

Way Ahead Community Services Ltd

# Way Ahead Care - Bath and North East Somerset

## 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?	Good ●

# Summary of findings

## Overall summary

About the service: Way Ahead Care – Bath and North East Somerset LTD is a domiciliary care service that was providing personal care to 94 people aged 65 and over at the time of the inspection.

People's experience of using this service:

The provider looked for ways to improve the service and the quality of care provided, this included operating a 'positive complaints' policy and speaking with professionals about how they could work together to improve the lives of people.

People told us their wishes were respected. Care plans included information important to the person, which promoted independence and was personalised to meet individual needs.

People told us that they were cared for by well-trained staff. Staff received training relevant to their role and told us the training they received was very good.

Staff, people and relatives spoke positively about the registered manager and management team. Staff told us that they felt well-supported and the registered manager was accessible to people and staff.

Staff who visited with people were kind and caring and people confirmed this. People received a service that was responsive to their needs and were involved with planning and reviewing their care.

The provider had an open and honest culture, when things went wrong the service apologised to people and looked to make changes to prevent a recurrence.

The service worked with others to explore ways that could improve the lives of people. For example, providing unpaid carers with the opportunity to access complimentary training sessions.

The provider had a programme of quality audits in place and reviewed and analysed information to identify potential themes and trends.

The service worked effectively with healthcare professionals to ensure good outcomes for people.  
Rating at last inspection: 'Good' (September 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# Way Ahead Care - Bath and North East Somerset

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was older people.

#### Service and service type:

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit to make sure that there would be staff available to speak with us.

Inspection site visit activity started on 26 March 2019 and ended on 26 March 2019. We visited the office location on 26 March 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

#### What we did:

We reviewed various records including, training records, recruitment files for three employees, four care plans, audits, compliments and complaints and rota planning. We spoke with six people using the service,

three relatives and seven staff, including the registered manager, coordinator and three care staff. We received feedback from healthcare professionals.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. Staff were able to identify potential signs of abuse and what actions they would take if abuse was suspected. One staff member told us they had reported unexplained bruising to the service and this had been referred to the local safeguarding team.
- Staff told us they received excellent safeguarding training from the service. One member of staff said, "I'd never been taught about looking for abuse in the community - I'll use [the training] for the rest of my life."
- There were 'How to report abuse' posters displayed throughout the office which included information about where to report suspected abuse.

Assessing risk, safety monitoring and management

- Risk assessments were completed when required and included guidance for staff about how to keep people safe from potential harm. For example, when people required assistance with equipment there was a picture of the equipment and detailed information about how to use the equipment safely. One person said, "I feel safe in the carers' hands, I have a ceiling hoist, the carers use this to get me out of bed, I have never felt worried or concerned when they are using it."
- People told us they received a service that was safe. Comments from people included, "I feel really safe with the carers, they have been coming for ages, I know them so well, I trust them" and one relative said, "I think my [relative] is safe with the carers from this agency, they are very relaxed with [my relative] and [my relative] is very relaxed with them."

Staffing and recruitment

- The service worked to recruit and retain staff, this included engaging with a recruitment service to attract new staff and operating a 'recommend a friend scheme' that rewarded staff with financial bonuses.
- The service maintained a spreadsheet that displayed the areas that required higher levels of staffing and this allowed the service to target recruitment and staff resources.
- When required, office-based staff and the manager would carry out care calls to ensure that peoples' care needs were met.

Using medicines safely

- The service managed medicines safely. Senior staff reviewed medication administration records (MARs) for errors and omissions. Where errors were identified they used 'fact finding' sessions to explore what had gone wrong and how to prevent a recurrence.
- The service used body maps to guide staff about the applications of creams.

Preventing and controlling infection

- The service provided staff members with personal protective equipment (PPE) including aprons, gloves and sanitising hand-gel. Other items, such as face masks, were accessible when appropriate.
- The registered manager monitored which staff members had collected personal protective equipment (PPE). When a staff member had not collected items, this could prompt a 'spot check' where a senior member of staff would visit to ensure that the staff member was wearing PPE.

