

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

The inspection took place on 22 and 23 August 2016. The provider was given 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

Way Ahead Care provides personal care and support to older people who live their own homes. There are 150 people receiving support with personal care.

At the last inspection of the service in 18 February 2014 we found the service was meeting the regulations.

There was a registered manager 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.

People and their relatives were positive about the way staff treated them. Each person we spoke with told us their care workers were kind, thoughtful and efficient. People were happy and relaxed with staff when we visited them in their homes. Staff treated people with respect and kindness. People and their relatives responded to this by smiling and engaging with staff in a friendly way.

People and their relatives told us they felt safe with staff who provided their care. People told us they generally had the same carers and felt safe with them and had no worries when carers were in the house. There was an on call system for people to ring in the event of an emergency out of office hours.

Care plans described the support people needed to with their day to day health needs. Staff knew people well and were able to tell us how they supported people. During a home visit, we saw staff interacting with people in a friendly manner and responding to their requests to meet their needs.

Most people had a regular team of staff who had the skills to meet their needs. Nearly everyone we spoke with said it was very important that they got the same care staff as far as possible because they were not comfortable when their regular carers were changed.

Rotas were sent out to people each week with visit times and the names of staff who would support them. The service was flexible and responsive to changes in people's needs. For example, people told us they had their own routines and that the service was always flexible.

Safe staff recruitment procedures were in place. These helped reduce the risk of the provider employing a person who may be a risk to vulnerable people. People were protected by staff who had completed safeguarding training and knew what to do if they were concerned that a person was being abused. Staff told us they had completed training on safeguarding people from abuse.

Risk assessments had been undertaken and included information about action to be taken to minimise potential harm occurring to people and staff. Where people were supported to have their medicines this was done safely. People had received their medicines as they had been prescribed by their doctor to promote good health.

Staff told us they worked well as a team and found the registered manager and the care coordinators approachable. This meant that people were supported by staff who were effective in their roles.

People felt that the management were responsive when they had any concerns or complaints. The provider had systems in place to assess and monitor the quality of care. The service encouraged feedback and used this to drive improvements.

## 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.

People and their relatives told us they felt safe with staff when they received care. There was an on call system for people to ring in the event of an emergency out of office hours.

Risk assessments had been undertaken and the actions to be taken to minimise the chance of harm occurring to people and staff.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

### Is the service effective?

Good ●

The service was effective.

People had a regular team of staff who had the appropriate skills to meet their needs.

Staff knew people well and were able to tell us how they supported them with their needs.

Staff were well trained and had the opportunity to discuss their practice. This meant that people were properly supervised.

### Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the way staff treated them. Care workers were kind and thoughtful.

People were happy and relaxed with staff when we visited them in their homes. Staff treated people with respect and kindness.

### Is the service responsive?

Good ●

The service was responsive

Care plans described in detail the support people needed to manage their day to day needs.

The service was flexible and responsive to changes in people's needs.

People felt that the management were responsive when they had any concerns.

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

**Good** ●

The service was well- led.

People and staff found the registered manager and supervisors approachable.

Staff told us the management were always available for guidance and support.

The provider had systems in place to assess and monitor the quality of care.

The service encouraged feedback and used this to drive improvements

# Way Ahead Care - Bath and North East Somerset

## **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.

We undertook an announced inspection of Way Ahead Care on 22 and 23 August 2016. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our review of this information prior to our inspection enabled us to ensure that we were aware of, and could address any potential areas of concern

We used a range of different methods to help us understand people's experience. We visited two people in their homes and spoke with two relatives and two care workers. We visited the provider's office and spoke with one care staff, the registered manager, two coordinators, the trainer and the human resources administrator. We looked at six care plans, medication records, three staff files, audits, policies and records relating to the management of the service. We spoke with 10 people, three relatives, five staff and four health and social care professionals on the telephone.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe when they received care. People told us 'I definitely feel safe when the staff are here. I use the stair lift. They go up the stairs and watch me come up. I press the button and I am up. I have no worries.' Another person told us "I feel safe with staff because I have regular carers. They know what I like and if anything goes wrong they tell me or my relative. A relative said "Yes they are always careful when they are walking with him. We trust the carers" and they are very good. They always need to have two people and they adhere to that".

