

New Beginnings (North East) Limited

New Beginnings North East Ltd

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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

The inspection took place on 22, 24 and 28 September 2015 and was announced. We had last inspected New Beginnings North East Ltd in December 2013. At that inspection we found the service was meeting the legal requirements in force at the time.

New Beginnings North East Ltd provides personal care and support to people with learning disabilities, some of

whom have complex needs. At the time of our inspection services were provided to 67 people who lived in their own homes, either alone or with families, or in shared houses with support.

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

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that care was appropriately planned to protect people's welfare and keep them safe from harm. The staff understood their roles in preventing risks and safeguarding people from being abused. However, whilst safeguarding concerns had been reported to the local safeguarding authority, the service had not notified the Care Quality Commission of all incidents that had occurred.

There was a thorough recruitment procedure to ensure new staff were properly checked and vetted before they began working with people. Sufficient staff were employed to enable people to have safe and consistent care. Staff were given suitable training and support to equip them with the necessary skills to meet people's needs.

People were supported in taking their medicines safely and to access health care services and stay healthy. Staff assisted people in meeting their nutritional needs including, where necessary, support with special diets and with eating and drinking.

People and their families were involved in and agreed to the care and support provided. When needed, formal

processes were followed to uphold the rights of people who were unable to consent to their care. Legal arrangements had been made for some people to ensure they received the care they required.

A person centred approach was taken in planning and delivering people's care. Care plans were very personalised to the individual's needs and preferences and were kept under regular review. People were encouraged to be as independent as possible and engaged in a range of activities to develop their skills and meet their social needs.

There were good relationships between people and the staff who cared for them. People's views about their care were sought and there were opportunities for them to influence the service they received. Commissioners spoke highly of the staff and managers and said they provided a caring and effective service. Systems were in place for managing complaints and obtaining people's feedback about the service.

There was a clear management structure that provided staff with good leadership and support. However, the service's policies and procedures did not always provide staff with clear guidance on current best practice. People's care experiences and the quality of the service were actively monitored and a number of developments were planned to continue to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Suitable arrangements were in place to prevent people from being harmed and abused.

Risks to personal safety were assessed and managed to ensure that people received safe care and support.

There were enough skilled and experienced staff to enable people's needs to be met.

People were safely supported with their prescribed medicines.

Good



Is the service effective?

The service was effective.

Staff were appropriately trained and supervised to carry out their roles and meet people's needs effectively.

People received care they had agreed to and where necessary their rights under the Mental Capacity Act 2005 were protected.

People were supported in meeting their nutritional needs and to maintain and improve their health.

Good



Is the service caring?

The service was caring.

Staff had developed caring and supportive relationships with people using the service.

People and their families made decisions about their care and were consulted about the running of the service.

People were treated with respect and staff promoted their dignity and independence.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support and were fully involved in planning and reviewing their care with people who were important to them.

People were supported to meet their social needs and took part in a varied range of activities in the community that they enjoyed.

People were informed about the complaints procedure and were regularly asked for their views about the service.

Good



Summary of findings

Is the service well-led?

The service was not always well-led.

The registered persons had not ensured that all safeguarding concerns were notified to the Care Quality Commission. Some policies and procedures were outdated and others had not yet been introduced to provide staff with guidance on current best practice.

There were systems for routinely assessing and assuring the quality of the service that people received.

A structured management team provided leadership within the service and ensured that standards were maintained.

Requires improvement



New Beginnings North East 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and took place on 22, 24 and 28 September 2015. We gave 48 hours' notice that we would be coming as we needed to be sure that someone would be in at the office. The inspection was carried out by an adult social care inspector, a specialist governance advisor, 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.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider.

Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We gathered information during the inspection using different methods. We visited six people who used the service in their homes and met three team leaders and three support workers. We talked with three people, six relatives and three support workers by telephone and contacted three commissioners of the service. During our visit to the office we talked with the registered manager, a new manager, a director of the company and eight department managers and deputies. We looked at eight people's care records, six staff files, staff training records and other records related to the management of the service.

Is the service safe?

