

Way Ahead Community Services Ltd

Way Ahead Care - Taunton

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Way Ahead Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to older adults, and younger disabled adults. At the time of the inspection approximately 300 people were receiving care in their own homes; the number could vary. 285 people received personal care. This is help with tasks related to personal hygiene and eating.

Some people were living in extra care housing. Extra care housing is purpose built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. Way Ahead Care – Taunton provided care and support from a housing manager and staff to people living in seven specialist 'extra care' housing.

Not everyone using Way Ahead Care - Taunton receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

People were supported with their medicines in the way prescribed for them. However, there were some areas for improvement in the way medicines were recorded. We have made a recommendation to ensure the provider complies with current best practice guidance.

People's individual risks were assessed, and measures were put in place to keep them safe. The management team were reviewing care plans and risk assessments to ensure they provided more detailed information for staff to follow.

As a result of staff recruitment issues, agency staff were used to help ensure expected visits were carried out. People said they preferred staff from Way Ahead Care rather than agency staff, but they understand the current pressures within the sector. The management team had recognised this and had put plans in place to recruit and retain more staff. Staff were recruited safely and knew how to keep people safe from harm and abuse.

People felt comfortable and safe with the staff and said staff treated them with dignity and respect. Many people described staff as caring and friendly.

People had plans of care in place which were reviewed with family members and health and care professionals where appropriate.

Safe practices were followed to help prevent the spread of infection including COVID-19.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were quality checks in place to monitor the quality of services provided. There was a culture of learning from mistakes and the senior management team had an open approach and were keen to provide a good and consistent service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 31 July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We received concerns in relation to the management of the service and the management of people's medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Way Ahead Care – Taunton on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Way Ahead Care - Taunton

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 3 inspectors, 1 being a pharmacy inspector. Two experts by experience conducted phone call to people using the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats, and specialist housing.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 February 2023 and ended on 2 March 2023 with a feedback session for the registered manager and provider via a teleconference. We visited the location's office/service on 16 February 2023. We visited people living in three extra care housing scheme with their permission on 24 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

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During the inspection

At the beginning of the inspection, we asked the registered manager to share our poster with all people using the service, staff, and relatives to share their views. We asked that posters were displayed within extra care housing schemes to ensure people had an opportunity to speak with us.

When we visited the office, we spoke to the registered manager, the deputy manager, the head of community services, the head of training and other office staff.

We reviewed a range of records, including 9 people's care plans and risk assessments. We checked 8 people's medicines records and looked at policies, audits, and arrangements for supporting people with their medicines. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records in relation to the management of the service, including policies and procedures were reviewed.

Our experts by experience spoke with 9 people who used the service and 11 relatives. During our visits we met with 8 people using the service, five care staff and three scheme managers.

After the inspection visits we received feedback from 3 people using the service, 3 relatives, 7 professionals and 15 staff. We reviewed care records that had been updated in response to feedback on the first day of the visit and sought clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines support needs were assessed and recorded in care plans.
- Staff recorded when they supported people with their medicines, using Medicines Administration Record (MAR) charts. Lists of people's current medicines were held in their homes.
- There was guidance for staff on how and when to assist with medicines for each person, including creams and external products and any medicines prescribed 'when required'. However, for medicines given via specialised techniques there were not always full details provided, although staff had received training in giving medicines in this way.

We recommend the provider reviews the processes for creating and checking the MAR charts to ensure they comply with current best practice guidance.

- There were policies available for staff, and they received regular training updates. They had competency assessments to make sure they were supporting people with their medicines in a safe way.
- There are regular medicines audits and we saw issues that had been identified and reported. Any incidents or errors were investigated, and improvements put in place to try to prevent recurrences.

Assessing risk, safety monitoring and management

- In the main, people's individual risks were assessed, and measures were put in place to keep people safe. Care plans and risk assessments were being reviewed by the registered manager and senior team. Some risk assessments required more details to guide staff about how to support people safely.
- For example, one person was being given nutrition by way of a tube. The care plan was not clear of the risks and how staff should manage these. We did not find any evidence the person had been harmed because of the lack of information. The registered manager assured us all staff involved in the person's care had additional training to manage the task safely. Records confirmed this. Following the inspection, the registered manager shared updated care records which were more detailed.
- Several people were supported to manage their health conditions. One person told us, "I have a stoma and all the regular carers know how to help me change and look after this". Another said, "Staff are brilliant, helpful, and friendly. They are flexible with my visits and understand my needs fully". Other comments included, "They (staff) know what they are doing. They know when I'm not well, sometimes even before I do" and "We can't find anything wrong with them (staff). They are the 2 best carers I could ever ask for".
- Environmental risk assessments and checks were completed for people's homes. This was to ensure people's safety and that of staff when care was being delivered.