Some people had security devices (key safes) installed outside of their homes. This allowed staff access to people's homes when people were unable to open their doors. People told us staff were careful to ensure their homes were secured on leaving. Comments included "The carers always make sure my door is locked behind them. They also remind me to walk slowly so I don't fall".

Staff had received training in safeguarding vulnerable adults. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy. One staff member told us "If it is a person you know and they suddenly gone quiet you know that something is wrong or you notice unexplained bruises on them we must report it straight away" Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. One staff member told us "If we have any concerns it will be taken seriously". The registered manager told us if they had any safeguarding concerns they would raise these with the local authority safeguarding team.

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people and staff. For example, some people needed support to move and transfer within their home. Information was provided to staff about how to provide this support safely. Where one person required the use of a hoist to transfer to a specialist chair, we found training had been provided to staff to keep them safe. We saw two staff using the hoist. Staff told us they followed the care plan and risk assessment to move the person safely.

People were supported safely with their medicines and told us they were happy with the support they received. People told us that staff gave them their medicine safely. They offered the person a drink when taking their medicines. One person said "Staff put the tablets in my hand and they give me water to swallow it down". The medication administration records we looked at were fully completed. However some MARs had 'dosset box' and 'blister pack' recorded and some had the full list of medicine administered. The registered manager told us they had introduced a new MAR system with a list of all medicines. This would be placed alongside the existing MAR to ensure consistency. This form was shown to us.

Recruitment practices were safe and relevant checks had been completed. A new member of staff told us references and a disclosure and barring service (DBS) check had been completed before they started to work for the provider. Checking the criminal record of potential care workers helped to reduce the risk of the provider employing a person who may be a risk to vulnerable adults. Other records we saw included an application form with full employment history, interview notes and references.

The service employed enough staff to carry out people's visits and keep them safe. The registered manager told us the supervisors and the response team and the office were available to cover visits if staff were off work at short notice. They told us that the service was in the process of recruiting two more response workers to join the team. Staff told us they had enough time at each visit to ensure they delivered care safely.

The service had missed four visits due to staff not checking the rota properly. The registered manager assured us that people had not been placed at risk as a result of this. The registered manager had followed these up with the staff concerned to minimise the risk of it happening again.

There was an on call system for people to ring in the event of an emergency out of office hours. The on call system was managed by coordinators and the supervisory team. One relative told us it was easy to contact the service in the evenings and at weekends. Comment it included "They have somebody on the mobile. I think they take it in turns so it is easy to get in touch with them out of hours."

There were arrangements in place to deal with foreseeable emergencies. For example, the service used 'priority coding' which meant the provider had a system that ensured visits to vulnerable people were prioritised in the event of adverse weather conditions.



## Is the service effective?

### Our findings

People who used the service told us they were happy that staff knew how to meet their needs. Most people had a regular team of staff who had the skills to meet their needs. Nearly everyone we spoke with said it is very important that they got the same care staff as far as possible because they were not comfortable when their regular carers were changed. Comments included "It is very important for me to have the same carers as they know my routine. New ones or those we are not familiar with you have to tell them what to do all the time". Another person told us "I have the same carers now and it makes a big difference. In the beginning it was a real mix but they have now become better carers that you can trust and can do their job better"

One relative told us "Three quarters of the time is the people that are regular. It is not often that my relative has people that are inexperienced". One person who used the service told us "I am happy with anyone they send to me".

However, one person told us "I 'would like my old carers back they know me and I know them" and "Some new carers were sent to me and they don't know me. The ones I had for years were taken of me. I had a good relationship my with my regular cares but they don't come any more."

Another person said, "They don't send you the carers you are familiar with and that's the problem I have with the agency". We discussed the above comments with the registered manager and they told us, they are in the process of recruiting two more response workers to enable the service to coordinate allocation of staff more effectively.

The service employed a trainer who was responsible for providing training to the new and existing staff members. New staff completed training before going out to visit people. One told us they were in the process of completing the care certificate. This care certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. The staff member told us I have started it and to be completed soon. It is a great training and I have learnt a lot even though I have been caring for a while "

Another member of staff told us about the training, they said "The training is very good. It is a lot better than other places I have worked in the past". Staff told us they had completed training in areas relating to care practice, the needs of people who used the service and health and safety. Staff told us they were encouraged to gain further qualifications and complete diplomas in health and social care. One staff member told us "I have started the diploma in health and social care and I have done a few modules" I have also done the 'end of life specialist course', mental health, dementia and training on specific issues such as Parkinson's disease. The Parkinson's disease specialist came and spoke to us to help us understand how to deliver care to people with the disease."

