

Next Stage "A Way Forward" Ltd

Next Stage - A Way Forward

Inspection report

St. James Business Park,
Warrington,
Cheshire.
WA4 6PS.
Tel: 01925 651405
Website: www.example.com

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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 

Overall summary

We carried out this inspection on 6 November 2015. This location was last inspected in September 2013 when it was found to be compliant with all the regulations which applied to a service of this type.

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.

Next Stage - A Way Forward is a domiciliary care service that provides care and support to people in their own homes. The service currently supports 32 people. This includes people with mental health needs and learning disabilities. The care ranges from a few hours of support a week up to 24 hour care for people in supported living. A supportive living service is one where people live in their own home and receive care and support in order to promote their independence. People have a tenancy

Summary of findings

agreement with a landlord and receive their care and support from the domiciliary care agency. As the housing and care arrangements are separate people can choose to change their care provider without losing their home.

Throughout the inspection we consulted people who used the service. We also spoke with staff from the service and obtained the views of four health and social care professionals who had contact with the service. Feedback was positive and people said they had no concerns about the care they received or the staff who provided it. People told us that staff were caring and treated people with dignity and respect. They told us that the service provided was excellent. They said they had complete trust in the staff and felt safe when they were around.

Staff were confident about any action to take if they had any safeguarding concerns and were confident the registered manager would follow up any concerns they might have.

Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe whilst allowing people to develop and maintain their independence.

People were supported by stable and consistent staff teams who knew people well and had received training specific to their needs. Efforts were made to match staff with people by identifying any shared interest, hobbies and compatibility.

Staff told us they enjoyed their work and were well supported through supervision, appraisals and training. The registered manager spoke highly of the staff team describing them as committed and enthusiastic in their approach to their work.

Staff had high expectations for people and were positive in their attitude to supporting them. They were respectful of the fact that they were working in people's homes. The service offered flexible support to people in order to meet their needs.

Support plans offered person centred care and ensured the person was fully involved in setting goals and monitoring and reviewing achievements. The plans clearly guided staff in how to support people well at various times of the day and in different situations. This allowed a consistent approach from staff when they were supporting people.

The management team had a clear set of values which were apparent throughout our visit. People who used the service told us that the service was excellent, well organised and effective. Staff told us they felt valued and empowered. They said the management team were supportive and the service was very well managed.

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.

Risk assessments supported people to develop their independence while minimising any inherent risk.

There were sufficient numbers of staff to meet people's needs.

The recruitment and associated processes were robust.

Good



Is the service effective?

The service was effective.

Staff were supported by a system of induction, training and supervision.

People received support from stable staff teams who knew their needs well.

People were supported to access other healthcare professionals as they needed.

Good



Is the service caring?

The service was caring.

Staff had high expectations for people and had formed positive relationships with them.

People were treated with dignity and their privacy was respected.

Staff provided people with information and explanations in respect of their care and support and assisted them to maximise their independence.

Good



Is the service responsive?

The service was responsive.

Support plans were personalised and informed and guided staff in how to provide consistent care to the people they supported.

Support plans were regularly monitored, reviewed and updated to ensure all current needs were addressed.

There was a complaints policy in place, to which people had access.

Good



Is the service well-led?

The service was well led.

The management team were open and transparent.

The service had a clear set of values and visions.

Quality audits were carried out to monitor the quality of the service.

People and staff told us they felt involved in the on-going development of the service.

Good



Next Stage - A Way Forward

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 6 November 2015 and was announced. The provider was given three days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. We also needed to gain permission to meet with some of the people who used the service.

Before the inspection we reviewed the information we held about the service including notifications and information received from members of the public. We invited the local authority to provide us with any information they held about the service. We also asked the provider to complete

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. We used this information to help to plan our inspection.

The inspection was carried out by an Adult Social Care Inspector. During the inspection we visited the office and reviewed a sample of the service's policies, procedures and training files. We also looked at seven support plans, four staff files, the complaints file and other documentation relating to the running of the service.

We met with three of the people who used the service and four support workers. We also spoke with the registered manager, assistant manager, administrator and training manager who provided us with clear relevant documentation throughout our visit.

We spoke by telephone with a further three support workers and four people who used the service. We also spoke with four health and social care professionals who had been involved with people who used the service.

Is the service safe?

Our findings

People told us that they felt safe with the care staff and trusted them. Comments included “I have never felt so safe in my entire life. These people make sure I am safe from harm and from people who could harm me”.