Our findings

People using the service indicated they felt safe with the staff who supported them. Their comments included, “The staff are always nice” and “When I go out there’s always someone with me.” A relative told us they had raised a safeguarding concern some years ago and felt the matter had been dealt with effectively. They said, “I have no qualms about New Beginnings at all. If the manager can’t solve it I would take it further.” Another relative described safeguarding concerns to us which we followed up during the inspection. These had been appropriately managed through the local authority safeguarding process and the service was taking all reasonable steps to resolve the concerns.

Commissioners of the service told us, “They provide a safe service and are good at risk management. They’ve often taken on people with very complex needs where other services have failed and worked under difficult circumstances”, and, “I’ve been very impressed with the service. There have been lots of good examples of positive risk-taking and improving people’s quality of life.”

People using the service were given copies of safeguarding leaflets produced by local authorities and information about safeguarding from the service. Important safety issues such as staying safe in the community and hate crime were discussed with people at the service user action group. A safeguarding event had also recently been arranged by the service which aimed to promote people’s understanding of their rights to be protected from harm and abuse.

Staff had access to the service’s safeguarding and whistle-blowing policies and received safeguarding training every two years. The registered manager told us they would be updating policies to include the provider’s statutory responsibility of ‘duty of candour’. This duty requires providers to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong. The staff we talked with had good knowledge of the vulnerabilities of the people they supported. They understood how to keep people safe and were aware of how to report any incidents of suspected abuse or poor practice.

In the past year the service had reported allegations to the local safeguarding authority and, where necessary,

undertaken internal investigations and disciplinary action. However, the registered manager was reminded of their obligation to ensure that all such allegations were notified to the Care Quality Commission.

There were robust processes for the safekeeping of people’s personal money. Appointeeship arrangements and formal best interest decisions were in place for people who needed support in managing their finances. Stringent procedures were followed for collecting cash, having authorised signatories for cheques, and for authorising purchases or spends of a higher value. We saw transactions were clearly documented and receipts were kept for all expenditure. Each person’s money was audited weekly and on a monthly basis to check against bank statements. The service’s finance manager conducted comprehensive audits two to three times a year to assure people their money was being handled safely.

Recruitment records showed all necessary checks were carried out before new staff started working at the service. Application forms and health questionnaires were completed and detailed interviews were recorded. Proof of identity, two references, including one from the last employer, and a Disclosure and Barring Service check were obtained. We noted the application form had insufficient space to fit in all employment history and this was amended during our visit. A format to document the rationale of offering employment to anyone with a criminal conviction had also been introduced.

The service was fully staffed and there were no current vacancies. Each supported house had a team leader and a team of support workers who provided 24 hour care and support to people, with either sleep-ins or waking night staff. People who lived with their families and used the outreach service had allocated support workers. Rosters were planned in advance and a higher ratio of staffing was provided where people needed two or more staff to safely meet their needs. The staff we talked with were happy with the staffing arrangements. They told us, “We have a stable staff team”, and, “There’s a dedicated team and we currently have extra hours to give a person one-to-one support.”

The service employed bank staff to cover absence and avoid the use of external agency staff. A tiered on-call system was operated that enabled staff to get advice and

Is the service safe?

support at any time, and to escalate any emergencies to senior management. Calls made to the system were logged and monitored to identify any trends and ensure that staff had received appropriate responses.

The registered manager told us new services were only agreed when they were confident of meeting a person's needs and had properly assessed risks to their safety and the safety of staff. Risk profiles were requested from social workers and, at times, staff shadowed families and other carers to determine risks and the level of support that people required. We saw risks were thoroughly assessed, addressing areas of personal safety, behaviours, risks to self and others, health and safety issues, equipment and environmental risks. Support plans showed suitable measures were taken to reduce identified risks and keep people safe during their care delivery.

Staff carried out checks into various aspects of safety to ensure people's home environments were secure and kept free from hazards. The service's health and safety manager visited each supported house at least once a year to conduct safety audits. They had also recently taken on responsibility for making sure that any reported accidents, incidents or 'near misses' were followed up and analysed.

Most of the people who used the service were supported with their prescribed medicines. Medicines were ordered by staff, provided in compliance aids for ease of administration, and safely stored. Staff were trained in safe

handling of medicines, including emergency rescue medicines, and had their competency assessed annually. The registered manager told us the service was aligned to a local pharmacy for advice and support with medicines procedures. Specialist nurses also provided training for staff in assisting people who were unable to take their medicines orally.