New staff worked alongside experienced staff to observe how people like to be supported with their care needs. One staff member told us "I worked with a senior care before I stated working on my own. It was very helpful". Staff we spoke with told us they felt well supported. Comments included "The supervisors are really

supportive. They are always there when I need them. They're always there at the end of the phone". This showed the service ensured that staff were well supported before working on their own to provide care to people who used the service.

Staff received regular supervision which included observations of their care practice. Staff told us supervisors, had carried out several observations on them to check their work. Staff comments included "I am happy they come to check that I am doing my work properly. Another staff member said "it helps to make sure I am working with the standards expected". The records showed that staff's training needs had been addressed and observations had been carried out to check understanding of their roles. Records showed and staff confirmed that regular staff meetings were also held. The registered manager and staff told us they shared information and their practice so they met people's needs and preferences.

The registered manager and staff we spoke with had a good awareness of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager told us no one using the service lacked capacity to make decisions in relation to their care. The registered manager knew of their responsibilities regarding Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). They knew that regarding domiciliary services any DoLS referral would have to be made to and approved by the Court of Protection. Staff gained consent from people before carrying out personal care and respected people's choices.

People were supported to access healthcare services. For example, one staff member told us about the action they would take if they were concerned about a person. The staff member told us "If I found a person on the floor I will ring 999 as it is an emergency or ring 111 if someone is unwell and ask for advice or ring the GP directly. One relative told us how the staff from Way Ahead Care responded rapidly to an emergency situation. They told us staff had come to provide care to their relative and while they were there another relative collapsed, one staff member called the emergency services and the other staff member provided emergency first aid and they both made sure the person was comfortable until the emergency services arrived and the person was taken to hospital. "They acted so quickly and so professionally. Basically they saved the person's life I was so impressed".

Staff supported some people to choose and prepare their meals. Staff knew people's food and preferences and how to support people to make healthy meal choices. Staff said they always asked the person what they would like for breakfast or lunch or dinner. Staff told us they would also spend time with the person and encouraged them to eat. One person told us "They would always prepare any meal I want. They always ask me what I would like to eat". Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating.

# Is the service caring?

## Our findings

People and their relatives were positive about the way staff treated them. Each person we spoke with told us their care workers were kind, thoughtful and efficient. Comments included "The girls are alright. They are polite, thoughtful and very nice"; they are very pleasant and kind. They meet my needs; "The carers are very good. They do everything I want them to do". Other comments included "The carers are very good. I have had very good carers over the years. They are very kind. I feel very fortunate to have them" and "The carers are a very nice, thoughtful and concerned about people. They are very good bunch of people and I am happy to be amongst them. I think I am lucky." Also "The carers are very nice. I cannot fault them. Sometimes they do more than they are expected to do" and "They do what they have to do and if they have 5 minutes they sit and talk to you".

Staff spoke about people they supported with compassion and kindness. Staff comments included "I like my job. I like meeting people and I like to talk to people about their life. It is about person centred care for example, how will you like us to help you? What the person wants and when they would like to receive their care".

We saw staff treated people with respect and kindness. We saw staff and people interact in a friendly way. During a home visit, we observed the person was relaxed in the company of the staff who were supporting them. Staff explained what they were doing, ensured the person was comfortable and chatted with them.

People told us they were treated with respect and in a dignified manner. One person said "They cover my bits with the towel and close the curtains. They also ask me how I would like to be washed. Another person told us "They are brilliant excellent carers. I am grateful to them." Further comments included "Yes they are respectful. I can wash myself and the bits I can't do they do it for me". A relative told us "My relative doesn't seem to have any complaint about them. I am usually out of their way and can hear them chatting away. He doesn't seem to mind".

Staff completed training to help ensure they understood how to respect people's privacy, dignity and rights. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks Staff comments included "" I shut the shut the curtains and door. I put a towel over them and ask them to wash their private part if they are able" and If they are able to wash them self I stand outside the door, if they need you they will call you. If the person is bed bound, cover the top half and do the bottom half and change over. Make sure the curtains and doors are closed. Record showed supervisors observed staff's practice to make sure they used these values within their work.

