

The Next Step Trust

The Next Step Trust - Respite

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 Next Step Trust- Respite provides a service for up to three people with learning disabilities. At the time of the inspection one person was going home after a short stay and another person was commencing a short stay. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. This was the first inspection.

The inspection took place on 23 and 25 July 2018 and was announced which meant the provider knew we would be visiting.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Staff were confident people were safe and if any concerns were reported to the management team, they would respond promptly and appropriately. The provider had systems in place to manage risk to people and the environment although we identified some potential hazards. Swift action was taken when we brought these to their attention. The registered manager revised their health and safety checklist to make sure similar issues would not arise in future.

Staffing arrangements were appropriate and ensured people received care from a consistent workforce. Medicines were usually well managed; the provider agreed to introduce additional guidance around assisting people with non-prescribed medicines and competency assessments for staff to make sure they understood how to administer medicines safely.

Staff told us they felt well supported and received good quality training. All staff had received an introduction to the service to ensure they understood what was expected when they supported people during their respite stay. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People received appropriate support to make sure their nutritional and health needs were met during their stay. People stayed in a pleasant and spacious environment; equipment was in place to make sure they were comfortable and their needs were met.

People who used the service and relatives told us the service was caring. We observed people were treated with kindness and respect. Staff who worked at the respite service also worked at the provider's day service, and people usually used both services. This meant staff knew people well. Staff told us they enjoyed working at the respite service and were confident people received high quality, person centred care. They understood what constituted good care, for example, promoting independence and ensuring people had privacy during personal care.

People received person centred care. There was guidance which ensured staff knew how to provide care that met people's needs. People who used the service and relatives told us they would be comfortable raising concerns with the management team.

The service was well led. The registered manager was knowledgeable about the day to day running of the service as well as their overall legal responsibilities. They were supported by an effective management team. The provider had systems in place to monitor the quality of the service and people were encouraged to share their views to help drive improvement.

Further information is in the detailed findings below.

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.

The environment was clean and well maintained. The registered provider took swift action when we identified some environmental issues that had been overlooked. They revised their health and safety checklist to make sure these were included in future.

There were enough staff on duty to make sure people received the appropriate level of care and support.

Medicines were usually managed safely; additional checks were being introduced to make sure staff had guidance around assisting people with non-prescribed medicines and their competency to administer medicines was assessed.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received training and support to help them understand how to do their job well.

People were supported to make decisions about their care and received appropriate support when they lacked capacity to make certain decisions.

People received appropriate support to make sure their nutritional needs and preferences were met.

Good ●

Is the service caring?

The service was caring.

People told us the service was caring and personalised.

Staff knew people well and were confident the service achieved a high standard of care.

The service focused on good care principles.

Good ●

Is the service responsive?

The service was responsive.

People's needs were assessed, and their care and support was planned and reviewed.

People were enabled to carry out person centred activities.

People were comfortable talking to staff and management about any issue and concerns.

Good ●

Is the service well-led?

The service was well-led.

We received positive feedback about the management team.

The registered provider had systems in place for monitoring quality and safety; they were responsive when areas for improvement were identified and introduced changes to make sure their processes were effective.

People who used the service and staff were encouraged to share their views and put forward suggestions.

Good ●

The Next Step Trust - Respite

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.

Before the inspection we reviewed all the information we held about the service including statutory notifications and contacted relevant agencies. The provider completed a Provider Information Return (PIR) in April 2018. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

This comprehensive inspection took place on 23 and 25 July 2018 and was announced. We told the provider we would be visiting because it is small and we needed to make sure someone would be at the service. One adult social care inspector carried out the inspection. On both days of the inspection we visited the service and spoke with staff and members of the management team. On 23 July we met one person who was going home after a short stay and we visited a person at their day care centre who had recently stayed at the service. We also spoke with one relative on the telephone. On 25 July we met another person who was commencing a respite stay. On 26 July we spoke with two relatives on the telephone.

During the inspection we observed care being provided to two people, and spoke with one person who used the service, three relatives, two support workers, the respite lead, health and safety officer and registered manager. We gained limited information from some people who used the service about their experience because of the different ways they communicated.

We spent time looking at documents and records that related to people's care and the management of the service. We reviewed two people's support plans. We did not use the formal observation method used

during inspections (Short Observational Framework for Inspection- SOFI) because people sat individually so this could have infringed on their personal space. In the report we have used the term 'carer' to describe people who provide the main care when people are living at home

Is the service safe?