#### Learning lessons when things go wrong

- The service learned from mistakes and identified why these had happened. This included staff undertaking reflective accounts and reviewing how things could be done differently in the future.
- The service acted to make changes when things had gone wrong. For example, introducing a contingency plan for the on-call rota as staff sickness had resulted in the on-call phone being staff at the, "Last minute."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback 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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Ensuring consent to care and treatment in line with law and guidance

- At the time of the inspection all the people receiving a service had capacity to make all decisions.
- People received care in accordance with their wishes. Comments from people included, "The carers respect the way I like things done."
- Care plans included consent forms, and these set out what the person could expect to receive from the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans included detailed information about how to meet the individual needs of people. For example, one person was able to brush their teeth independently, however required assistance to apply toothpaste to the brush. Their care plan said, "Please put the toothpaste on my brush" and the person was able to brush their teeth independently.
- Care plans guided staff to ask people about their choices. For example, one care plan said, "Please ask me what shoes I would like to wear."
- The registered manager reviewed and mapped the progress of the service against published guidance about best practice.

Staff support: induction, training, skills and experience

- The service provided new staff with an induction aligned with the Care Certificate. The Care Certificate provides staff who are new to care with skills and information relevant to their job roles. Staff were supported through their induction period by more experienced members of staff through observed practical work, training and supervision sessions.
- Staff told us the training they received was very good. Comments from staff included, "I would recommend working here to others, the training is really good" and, "I've been...especially impressed with my training." People received training on various topics including manual handling and safeguarding.
- People told us they received care from staff who were well-trained. Comments from people included, "The



staff are well trained and do the job well" and one relative said, "The care my [relative's name] receives is very good, the carers are well trained and provide a life line for me, I often get told that they are going to attend training, both regular updates and some specific training."

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

- The service had arranged a 'food taste testing' session with an organisation that provided microwave meals for people to help staff better understand the experience of people. Literature was available for people who may not be aware that this type of service was available.
- When concerns were identified, people's food and fluid intake was monitored, and actions were taken. For example, the service might make a referral to speech and language therapy (SALT).

Staff working with other agencies to provide consistent, effective, timely care

- Healthcare professionals spoke positively about how the service worked with them to meet the needs of people. Compliments from healthcare professionals included, "I can confidently say that I have found Way Ahead Care to not only be very responsive and effective, but also proactive in your communications with me."

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

- People received a service in their own homes and so retained control of design and decoration.

Supporting people to live healthier lives, access healthcare services and support

- The service made timely referrals to relevant healthcare professionals, for example the GP, when a person's needs changed. One staff member said, "We [staff] work closely with the district nurses and we refer to GPs if needed". Another staff member spoke to us about how they had contacted the GP when a person was experiencing pain.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People consistently told us they received a service that was very caring. Comments from people included, "The carers are very caring, very kind and without any doubt very polite" and, "The staff are very kind and pleasant people, they are very professional and conscientious, they are very chatty and friendly. Nobody wants a robot coming into their house, do they?".

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved with their care-planning. Comments from people included, "I have a very detailed care plan in place, this is updated and reviewed as things change and my needs change meaning I am requiring more care". One relative said, "My [relative's name] has a clear care plan in place, this is updated as things change; this has just happened; The manager came around for a chat and did this at the same time."

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was protected. Comments from people included, "I have help with getting out of bed and showering, the carers always make sure that that my privacy is maintained when I am being attended to, they close the curtains so nobody can see in". One relative said, "The staff are very good at making sure that my [relative's] privacy and dignity is maintained when being attended to, no worries at all."
- Peoples' independence was respected. For example, one person's care-plan said, "[Person's name] likes to be independent and wash [their] front."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans recorded detailed information about how staff could meet the needs of people, this included the person's preferences, likes and dislikes. For example, what a person liked to do, what was important to them and what name they preferred to be called.
- Staff listened to people and respected their decisions. For example, when one person told staff that they felt unsafe in their chair, the staff assisted the person to return to their bed.