Staff encouraged people to be as independent as possible. For example, one person told us "Staff prepare everything I need for my wash like a bowl of water, a flannel, soap and towel. They are nearby and if I need them I will ask them to help me. It really helps me to do as much for myself as I can". Relatives were given time during care visits to develop relationships with care staff. One relative said, 'I have a good relationship with the carers. They are friendly and polite". Another relative said "I have a good relationship with the carers. They are good and friendly" I am very much involved in my relative's care". We saw one relative made

a cup of tea and some biscuits for the carers and thanked them for the work they did.

Way Ahead Care had a dementia champion trained by the Alzheimer's society who delivers 'dementia friends' training to all staff. Dementia friends is a national government funded initiative to improve the general public's understanding of dementia. Staff we spoke with told us it was about gaining and updating knowledge and raising awareness.

The service had received many compliments, during the past year, from people and their relatives. These thanked the staff for their care and kindness. One comment was "I have a lot 10's scored in my reply and they are a true reflection of how I felt about Way Ahead care".

## Is the service responsive?

### Our findings

People told us their care plans were developed with them after an initial assessment by the agency. One person said "They came and spoke to me before they started the care and went through the care plan with me". Another person told us "Someone came along and went through everything with me. They came to review it from time to time". The care plans described in detail the support the person needed to manage their day to day health needs. Staff knew people well and were able to tell us how they supported people. For example, how they made sure that one person who needed hoisting had the correct equipment and how they made sure the person's skin was in good condition. Staff told us "We make sure we read we read the care plans each time we visit to check if there were any changes".

People told us supervisors had visited to review and discuss their needs and the care required on a regular basis. Comments included "We see a supervisor once a year. Occasionally more frequently for a review if there are significant changes. We saw somebody a couple of weeks ago." and "Somebody came to see me recently to check if everything is ok".

Rotas were sent out to people each week with visit times and the names of staff who would support them. Staff told us they were usually able to get to their visits on time. One staff member said "The visits are well planned, they're all close together". People told us a number of comments. These included "If they are a bit late they normally let me know"; "They never let me down" and "They're occasionally late, it's very rare".

One relative told us some visits had been too early previously but this had improved. However, some people told us that sometimes staff don't arrive on time. One person said "If they are running late they let me know". Another person said "They can be late sometimes. I suppose it is due to traffic". Other comments included "You sit around waiting for them and you don't know who or when they are coming. I have rang them a few times and they say there is a problem and somebody will be with you shortly but they don't tell you if you don't ring them" and "They don't come on time and that's the only problem I have with them. One person also told us "The girls are alright it is not their fault because sometimes it is the traffic. They are supposed to come to me between 9 o'clock and 9:30am but majority of the time they here at 10:30. I don't want to sit around and wait for them it is not nice. It is not a good feeling". We brought this to the attention of the registered manager who agreed to address the concerns raised. One relative said "They are usually on time. We are happy".

People and their relatives told us that the service was flexible and responsive to changes their needs. For example, one relative told us that "When we go to hospital we ask them to send carers early and they do. Sometimes I go out during the day, I ask the agency for a lunch call and sometime I go away on a weekend and they arrange cover for us. They are very flexible. All I have to do is ring them up and they arrange it".

People and their relatives felt able to raise concerns or make a complaint if they felt something was not right. They were confident their concerns would be taken seriously. People had a copy of the service's complaints policy in their care plan file. This provided information on how to make a complaint. People felt that the management were responsive when they had any concerns. For example, one person told us, if

there is a problem I ring (Name of staff) "They are the most efficient They get is sorted". One relative told us "I have made a complaint before about time that staff arrived but they apologised and we are happy with their response".

The service had a complaint policy and people told us they had all the information they required if they need to make a complaint. We saw from the complaint record that they had 16 complaints in the last 12 months. These were responded to appropriately. For example, one complaint was about staff arriving late at a person's house to support them with their personal needs. The staff member had not informed them person that they were running late. Records showed that the service was working with staff through staff meetings and supervisions to ensure they contacted the person who used the service or the office if they were running late.