Our findings

One person told us they felt very safe when they stayed at the respite service. Staff also told us people were safe and the registered provider promoted safety as all times. Staff understood safeguarding procedures and knew they should report any concerns to the management team. They were confident any concerns would be acted on promptly.

Risks to people had been identified, assessed and managed. We saw from people's care records that risk assessments covered key areas and were very detailed; they had clear actions that helped ensure people were safe and risk was minimised. Risk management included areas such as moving and handling, community visits, use of the provider's minibus and personal finances. Risk assessments were regularly reviewed and any changes were clearly recorded.

Although risks were managed, we saw examples where the provider had not considered all aspects of risk. For example, one person had requested specific techniques for moving and transferring but this meant there could be other potential risks. This had not been included in the risk assessment. The registered manager agreed to update the relevant risk assessments and where appropriate liaise with the person, relatives and other professionals.

The environment looked clean and well maintained. Certificates and service records such as, electrical installation and fire safety equipment showed checks had been carried out to make sure the premises and equipment were safe. However, the gas safety certificate had expired and when we tested the bath water we noted this exceeded the recommended temperature. Fire drills were carried out and recorded in the diary although attendees were not always noted, which meant the provider would not know who had practiced the drill. The registered manager took prompt action to address the environmental issues once we brought these to their attention. They also amended their health and safety checklist to ensure any future issues would be picked up through their auditing process. One person who had a bath when they used the respite service told us staff always checked the temperature before they assisted the person into the bath. Equipment for preventing the spread of infection, such as disposable gloves and appropriate handwashing facilities were readily available.

Everyone we spoke with said the staffing arrangements ensured people's needs were met. No concerns were raised; staff told us the rotas were well organised and the same workers provided support so people received consistent care.

We spoke with one member of staff who had started working at the service in the last six months. They said they had completed a thorough recruitment process to make sure they were suitable. They said they had attended an interview and checks such as references, employment history and Disclosure and Barring Service (DBS) checks were carried out. The DBS is a national agency that holds information about criminal records. Staff files confirmed appropriate checks had been carried out before staff were employed.

People had detailed support plans for medicines that were prescribed on a regular basis and 'as required'.

We saw guidance ensured staff understood how to assist people with their medicines in a person centred way. Medicine information leaflets were kept with people's care records so staff had access to important information, such as side effects. Some people used homely remedies, such as topical creams that had not been prescribed by the GP. For example, one person used a barrier cream to protect their skin. However, the provider's medicine policy stated staff were not permitted to assist unless medicines were prescribed. The registered manager revised their policy to ensure staff were provided with sufficient guidance to know when they may assist people with non-prescribed medicines and when other professionals who could offer advice should be involved.

The service had a medicines room and appropriate storage facilities. Staff carried out regular medicine stock control checks to ensure medicines had been given correctly. We looked at medicine administration records which were completed correctly.

Staff received medication training which was updated annually. However, the provider did not have a formal system for assessing staff competency which should be done annually as recommended in the National Institute for Health and Care Excellence (NICE) guidance. The registered manager sent us a copy of competency assessments they were introducing and told us these would be completed with all staff by 6 August 2018. NICE guidance for managing medicines in care homes provides recommendations for good practice around management of medicines.

Is the service effective?

Our findings

Staff we spoke with said they received good support from the team, the respite lead and the registered manager. They said an on-call system was in place and when they had made contact they had received appropriate advice and guidance. One member of staff said, "If we have any questions we ring on-call. We sometimes lone work, and contact on-call to provide an update; we always receive a response."

Staff told us they received good quality training which ensured they knew how to do their job well. One member of staff, who had worked at the service for five months said, "We've covered everything in training. It's really good training. For example, when we did moving and handling we got in a sling so we knew how it felt." We reviewed the provider's training matrix which showed staff received training that was relevant to their role and responsibilities and included areas such as fire safety, food hygiene, medication administration, safeguarding, moving and handling, infection control, food safety, first aid, epilepsy and Percutaneous Endoscopic Gastrostomy (PEG) which is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall. We reviewed three staff files; these all had induction booklets that showed staff had been introduced to the service and received clear guidance around the respite service provision.

Staff told us they had opportunities to receive feedback about their performance, and talk about their role and development during meetings with their supervisor. The provider shared the supervision matrix which showed staff received at least four supervisions per year.

In the PIR the provider told us, 'Team meetings are organised to support staff. We discuss the reason for respite and the vision behind it on a regular basis. Staff support policies are in place and staff are supported to understand these during induction; supervisions; team briefings.' Our inspection findings confirmed this.

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.