One person we talked with said, "They give me my tablets when I need them." Another person told us they generally took their medicines without prompting and said that staff recorded when they had taken their medicines. Each person using the service had a file with information about their health needs and medicines that gave staff specific guidance about their individual requirements. The risks associated with medicines had been assessed and step by step support plans set out the individual's medicine routine and preferences. All medicines were listed, including the reasons why they were prescribed and potential side effects, and there were protocols in place for giving 'as required' medicines.

Medicine administration records were appropriately signed by staff to confirm they had given medicines and codes were used to explain any reason why a medicine had not been administered. A full check of medicines arrangements in each supported house was carried out annually and team leaders did weekly audits to ensure people's medicines were managed safely.

Is the service effective?

Our findings

People using the service told us they received consistent support and were happy with the staff who worked with them. Their comments included, “We have the same staff and we get on well”, and, “I’m happy with the staff. They do training and deserve a pay rise!”

Most of the relatives we spoke with felt staff provided effective support to people. For instance, two relatives described how staff supported their family members when they experienced behaviour that could become challenging. One told us that staff were “very professional” and had a good understanding of how to provide such support. They said, “X has come on quite a bit since going there. I can’t praise them enough.” The other relative said their family member was supported by two staff when they went out into the community. They felt staff had been given appropriate training and said, “They know the triggers and how to handle it.” Another relative told us, “I don’t wake up worrying about X anymore.”

Commissioners of the service told us, “It’s a fantastic service with good continuity and I can’t praise them enough. They have a really good calibre of staff and have their own trainers”, and, “They deliver what I consider to be a very good service and are as effective as they can be.” One commissioner said the service had done “A remarkable job” with a person with very complex needs and worked well in co-ordinating their care with a multi-disciplinary team. They told us staff had attended meetings to look at the least restrictive options for the person’s care and had been involved in the process of making decisions in their best interests.

We saw that new staff were given induction training to prepare them for their roles which had been adapted to include completing the Care Certificate. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.

The service had a training department that delivered the majority of training courses and some specialised training was outsourced to other providers. The training manager showed us training was organised from their database

which held a matrix of all training undertaken and flagged up when courses needed to be updated. Team leaders were alerted when training was due and arranged dates to fit in with the staff rosters.

Staff received a range of core training such as health and safety, moving and handling, safeguarding, first aid and infection control. Additional training was provided including managing violence and aggression, dementia awareness, sensory impairment and end of life care. This ensured that staff were trained to meet the specific needs of the people they supported. All staff were given opportunities to gain nationally recognised care qualifications. Each manager and most of the team leaders had completed qualifications in line with their management or supervisory responsibilities. 61% of the support workers employed had achieved National Vocational Qualifications/Diplomas in health and social care.

There was a delegated system that ensured all managers and staff were provided with individual supervision and appraisal. The staff records we examined showed that supervisions and appraisals were up to date and staff told us they were well supported in their personal development.

Some of the people who used the service had complex needs, including challenging and distressed behaviours. Staff working with these people were experienced and trained in de-escalation and ‘break away’ techniques to prevent the person and themselves from being harmed. The staff worked with specialist challenging behaviour teams to prevent the use of excessive control or restraint and followed comprehensive behavioural support plans. Three people had planned interventions for short periods of restraint when all de-escalation techniques had failed. These had been agreed with the behaviour team and commissioners of services, with formal best interest decisions in place, and were kept under review.

We found that wherever possible, people directed how their care was given. People, their families and external professionals were involved in person centred care planning and were given drafts of support plans to comment on and agree the content. We noted however that the service did not have a policy or procedure for obtaining people’s consent to their care and treatment. The registered manager assured us this would be devised in line with updating the service’s policies and procedures.

Is the service effective?

Some staff we talked with expressed concern on behalf of people they supported about a motion detecting system that had been implemented by the local authority on a trial basis in their house. They were aware that one person living there disagreed with the system and that two people might not have the capacity to give their consent to it being installed. We discussed this issue with the registered manager to ensure it was followed up with the local authority.