Improving care quality in response to complaints or concerns

- The service operated a 'positive complaints culture', that encouraged the service to, "Learn from mistakes and improve the quality and suitability of care."
- People told us that they knew how to complain. Comments from people included, "I know how to complain I would speak with the office and the manager, but I do not have any issues or complaints it's all good" and, "I fully understand how I could make a complaint if I wanted to, but I have never wanted to."
- The registered manager reviewed and monitored complaints to identify themes and trends. None were identified.

End of life care and support

- At the time of our inspection no-one was receiving end-of-life care. However, the registered manager was exploring the possibility of creating a dedicated 'end-of-life care team'.
- Compliments had been received from relatives about care provided during the end of a person's life. For example, one relative had written, "The Way Ahead care team enabled [relative] to have [their] dearest wish: to stay in [their] own home as long as possible."

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager investigated complaints and responded to them honestly. Where appropriate, an apology was offered.
- People and relatives told us consistently they received a service that was exceptional. Comments from relatives included, "This is the best agency I have ever used" and, "I would recommend this agency to anyone, and indeed I have done so to my neighbour up the road." Comments from people included, "The manager and all of the staff in the office are very friendly and approachable, when I call them they always try to help."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager operated an open-door policy and they were accessible to staff. One staff member we spoke with said, "Just chatted with [registered manager's name] about a person I'm going to see later - trying to find ways to help them integrate into the community."
- Staff members spoke positively about the service provided to people and were clear about their own responsibilities. One staff member said, "It's about providing care - this is a wonderful company and the values are what they should be for something like this."
- The registered manager empowered staff to feel proud and said, "When people say, "I'm just a carer" I say, "No you're not - there wouldn't be a Way Ahead care without the team.""

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us the registered manager visited them to ensure they were happy with the service they received. Comments from relatives included, "The [registered] manager is very good, the office staff are supportive and friendly, the manager popped around the other week just to check everything was good, I liked that".
- The service used different ways to engage with staff. For example, we saw a 'team huddle' that involved staff and the management team discussing the previous night's on-call and included actions that needed to be completed in the day and week ahead. The registered manager sent out weekly staff newsletters with 'hot topics', for example, about 'dementia myths'.
- The service sent out weekly rotas to people so that they knew who would be visiting them. If people were unable to read the rota, the service could arrange for a staff member to speak about the rota with a person over the telephone.

- The service completed monthly questionnaires with a small sample of people who were using the service. Questionnaires included a rating scale of one to ten. If a person scored an area as less than five, this prompted a phone call to the person from the registered manager.
- The registered manager sent 'Thank-you' letters to staff when positive feedback was received. One letter said, "We have received a lot of positive feedback from service users and we have been touched by your kindness and warmth."
- Staff told us they were very well supported. For example, one staff member said the management team were, "Very accommodating and supported me with mental health issues."

#### Continuous learning and improving care

- The registered manager had contacted a local green grocer with the aim of having fresh fruit available at the office for staff to access and take to people.
- The registered manager engaged with learning opportunities. For example, attending a local training and development group that met regularly to review safeguarding in the local area.
- The service had contacted the local tissue viability nurses to explore if there was a way the service could make use of a tool kit that aimed to prevent the occurrence of pressure ulcers.

#### Working in partnership with others

- The registered manager had worked with the local authority to help develop a safeguarding referral form that was easier for services to use and provided a more structured way of reporting concerns.
- The management team engaged with a local housing service to encourage people who had been unemployed to complete a 12-week work placement at the service. The aim was to help people find long-term employment on completion of the placement.
- The service worked with a local centre to provide unpaid carers with free training. The types of training offered included manual handling training, safeguarding and dementia training. The registered manager said, "We are forging links with partners in the community."
- The service offered students at the local college an opportunity to complete work experience in health and social care.