We saw that the service had appropriate arrangements in place to keep people safe and reduce the risk of abuse. There were safeguarding and whistleblowing policies and procedures kept in the office, which were accessible to staff. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse. A support worker told us that they and other support staff had raised a concern and were supported by management to do this. They told us that concerns been raised about a colleague’s working practice and management had listened, responded and taken appropriate action. Other staff told us they had received safeguarding training and would be confident to raise concerns.

The service had risk assessments in place which reflected the ethos and values of the service. They were designed to encourage people to develop their independence and maximise their daily lives. Staff told us that they used the risk assessment to determine how they delivered services in a safe manner. An example was given of a person who used the service who became anxious in public, which was an emotional risk but they wanted to join in an activity. The risk was identified, and their care plan was structured in a way that supported them to be in public places. One support worker told us that the service did not want to stop people from doing anything they wished to do. However, they said that risk managements were in place to enable staff to do things in a safe manner and to empower people but also to protect them. We saw that risk assessments identified the risk and when it was more likely to occur. The risk assessments recorded any precautions in place and any further actions needed, they provided clear guidance for staff on how to minimise risk and staff told us that they were very helpful.

Accidents and incidents were recorded and the registered manager told us that this enabled the management team to identify any patterns or trends and take actions to reduce the risk of reoccurrence. Support staff told us that

they had received training on how and when to record incidents. They were able to describe what actions they would take if someone they were supporting started to present behaviour that was challenging to them. Support staff told us that they did not use, or want to use, physical restraint therefore using other methods such as removing themselves from the situation and giving the person space and time to calm down.

People were supported by dedicated teams of staff and there were suitable arrangements in place to cover any staff absence. People told us that they always knew who was supporting them and when they would be present. They said that staff were always there for them. Staff told us that they would cover any shift absences where possible as they believed having a dedicated team of staff to support the person was in their best interests. The registered manager showed us documentation which identified the staffing of the service was 10% higher than currently required. He told us that this enabled staff to take holiday and other leave as required, and still ensure that there was consistent support provided for the people who used the service.

Recruitment processes in place were robust. New employees underwent relevant employment checks before starting work. For example references from past employers were taken up and Disclosure and Baring Service (DBS) checks carried out.

We saw that the registered manager had introduced a ‘strike system’ to ensure quality of recording of information by all the staff of the service. He told us that this system had been put in place to ensure the quality and accuracy of all records and the safety of the people who used the service. Support staff told us that if the quality of their recording fell below the standard one strike would be given. They said that if three strikes were recorded then disciplinary actions would be taken. The registered manager told us that he felt that maintaining the quality of recordings worked hand in hand with the provision of a safer service for the people who used it. The records viewed were clear and detailed all need to know information.

Policies and procedures were in place for the management of medicines. These provided members of staff with information about their role and responsibilities when assisting people who used the service with their medicines. People were assisted with their medicines only if this was

Is the service safe?

part of their care package agreement. Members of staff who had responsibility for administering or prompting people to take their medicines had received appropriate training in order to ensure this was carried out safely. We saw that the medication administration sheets returned to the office after use included relevant details about the medicines and the times they were to be taken.

There were policies and procedures in place for the prevention and control of infection. Staff told us and records showed that they had received training in infection control.

Is the service effective?

Our findings

People told us they received care and support from staff who were skilled and knowledgeable and who knew their needs very well. Comments included “I was in a bad place before these people [support workers] came into my life. Other people had tried to help me in the past but it was not effective. Since this service commenced I have never looked back”, “They understand my mental illness and support me to live with it” and “I have stayed out of hospital due to being supported by this service”.

Support workers told us that they were provided with good quality training and felt valued by the service. Comments included “The induction I received was excellent and I was asked if I wanted to do any extra training. I jumped at the chance and undertook more training which was certificated and free of charge. What a company they value their staff and make sure they have the right skills for the job”, “The induction was thorough and we had to be fully assessed before we were signed off as competent. Good training in place and also good management support” and “The company have invested in me they have made me feel valued. They encourage me to progress and build on my skills and better myself. It makes me feel good about myself and acknowledge how good the company is”.

We saw that people were supported to attend regular health appointments with GPs and dentists. The service worked closely with other health and social care professionals to help ensure that people had access to the services they required to maintain their physical and mental health. Feedback from health and social care professionals confirmed this.