Managers and team leaders were trained in the implications of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Act and are a legal process that is followed to ensure people are looked after in a way that does not inappropriately restrict their freedom. We saw that some people's care records clearly indicated their ability to make decisions. In other instances, formal processes had been followed to assess mental capacity and make decisions in people's best interests when they were unable to make important decisions about their care.

A small number of people using the service were subject to court of protection arrangements, as they did not have capacity to decide where they lived and to give consent to the care and treatment they required. The registered manager told us they were working with local authorities to identify and prioritise other people who may need to be referred for these arrangements to be made.

People were provided with appropriate support in meeting their nutritional needs. Detailed support plans were in place for eating and drinking needs which included the person's preferences, independent skills and any aids they used. There was evidence of advice given by dietitians and speech and language therapists and support plans addressed any nutritional risks. For example, weight management and exercise, specialist feeding techniques, and the consistency of food and drinks when a person was at risk of choking.

The people we talked with confirmed they received the support they needed. One person told us, "I go food shopping and choose what I want." They said they made their own drinks and snacks and helped staff with preparing and cooking meals. Another person said they were eating healthily and this had helped them with managing their weight. A relative told us they had moved their family member from another service some years ago when they weren't happy and had gained so much weight they were finding it difficult to walk. They said that since using the service their family member had lost weight due to healthy eating and going swimming, and added, "If you had seen (name) eight years ago, you wouldn't think it was the same person."

Some people told us about the support they were given in meeting their health needs. For example, one person said, "I'm going to the doctors tomorrow for tests." Another person told us, "I'm a lot better now" and explained they used to experience anxiety and that staff had supported them to work with a physiotherapist to combat the side effects of a medicine they had needed to take. A support worker told us the person they were supporting was so organised that they would often remind staff about any health appointments they had to attend.

We found people were supported to access NHS and community based health care services and were encouraged to have annual health checks with their GP. Each person had information recorded about their medical history and health care professionals involved in their care. Current health needs were set out in health action plans to guide staff on supporting people to maintain or improve their health and well-being. Where necessary, staff were given training about health conditions such as epilepsy, diabetes, and caring for people who needed enteral feeding (where food and supplements are provided through a tube in the abdominal wall into the stomach). Each person also had a 'hospital passport' that ensured essential information would be passed on if they were admitted into hospital.

Is the service caring?

Our findings

People using the service described having good relationships with their support workers. Their comments included, “I like everybody”; “I like (name of support worker)”; and, “They’re all nice and kind to me.” One person told us, “Everything’s spot on”, when we asked them what they thought about the service.

Relatives told us, “(Name) is on top form and as long as they’re happy, I’m happy. I can go to work and not worry as I know they are alright”, and, “We have a good rapport with the team leader and staff at the house”. In the service’s annual survey we saw a relative had commented, “It is good we get the same staff as (name) has dementia and forgets, but with the same staff turning up they remember faces, which puts them at ease.”

Commissioners of the service told us, “The staff are very caring and show respect”, and, “The staff are very positive and caring. They know people well and the best approaches to take.”

During our home visits we saw that people who did not communicate through words, or who had limited speech, looked comfortable in the company of their support staff. The staff were caring towards people and took time to listen and interpret what they were trying to convey. In one instance, a person was starting to become distressed and their support worker quickly recognised this and stepped in to reassure them. Other people talked freely to us and were given the option of spending time privately with us or to be being supported by a worker. We saw that staff spoke kindly to people and offered them choices and explanations in a way they could understand. The staff were also discreet when talking with us about people’s needs and abilities and ensured this was done sensitively.

When we telephoned people we heard their workers explaining who was calling, what we wanted to talk about and whether they wanted to speak to us alone or have support. Where a person chose to be supported, they expressed their opinions openly and at times interrupted their worker when they wanted to clarify something that was being said. They appeared to have a light-hearted relationship with their worker who said “Don’t hold back!” when we asked if there was anything the person didn’t like about the service. The person responded that there wasn’t anything and then they both laughed.

Another person we talked with told us they had received bad news that day and said their support worker was going to make the tea as they didn’t feel up to doing it. This person told us they had no complaints about the staff and said, “They are always there for me if I need them.” A relative also told us that staff had shown “Consideration and care” for their family member when they were experiencing difficult times. They said, “Staff have been excellent at supporting (name) through family bereavements.”

