that the registered manager did not always record all the discussions completed in the office with other professionals. She agreed that this will be recorded in future to capture all the work completed in the office as well as within people's homes or the supported living schemes. We spoke to one social care professional following our inspection and they advised that they were a fantastic care agency that went above and beyond for people. They described people who had been supported into independent living following stays within the supported living scheme and advised that the service was very open to suggestions and ideas.

Is the service caring?

Our findings

Everyone that we spoke with was very positive about the care and attitudes of the staff. Comments included, "[Staff] are absolutely first class", "They are amazing. They let me make my own decisions", "Best staff I ever had in the whole world" and "They are marvellous. They speak to me with dignity and respect".

We were able to view how staff communicated with people during a home visit and within the supported living schemes and observed their interactions. They were respectful, encouraging and included people in the activities that were happening within the schemes and explained what was happening during the home visit.

We viewed recent thank you cards that had been sent into the service. One person wrote, "I love it when I'm being helped and supported. Thank you so much for all your support". A relative wrote, "Thank you for all the support and care you've given [name]. They were glowing and they were happy at our last visit".

The staff members we spoke with showed they had a good understanding of the people that they were supporting and were able to meet their various needs. The staff we spoke with told us that they mainly worked with the same people all the time and were able to build up good relationships with people. They told us that they enjoyed working for Next Step and had very positive relationships with the people they worked with. All the staff we spoke with were positive about their job and echoed the ethos of the provider that they were providing care in people's homes and enabling them to be as independent as possible. One person told us, "The clients are the priority over all else".

People using the service and their relatives told us that the staff respected their dignity and always explained what they were going to do prior to carrying out any actions. They spoke of the carers taking their time and always having time to have a chat with them and not rushing.

Personal information about the people using the service was securely stored in the offices of Next Step Domiciliary Care to ensure that confidentiality was maintained and the electronic systems were secure.

Each person in the supported living scheme was provided with a care file which was kept in their room. People in their homes no longer had paper files as the information was now all contained in the electronic system; however they had access to this and could allow relatives access to this also if they wished. People we spoke with were aware of their care file and we saw that the files within the supported living scheme contained many elements that were in pictorial format. People were provided with a rota each week in large print that detailed which carers would be completing visits to their house in the next period.

Everyone we spoke to commented on how they were helped to maintain their level of independence. We spoke to one person who told us how staff had supported them to move on from the supported living scheme and how they were now living independently in their own accommodation. A professional we spoke with also commented on other people who had been assisted to move on successfully from the supported living scheme.

Is the service responsive?

Our findings

People we spoke to felt that the service was responsive. They told us that they were able to amend their visits and we saw that some people arranged these each week flexibly with their carer in order that they suited their appointments that week. Comments included, "They [staff] are great and really obliging", "The people I'm with now are 100% better than the last company. I much prefer this company and the way they respect me" and "I can cancel calls and feel in control".

At our last inspection, we made two recommendations that the provider included information in care plans on how people had been involved in their care plans and that people were provided with information regarding complaints. At this inspection, we saw that these recommendations had been implemented.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan had personalised information and included the person's interests, likes, dislikes as well as some background history. There were risk assessments specific to each person and associated care plans. The care plans included the person's voice as it detailed in their words how they would like to be supported in each area, and then there was a detailed section as to how staff could meet this need. Staff and people using the service told us that the staff had time to read the plan and any new staff were introduced to them prior to them undertaking any support visits. Staff were alerted to any changes. Staff working with people receiving care at home had access to the electronic system, therefore all tasks and any changes were updated immediately in their electronic care plan. Office staff could update and alert all relevant staff to these changes. In the supported living schemes, they were still using paper files, however they also had handover books and an appointment book and we saw that staff signed each handover to say that they had read what had happened during the period they were not in work in order to remain up to date.

People we spoke with confirmed that their choices and preferences were respected and people commented that they mainly had the same staff so they knew them well. We asked staff members about several people's choices, likes and dislikes within the care plans and the staff we spoke to were very knowledgeable about the people they cared for. They could talk in detail about everyone that they cared for and stated that they had sufficient time when stating on shift in the supported living schemes or between visits in the community to read any updates prior to working with people.

We noted that the daily records in each care plan gave an overview of what services had been provided at each visit. The carers commented that any changes were reported to the office and prompt action taken. They felt supported by the office and on-call staff and if they noted any changes or required longer with calls that these would be amended. We observed during our inspection the registered manager liaising with various professionals such as GP and social worker where changes had been noted and they wanted to increase the call times to provide additional support.

We saw that staff supported many of the people who used the service to undertake a wide range of activities. These ranged from social activities such as swimming and shopping to attending employment and college. The provider collated staff interests at the recruitment stage and tried to match staff with

similar interests to people receiving a service. We noted that they specifically employed a staff member who was fluent in British Sign Language to work with one person in order to reduce social isolation. Other staff were able to communicate via lip reading and more basic sign language.

Information was provided to people in large print as well as in pictorial format in the supported living schemes.

The provider had a complaints policy and processes were in place to record any complaints received and to address them in accordance with their policy. The service had received two complaints in 2017 and we could see that these had been dealt with appropriately. People we spoke with told us that they knew how to complain and the complaints policy was contained in the care plan and in the supported living schemes, this was provided in pictorial format.

Although many of the people receiving a service were young, staff discussed their end of life wishes and preferences and these were recorded.

Is the service well-led?

Our findings

There was a registered manager who had been registered with CQC since 2014, however she had been in post prior to this date. The provider was a family run business which held a strong vision and ethos that the service was aimed at supporting people's independence and enabling where appropriate people to make the next step. The staff all echoed this vision and talked positively about their jobs and the people they worked with. One professional we spoke with told us of the positive outcomes that the service had achieved for people who they had assisted to move onto independent accommodation.

At our last inspection, we found that the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as notifications had not always been sent. At this inspection, we saw that the necessary notifications had been sent.

The registered manager told us that information about safety and quality of the service provided was gathered continually via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. She carried out care visits and was able to check that standards were maintained and she regularly spoke with people receiving a service to gain feedback. This was observed throughout our inspection.

Spot checks and direct observations were carried out with staff on a regular basis to ensure that standards of care were maintained. We were able to view a sample of these and could see that they were carried out regularly and where issues were noted, staff attended additional training or action was taken in relation to their performance.

Quality assurance checks were sent to people receiving a service annually and the responses we viewed were all positive. One person said, "I wouldn't manage without the care of the girls".

Audits were completed of all care plans annually, however with the new electronic care system, this monitored and alerted the manager to any omissions or discrepancies immediately. Audits were also completed on staff files as well other office records. The manager was completing regular audits on medication records, however these were not recorded. We made a recommendation in relation to this in the safe domain.

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the service was being managed and the quality of care being provided. We asked staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns that they had. Comments from the staff members included, "It's a lovely company, family run company, I'm really happy", "The management are absolutely fine. You can go straight to them if you need anything" and "They are always available if you need any help".

We saw that staff meetings were held regularly and staff had the opportunity to raise any issues and

discussions took place regarding individual people who used the service as well as training, , activities, documentation and confidentiality.

The registered manager was open to all the feedback given throughout the inspection and immediately looked at improving the areas identified. They were constantly looking to improve the outcomes for people receiving a service.