Staff we spoke with had a good understanding of people's right to make decisions and gave examples of how they achieved this. For example, respecting one person's wishes around medicine administration, and moving and handling. Staff also understood when people did not have capacity to make decisions they had a responsibility to make sure any decisions made on their behalf were in the person's best interest. The provider's training matrix showed staff had received Mental Capacity Act training.

One person told us they made decisions about their care. They said they decided what they were going to do each day and staff respected their wishes. We saw from the person's records there was clear written detail that showed they drove the care package and had capacity to make decisions. We saw from another person's care records they did not have capacity to make some decisions, for example, to receive their

medication via PEG. Mental capacity assessments and best interest records were completed, and other relevant persons had been involved such as carers and health professionals.

The provider had effective systems in place to meet people's food preferences and nutritional needs. Each person had a list of their food likes and dislikes. The respite lead explained they contacted the person or their carer, prior to the stay, to check if there were any changes, which included dietary requirements. They said meals were offered which were based on people's preferences so pre-planned menus were not used. We saw staff recorded what people had eaten throughout the day. These records showed people had a varied diet and the meals provided matched the preferences recorded on their list of food likes. We saw in people's care records dietary requirements were identified. This included meeting cultural dietary requirements such as halal meat.

One person told us the meals were very good and the choice of food always met their likes and preferences. They said, "I tell them what I like. I give them a shopping list, and if I stay for a longer time (this was sometimes up to ten days) we will go shopping."

The respite service did not take responsibility for supporting people with health appointments because this was usually co-ordinated by the person or their carers. We saw they ensured when the person used the respite service systems were in place to make sure their health needs were monitored.

In the PIR they told us, 'The individuals health and wellbeing is paramount. the needs assessment covers any health-related requirements and support plans are in place to cover health needs.' They also told us they had worked with the clinical commission group to get the right equipment for individuals, liaised with GP's or pharmacists for clarification around medication and followed speech and language therapy recommendations with meals and consistency of food. Our inspection findings confirmed this.

People stayed in a suitable and pleasant environment. Wheelchair users could access all areas which included an outside decking area. Each person was allocated a bedroom which was equipped with a profile bed, wardrobe, drawers, lamp, radio, and lockable money boxes. People could choose to have either a bath or a shower. A mobile hoist and shower bed were provided. One person told us they were comfortable when they stayed at the respite service and enjoyed spending time on the 'nice decking'.

Is the service caring?

Our findings

One person told us they enjoyed staying at The Next Step Trust respite service. They described staff as 'nice' and said, "Staff listen to me." They told us staff were always respectful and made sure their privacy and dignity was maintained.

A relative told us their relative was very happy using the service, and said, "When dropping [name of person] off I recognise faces of staff, and they are all familiar with [name of person]. They told us they were 'very, very confident' that their relative was well cared for during their respite stays.

We observed people were treated with kindness and respect. For example, during administration of medicines, staff explained what was happening. They used communication that was initiated by the person which included spelling out words and using fingers when counting. Staff who worked at the respite service also worked at the provider's day service, and people usually used both services. This meant staff knew people well.

In the PIR the provider told us how they ensured the service was caring. They said, 'The respite service is set up to respond to the needs of the individuals. It is empowering to the individuals as people are supported to decide what to do during their stay. The service is caring- the individuals are treated with kindness and compassion. This is evident from the feedback that we get from the service users and parents'. Our inspection findings confirmed this.

Staff told us they enjoyed working at the respite service and were confident people received high quality, person centred care. They said the service provided people and their carers with a break from their usual routine. One member of staff said, "It's a very personalised service. I love working here." Another member of staff said, "We spend time with people on an individual basis. You get to know them, know their ways. It's lovely to see people enjoying their stay. Like [Name of person] and watching their smiles." The person they referred to was staying at the respite service and we observed they smiled and responded positively to interactions from staff.

Staff understood what constitutes good care and provided examples of how they achieved this. For example, promoting independence, giving people adequate time to carry out tasks and ensuring people had privacy during personal care.

The provider promoted people's rights and had systems in place to ensure people were not discriminated against. We reviewed the service user guide and statement of purpose. They outlined what people could expect when they used the service and included respect for people's privacy, dignity, religious and cultural requirements, and confidentiality. During the induction process staff covered areas such as equality, discrimination, respect and confidentiality. Everyone we spoke with told us people were treated fairly and with respect.

In the PIR the provider told us, 'Information is kept safe and locked away. Sensitive information is not

displayed in common areas. Information about the individual is confined to their rooms.' Our inspection findings confirmed this.

Is the service responsive?