The registered manager told us that, wherever possible, they matched staff to people’s preferences for gender, age, personal qualities and shared interests. Staff profiles had been developed to help in this process and as part of their care planning, we saw that people described ‘What I would like my support staff to be like’. For example, one person had stated they preferred males with care experience, who could drive and use their cars for work, and who were “funny and nice to spend time with.”

When tendering for new services, people’s views were taken into account about the staff who they wanted to provide their support. For example, the service had been successful in employing a support worker from a particular cultural group that a person had specifically requested. A training programme was being introduced for people using the service to involve them in the recruitment of staff. A person we talked with confirmed this and said they were interested in taking part. Another person said they had been involved in selecting staff some time ago. A relative told us recruitment had improved in the years that their family member had used the service. They said, “I couldn’t wish for better staff now, they are commendable, the team leader is brilliant.”

The manager for person centred care planning told us people chose who they wished to be involved in their care planning and were given support in making decisions about their care, where this was needed. At times, other professionals involved in people’s care supported them with decision-making and some people used advocacy services to ensure their views were represented.

Relatives confirmed that they and their family members were regularly involved in care planning and in routine decision-making. One relative said that although their family member had limited understanding of some of the issues discussed, they were always present at care planning meetings. They also felt their own input was

Is the service caring?

valued and said, “I meet up with them for meetings regarding new bedding and things, they always ask my opinion.” Another relative told us their family member could not participate in long term care planning but was able to make decisions about what to do on a daily basis. They said, “(Name) tells them where they would like to go and if they can take them, they will.”

People using the service were encouraged to give their views about their support and the running of the service. A number of people attended the service user action group and had volunteered to be a decision-making group, representing the views of people who used the service. The group had looked at aspects of the service such as activities, events and holidays and were arranging an event in memory of a person who had used the service. The group had also been consulted and put forward their suggestions about the information they felt would be most beneficial to provide in the guide to the service, which was being updated.

The registered manager told us they took pride in having many longstanding members of staff who had supported people for a number of years. They recognised the importance of stability and said the service always aimed to employ staff of the right calibre and caring qualities. Team leaders worked closely with support workers, enabling them to observe their care practices and quickly pick up on any concerns about their approach or relationships with people. We were told poor values or attitude were not tolerated and staff were supported to improve or disciplinary action was taken. In some instances, staff had been moved from working with people, either as a result of requests or if they were unable to develop a good working relationship. A new manager told us they had found the staff and managers to be “Very passionate and caring” in their work. They said many of the managers had worked their way through the service, starting as support workers, and felt they provided good continuity for people using the service.

Is the service responsive?

Our findings

People using the service told us they were happy with and made choices about their support. For example, one person said they had been involved in their care plan and care reviews and that a relative had attended their latest review meeting. Another person told us, "I'm going shopping with (support worker) to buy clothes." Some people said their support workers consulted them when they were writing daily reports about their well-being.

People told us they were supported to be independent and take part in activities in the community. One person said they did catering work that they enjoyed and they usually helped with cooking when they got home. They told us, "The best thing about New Beginnings is that I go to a disco every Thursday." Another person said what they most enjoyed was going on holiday with their support worker and told us, "We went to the caravan and they won the bingo and shared it with me." A support worker described how staff supported a person to maintain their preferred routine, with going to activities and to go out walking. They said the person would sometimes be accompanied to activities and then stay there on their own. This person told us they were looking forward to being involved in a new gardening project.

Other people we talked with said they led active lives and described the activities they participated in. These included going bowling, swimming, to the theatre, doing voluntary work and attending various clubs. One person said, "I'm out a lot of the time and like going into town with staff for meals." Another person said, "I go to a women's group, we do all sorts like photography and having meals out. I also do drama every week." People told us they followed their interests at home such as watching television programmes they liked, listening to music, and using computers and games consoles.

Relatives confirmed that their family members were supported to experience a variety of activities. One relative told us this included activities such as dance, music, cooking and attending college. They told us, "They try to vary it so that (name) gets a taste of most things in life." Another relative said their family member did Zumba classes and enjoyed going shopping. Relatives told us

people were asked about their preferences and had, for example, chosen how they wished to decorate and furnish their bedrooms. A person we talked with also said, "I'm having my room done. I picked the wallpaper."