The service sought regular feedback from people who used the service. Monthly reviews showed people were asked about the quality of the service. The service recently sent out surveys in April, May and June 2016 to the people who used the service for a feedback about the service they received. The overall result was positive. The registered manager told us that they arranged a face to face meeting or a telephone conversation with a person who used the service if there was a negative feedback about the service they received.

## Is the service well-led?

### Our findings

People told us the registered manager was approachable and accessible. Comments included "The manager is good. They speak to us on the phone to find out about the care we receive. A healthcare professional told us the registered manager was responsive and helpful, and always willing to discuss things. "The communication with the registered manager is very good. If we have any changes in our routine we generally contact the manager and they let their staff know. They refer people appropriately. They look after people well. They generally check the pressure areas of people they support and report to us if any problems to avoid skin break down. That tells me that the service is well run". Staff we spoke confirmed this

Staff told us the registered manager and team leaders were very approachable. Comments included "(The registered manager) is very good. Since she started things have changed in a positive way. Communication is better. She takes note of what is happening and puts steps in place to change things. Another staff member told us the manager is approachable. I feel supported. If there is a problem you can get hold of them 24/7".

A healthcare professional told us the registered manager was responsive and helpful, and always willing to discuss things about the people who used the service to improve the service.

The registered manager told us that they had a clear vision; they aimed to provide people with high quality personalised care. Staff members and staff we spoke with knew the values and visions of the organisation. One staff member told us "Our aim is to promote person centred care, respecting personal choices and encouraging people to be as independent as possible. The registered manager kept the vision and values of the service on the agenda for staff meetings. For example the agenda of the staff meeting in March 2016 included expectations and responsibilities of care and support staff and good record keeping. This showed that the service was committed to ensuring that staff remained focused on the providing quality care to the people who used the service.

The service employed two supervisors and two response team members. The registered manager told us they were recruiting two more people to join the response teams. Each team had their own responsibilities. The response team was responsible for taking on the new packages of care and support them for two weeks before handing over to the supervisors for long term management. The registered manager told us that the teams would be divided into two to ensure that all the people using their service would be visited and had their care needs reviewed with 12months.

Staff told us they enjoyed their work. Comments included "We work well as a team – we make sure that every service user is well looked after so we make sure that we support each other" and "We want to help people remain as independent as possible and to live in their home as long as they can"

A healthcare professional told us the registered manager was responsive and helpful, and always willing to discuss things.

The registered manager was committed to improving the service. Audits were carried out to monitor the quality of the service. Visit records and medicine administration records were checked to ensure they were completed correctly. In relation to staffing, recruitment and training records were monitored. Unannounced checks to observe staff's competency were carried out on a regular basis.

The registered manager told us that on a monthly basis Way Ahead Care Services took a 10% random sample and send quality monitoring questionnaires for people who used the service to have the opportunity to confidentially comment on anything specifically if they desire. The questions embraced the aims, standards and outcomes from the service specification. All feedback from responses was shared with the registered manager and teams, recognising that compliments as well as complaints were important when developing continuous improvements.

Other methods monitoring the quality of the service included day to day engagement with people involved service via our electronic communications book where all daily discussions with service users and /or their representatives, professionals and staff are recorded. The compliments and complaints record was audited daily and reviews received from [homecare.co.uk](http://homecare.co.uk) and [buywithconfidence.gov.uk](http://buywithconfidence.gov.uk) forms part of this data gathering.

The service had an open door policy for the people who used the service and/or their representatives, professionals and staff who were encouraged to visit at any time or contact the office with their experiences of the service.

The registered manager told us that the service had signed up to the Social Care Commitment. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. It is a Department of Health initiative that has been developed by the sector, so it is fit for purpose and makes a real difference to those who sign up. The registered manager said "Making the commitment involves agreeing to the seven statements and selecting tasks to help put those statements into practice. I am currently reviewing the tasks in order to ascertain where we can improve our services. Once these tasks have been identified, procedures will be put in place and along with a completion date for the task. This will be up and running by the end of September 2016." The aim of Way Ahead Care signing up to the Social Care Commitment was to increase public confidence in the sector and to be recognised as a quality provider who value and respect their service users and their staff.

The service was also registered as a care ambassador service with skills for care and had received accreditation with the 'Buy with confidence' scheme. This meant that they had been vetted and approved by the trading standards to ensure they operated legally and in a fair way.