Our findings

People and their families told us the service was personalised. One person told us they were happy with the care they received and staff provided the care in the way they wanted. They could not recall discussing their support plan with staff or management from the service. A relative told us the service was 'flexible' and focused on meeting the needs and wishes of people who used the service and their carers.

People's support plans were detailed and provided guidance to make sure people received consistent and person centred care. The plans had different sections that covered 'how I chose to participate or refuse an activity; how my support worker can support my needs before, during and after an activity; and how and when to offer me alternatives'. Support plans covered key areas such as eating, mobility and communication, and focused on the individual. For example, one person used a monitor during the night so they could request assistance. The support plan explained clearly the reason for having the monitor and when to turn the monitor on and off to make sure the person's privacy was respected. In addition to detailed support plans people also had a 'one page profile' that provided an overview of what they liked, what was important to them and how to support them. One person told us what was important when they stayed at the respite service; their one page profile matched what they told us.

The respite lead explained they contacted the person or their carer, prior to the stay which ensured any changes in the person's needs were known. A relative told us they always received a telephone call before the respite stay which gave them chance to provide an update about the person's general well-being. They also told us they received good communication after the respite stay so were kept informed and could chat to their relative about what they had been doing.

In the PIR the provider described the initial assessment process. They told us, 'Communication tools are used to involve the individual and their feedback, both verbal and non-verbal is included in the assessment. The level of independence is recorded in the needs assessment. Staff are requested to ensure the service user is encouraged to be independent and have as much autonomy as they can. We have an autonomy and independence policy.' During the inspection we saw the service used pictorial aids to help people communicate such as choice of food and activities.

The provider also said in the PIR people's social and leisure interests were identified and people had their 'aspirations and goals' recorded which was updated by key workers, and people were offered choices based on their interest as recorded. Our inspection findings confirmed this. One person told us they did lots of things when they stayed at the respite service. They told us they went out shopping with staff, and had been to Hollingworth Lake. And when they were at the service they watched 'Netflix' and liked sitting outside on the 'nice decking'.

A relative told us whenever they telephoned or visited staff were very welcoming. They said they did not have any concerns about the service but would not hesitate to raise any issues or problems. One person who used the service also told us they did not have any concerns and would be comfortable talking to staff or the unit lead. The registered manager told us they had not received any complaints about the service.

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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. A respite lead and a health and safety officer supported the registered manager.

Throughout the inspection the registered manager and other members of the management team demonstrated good knowledge around how to provide high quality services and how they were continuing to develop and improve. They discussed areas where they had learned lessons, for example, from a previous inspection at the provider's sister service and the focus for future provision.

Everyone we spoke with told us the service was well-led. One person told us they would 'definitely' recommend the service to others. A relative said, "We can ring with any questions. We get feedback. It's going very, very well." Another relative said their relative "loved going" and "communication was very good". Staff were complimentary about the management team. One member of staff said, "Management are good. They are experienced and all do on-call. They are approachable and the office door is always open."

In the PIR the provider said, 'The respite facility was a part of the vision for the organisation for several years. This was in response to parents/carers requesting a facility developed by 'The Next Step Trust'. We have a 'service development group' which is led by a trustee. Staff can freely discuss any issues with trustees as required. The registered manager reports to the board every two months.' On the second day of the inspection the registered manager was attending a board meeting.

Management systems helped ensure people receive a safe quality service. We saw audits were in place which included areas such as medicines, and health and safety. Cleaning audits had recently been introduced. People's daily records were reviewed to make sure care delivery was appropriate. Accidents and incident forms were checked to make sure appropriate action was taken to prevent repeat events. During the inspection we identified some shortfalls, for example, the gas safety certificate had expired and staff competency around medicine administration was not assessed. Any issues identified at the inspection were dealt with promptly and shared across the provider's sister service to ensure everyone benefitted from the learning. The registered manager referred to national guidance to make sure the changes they introduced were appropriate. They also amended their documentation to ensure similar issues would not reoccur.

People had opportunity to share their views which helped drive improvement. Reviews were held where people had opportunity to comment on their experience of the service. The registered manager said they were completing formal annual reviews with everyone; two had taken place so far. People had communication books which were used to pass on information about what they had been doing. One person said they told staff what to write in their communication book. Staff confirmed they always wrote what the person verbalised and said this ensured the person's views were reflected. The registered manager said annual surveys would be sent to people who used the service and their carers; these were being sent

out shortly because the service was reaching its first anniversary.

Staff attended regular meetings. They told us these provided them with opportunities to receive feedback about the service and put forward their ideas for improving and developing the service. One member of staff said, "We have meetings specifically for the respite service. Communication is good. It's a great place to work."