Care records showed plentiful evidence of people's individual interests and how they spent their leisure time and accessed the community. People usually had timetables or other methods which were used to help them plan and remember their daily activities. The registered manager told us that staffing was adjusted to accommodate the support people needed with social activities, which staff confirmed. They said people were also involved in planning holidays and chose which staff member(s) to go with them.

Staff told us they encouraged people to socialise and maintain relationships with family and friends. A support worker said, "Family can ring when they want to. It's down to people's personal choice how often they see their relatives. (Name) sees their relative every Sunday for an hour or two." A team leader commented, "I feel we have a good rapport with families." Many of the people we talked with told us they had regular contact with their families and went on short breaks and holidays with them or with staff.

Commissioners of the service told us, "New Beginnings have been a very responsive and user focused organisation who not only provide a very good service to our service users and families, but who also invest a lot of time in supporting their employees and always strive to provide a very high standard of support", and, "They've been very responsive when issues arise and are good at sharing information."

Most of the relatives we spoke with felt that staff were responsive to their family member's needs. For example, one relative told us staff had drawn up a roster when their family member was having difficulty understanding who would be supporting them at a particular time during the day. The relative said, "(Name) always seems to know what is happening each day." Another relative said, "(Name) likes to phone me every week, just to hear my voice. If I have to miss a call because of work the staff will rearrange it for them." One relative did however say they would have to remind staff to carry out some housekeeping duties and commented, "I feel as though I am nagging all the time".

We saw that care and support was thoroughly planned and tailored to the individual's needs and preferences. A

Is the service responsive?

comprehensive range of personalised support plans addressed each person's needs, their independent skills and specified the support which staff would provide. All plans were developed from person centred planning and included support plans for improving and maintaining the person's quality of life.

There were detailed and informative support plans for meeting all aspects of personal care, health and social needs. Precise guidance was documented to inform staff about people's communication and any behavioural needs. For example, a person with autism had a support plan with specific information about the best methods of communication that staff must use and how to establish if they were showing signs of agitation, distress, pain or illness. The person followed a very structured daily routine, as this was very important to them, and had an extensive behavioural support plan with preventative strategies. Another person, who was subject to court of protection arrangements, had support plans which included community participation and opportunities for decision making to help them reach their potential. We found that clear objectives were set for each person which were reviewed on a monthly basis and at regular intervals throughout the year. This ensured that people's care was regularly evaluated to check on progress and monitor that positive outcomes were being achieved.

The service provided people with the complaints procedure in an easy read format and the procedure was also available on audio. Most people told us they were confident about making a complaint if the need arose. Their comments included, "I would talk to the manager if I had a complaint"; "I'd tell the staff or (team leader) if I wasn't happy"; and, "I'd speak to (the registered manager) if I wanted to complain about anything". One person did however tell us they would not know how to make a complaint.

A person's relative told us they had complained about an incident in the past but were unaware if this had resulted in further training for the support worker in question. Another person's relative said they had complained recently about a situation concerning authorising money for a holiday, but had not received an apology on behalf of their family member. We relayed these concerns to the registered manager to follow up and resolve. The registered manager confirmed there had been two further complaints made in the past year which were being handled by a commissioner of the service. A number of compliments about the service had also been received in the form of thank you cards and letters.

Is the service well-led?

Our findings

The service had a registered manager who had been in post at the service for nine years. A new manager had just been appointed in a job share capacity with the registered manager. They were undergoing induction to the service and intended to apply to become registered in the near future.

We discussed registration requirements with the registered manager. They acknowledged that the service's registration details needed revising to fully correspond with the needs of the people who used the service. They told us they would make an application to the Care Quality Commission (CQC) to reflect the current service provision.

CQC had received notifications from the service about certain events which had occurred over the past year. However, during the inspection we found that further safeguarding allegations, which had been referred to the local safeguarding authority, had not been notified to us.

We will be dealing with this outside of the inspection process.

The registered manager informed us they had subsequently held a meeting with the management team to reinforce that all safeguarding issues must be notified to CQC without delay.