Staffing and recruitment

- The service had been impacted by the sector wide challenges with staff recruitment and retention. As a result, agency staff were used to help ensure expected visits were carried out. Several people told us they preferred to have regular staff visiting them but understood the challenges.
- The provider had an ongoing recruitment campaign with the aim to create greater resilience and flexibility within the teams.
- The majority of people said staff generally arrived on time for their visits and they were usually informed if staff were going to be late. Some people did not have specific times for visits but an allocated slot of a two-hour period for their visits. Comments included, "It doesn't happen often that they are late sometimes about 15 minutes"; "They are usually on time within 10 minutes" and "As far as they are able, they are on time. There is no set time but so far hasn't been a problem".
- People said visits were never or rarely missed. However, due to staff sickness and poor communication with the on call out of hours service, 11 visits were missed one Sunday in January 2023. A thorough investigation had been completed in the failings. As a result, new on call arrangements were developed to reduce the risk of missed visits in future. The registered manager was keen to explain this was a rare incident and explained this was the first missed visit of 700 visits for one person.
- Allocated staff teams provided care and support in several extra care schemes in Somerset. This promoted continuity of care.
- New staff were recruited safely. The records showed all required pre-employment checks had been carried out including criminal record checks and obtaining satisfactory references from previous employers. Recruitment files did not have up to date photos of staff. The registered manager took immediate action to address this.
- Staff had the correct skills and competence, knowledge, and qualifications to carry out their roles safely and effectively. Staff completed a comprehensive induction and did not work unsupervised until they and the registered manager were confident, they could do so. We reviewed four training records which identified regular probation reviews had taken place.
- Staff were given time and opportunities to stay up to date with all training relevant to their roles, and where needed specific training related to people's health conditions was received. A relative said, "The carers are well trained and know what they are doing". Another said, "The care they get is very good and they (staff) always spoil (person)".

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. They mostly credited this to having staff who they trusted and had a good understanding of their needs and preferences. Comments included, "I do feel safe. I've never had any concerns about the staff" and "Yes, I feel safe. I trust them (staff). They are like family and friends". Relatives were equally confident in staff's ability to safeguard people. Comments included, "I do feel that my relative is safe with the carers who come to see them" and "We have no concerns for (person's) safety and have every confidence in the carers".
- Staff received training and were able to demonstrate they knew the process for reporting concerns.
- Safeguarding concerns had been appropriately raised with the local authority safeguarding team and had been investigated and documented by the registered manager.

Learning lessons when things go wrong

- There was a culture of learning from mistakes and the senior management team had an open approach and were keen to provide a good and consistent service.
- All incidents and accidents were documented with associated processes in place to record outcomes and actions to help prevent similar events as part of lessons learnt.
- Following the incident where a number of scheduled visits were missed in January 2023, a root cause analysis was completed by the provider to establish what had gone wrong. On-call arrangements had been

reviewed to ensure all staff were clear about the actions to take when there were unexpected staff absences.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of the inspection, no one was receiving a service with restrictive practices in place. However, the registered manager understood the need to ensure any restrictions under the MCA were legally authorised.
- Staff worked within the principles of the mental capacity act. Staff we spoke with understood people had the right to make their own decisions and staff supported people to make as many of their own decisions as possible. One person said, "Staff always ask me what I would like them to do. They are flexible with me. I have been fully involved in planning my care".

Preventing and controlling infection

- Safe practices were followed to help prevent the spread of infection including COVID-19.
- Staff received training in infection prevention and control and the use of personal protective equipment (PPE). The registered manager and management team carried out spot checks to assess staff knowledge and practice in this area.
- People and their relatives told us staff used and disposed of PPE safely. Comments included, "The staff wear masks and wash their hands before and after providing care."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives told us they would recommend the service to others. Comments included, "I would recommend them to anyone"; "It's great. Overall, I would give them a 9/10 and that's because of the timings" and "I wouldn't change them and have recommended them to others. I'd give them a 9/10 but only because nobody's perfect".
- People and their relatives were involved in creating their care plans. Where specific routines were important to meeting people's needs, this information available for staff to follow. One person said, "I'm a bit of a task master and easily pick up on things that aren't right. I rarely have to do that".
- People told us staff supported them with their independence and treated them well. They felt staff were respectful of their privacy and dignity as well as their property.

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

- The provider had a system in place for monitoring and managing service quality. This included regular audits, spot checks, care reviews and staff appraisals.
- The registered manager and staff understood their responsibilities. They were provided with job descriptions and had access to a range of policies and procedures relating to their work.
- Staff spoken with said they were well supported in their roles. Written feedback from some staff working within extra care housing schemes indicated they would appreciate more support and contact from the office-based staff. We discussed this with the provider's representative and registered manager during the feedback sessions.

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

- The management team encouraged an open and honest culture in the service. The registered manager understood their responsibilities in relation to their duty of candour.
- When accidents or incidents occurred, appropriate records were kept and relevant organisations, such as CQC and local Safeguarding teams, were informed.
- The service had a complaints procedure in place. People and their relatives told us they would not hesitate to contact the service to raise concerns. We found complaints were responded to in a timely manner.

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

- The service sought feedback from people and relatives through surveys and regular conversations.
- Results from the most recent survey (October 2022) showed the most positive responses were related to service deliver, with 100% of people saying they were happy with the carers delivering the service and 100% of people said staff were professional and respected their beliefs and customs.
- Where areas for improvement had been identified by people, these were being addressed by the management team. For example, the timing of some visits.
- Feedback from professionals showed the service worked well with external professionals. Comments included, "I do consider Way Ahead to be a very good provider and very well managed with a staff team who are loyal and stable given the current environment of our sector".