We found there was a clearly defined management structure that supported the running of the service. The registered manager was supported by the company directors and kept them apprised of operational issues through weekly reports. The directors also received a weekly business report from the company secretary. The service had a number of managers with lead roles in person centred planning, autism, complex challenging behaviours, complex health needs, training, finances, and human resources. Each manager was accountable to the registered manager and reported to them on a weekly basis about their individual responsibilities and the work they had undertaken.

The managers we spoke with were very knowledgeable in their particular areas and actively contributed to the inspection. They were happy with the management structure, had confidence in the expertise of their colleagues, and many complimented the registered

manager's style of leadership. The new manager told us, "Everyone has made me welcome and I'm so impressed by the passion everyone brings to make a difference to the service users."

The registered manager told us they attended local authority provider forums specific to services for people with learning disabilities to keep up to date with best practice. They said they operated an open door policy that encouraged staff, and people using the service and their families, to have direct contact with them. Monthly meetings were held for managers and team leaders and there were regular meetings for the staff teams from each supported house. These gave staff of all grades opportunities to air their views about the service and discuss practice and employment issues. Surveys were conducted with staff to get their views about their roles, their training and support, and how the service was run. Employee assistance was also offered in the form of a health care programme and we were told reasonable adjustments could be made to support staff in their work.

The support staff we spoke with confirmed they were well supported in their roles. They told us, "I can always get help or support and can go to any of the managers according to their specialisms"; "The management are all very friendly and open. I feel comfortable in approaching (the registered manager), the directors and any of the heads of departments"; and, "There's good leadership and you can speak your mind at supervisions and meetings." Another staff member told us, "It's a very rewarding job."

Some of the people we talked with were able to tell us that they knew the registered manager and other managers who visited their homes. One person told us, "I've been to the office in Fawdon."

We were told the service had recently celebrated its 20th anniversary with a social event that people using the service, staff and external professionals had been invited to.

The registered manager told us the service user action group and tenants' forums were "very pro-active in being the voice of others". For example, people who attended had been asked to put forward their views on the best information to have in the guide to the service and the tenants' handbook. The action group was also developing a 'safe places' card with contact details in the event of people using the service becoming lost or needing help

Is the service well-led?

whilst out in Newcastle. A person we talked with told us they had attended a forum meeting and felt this was a good way of voicing their opinions and influencing the service they received.

We saw that annual surveys were carried out with people and their relatives and the findings showed many favourable comments about their satisfaction with the service. For example, “(Name) has a staff team that are second to none”, “We all appreciate your wonderful care”, and, “We always know where to get advice if we need it.” The registered manager told us they always sought to resolve any aspects of the service that people were dissatisfied with. For example, where a person was unhappy about times when their support staff were moved to work elsewhere, they had been given assurance this would only happen when absolutely necessary.

Team leaders worked alongside support staff, observed their practices and competency and provided individual supervision. Each supported house was given an annual service audit that looked into areas such as information made available to people, care records, medicines and health needs, and staffing. Any improvements required were set out in an action plan and all audits were sent to the registered manager for scrutiny and to check follow up actions. Separate audits were carried out to check people’s finances and health and safety within each house. This showed us that a range of methods were used to monitor and improve the quality of the service.

We noted however, that the service’s policies and procedures did not always reflect current best practice and

guidance or the actual standards that the service worked to. For example, policies had not yet been devised on the provider’s ‘duty of candour’ and for obtaining people’s consent to their care and treatment. Other procedures, such as for the safekeeping of people’s finances, were outdated and did not set out the methods that the service employed in practice. This meant that the guiding principles and intentions of the service were not always available to staff to ensure they understood what was expected of them.

The registered manager told us their vision for the future of the service. This included further developing the outreach service; providing enhanced training for team leaders to enable them to take on lead roles; and for the company to become accredited as a training provider.

Commissioners of the service gave us positive feedback about the management of the service. Their comments included, “I consider this organisation to be very well led by the directors and senior managers within the company, all of whom who are mindful of their responsibilities to users, carers, employees and the requirements and standards expected by the local authority”; “There is a strong management team”; “The service has good leadership. We have good relationships with them and I’ve no problems with the services they’ve provided”; and, “I have absolute confidence that New Beginnings are one of the best organisations that we can call upon”.

We recommend the provider reviews their policies and procedures in line with current best practice standards.