New employees were required to undertake an induction programme in order to familiarise themselves with the service’s policies and procedures and undertake relevant training. This included safeguarding, health and safety and medicines awareness. Any training specific to the needs of the individual being supported was also included, for example diabetic care. The newly appointed support staff were then required to undertake a period of shadowing more experienced staff. Staff said that the induction period was in place to enable new staff to gain knowledge, skills and confidence so they could work on their own. Staff said they had to be assessed by the training manager before they were ‘signed off’ to work alone. The training manager showed us a workbook which the service had produced for

all new employees to work through. The workbook was based around the Care Certificate which is recognised as good working practice within the caring sector. It contained all ‘need to know’ information and included staff understanding their role, values aims and objectives, duty of care, mental health, dementia, learning disability, safeguarding and handling information. Staff told us that this workbook was excellent and was produced in a way that enabled them to fully understand the content. We saw that all new staff were placed on a thirteen week probationary period which could be confirmed earlier or extended should performance warrant such a decision. One staff member told us that the induction process had been most useful and the training manager had been very supportive throughout. The training manager told us that the induction period was flexible according to the needs, experience and aptitude of the employee.

Staff received regular supervisions. These took place formally approximate every six to eight weeks and provided an opportunity for staff to identify their training needs and discuss working practices with their line manager. Staff told us that they were also able to ask for support or advice at any other time as the registered manager, assistant manager and administrator were very approachable and helpful.

The training manager told us that training was updated on a regular basis and she provided us with a training matrix to evidence this. The training matrix was comprehensive and detailed which staff had completed which training and when they were due to complete refresher courses. Staff told us that they had also been given extra training to support specific individuals, such as self-harm ligature training and alcohol abuse.

The Mental Capacity Act 2005 is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions made on their behalf are made in people’s best interests. Certain applications to restrict people’s liberty must be made to the Court of Protection but the registered manager told us that no one who used the service was currently subject to these arrangements. When we spoke with staff about this subject they told us that they had been provided with training on the Mental Capacity Act and they referred us to the policy documents they had been given. Staff told us they ensured that people consented to their care by asking

Is the service effective?

them in whatever way they understood such as verbal and none verbal language. We saw there was a policy relating to mental capacity and that a section of the care planning document included a checklist for staff to consult.

People were supported to maintain a healthy lifestyle where this was part of the support plan. People told us that staff supported them with their food shopping and assisted

them with planning their menus. A staff member told us that they always encouraged people to eat and drink well and were aware of people's likes and dislikes. Discussions with support worker identified that they had full knowledge and understanding in areas such as nutrition and infection control.

Is the service caring?

Our findings

People were positive about the staff who supported them. Comments included “The staff support me to live my life”, “They [support staff] care about me and help me with my illness. Sometimes I get very anxious and they know the signs and support me to deal with it”, “They are kind and caring and have become a lifeline for me. Nothing is too much trouble for them and I always look forward to their visits” and “They are dedicated people who I trust very much. I have just had a problem that made me worry a lot. When I told them they sorted it out right away”.

Staff spoke about the people they supported with fondness and displayed pride in people’s achievements. They spoke about people positively and focused on their strengths. Comments from staff included “It’s great seeing people getting their life back in track”, “I love this job because I really can help people to gain confidence and feel good about themselves” and “It’s great to see people become much happier, more settled and independent”. Staff told us that they recognised that support could also impact upon the family and friends of people who used the service. They told us that where required they worked constructively with the support network around the individual. For example, they worked with the family of a person who used the service at their request, to enable more frequent contact between them. Staff said that this supported the person to enhance the positive relationships in their life.

Support plans described how people needed to be supported in order to protect their dignity. Staff told us that they were always aware of the need for people to have privacy, especially when providing 24 hour support within people’s own homes. The plans also considered how to support people’s needs sensitively. For example, one person would drink excessive amounts of alcohol which

negated the effect of their medication and was not beneficial to their health. Staff told us that they worked sensitively with this person to assist them to understand the situation and want to reduce their alcohol intake.

Support plans also considered how to support the person when in the community so that the person integrated in the community appropriately. For example, one support plan explained how a person supported by the service could become loud and aggressive in certain situations. The plan gave clear details of places to avoid and actions to take to avoid any confrontation.

Staff talked about the need to remember they were working in people’s own homes and were mindful of the use and storage of documentation to ensure people’s records were kept safely and their confidentiality maintained.

One person told us that support workers understood their anxieties which included displaying agitation in certain situations. They told us that support workers talked through things with them in a reassuring way and made them feel less anxious and able to do the things they wished to do without fear.

We saw that the registered manager and assistant manager monitored each care package and checked on areas of development. This included agreeing and setting outcomes for each person who used the service which were discussed with the person every three months or sooner if required. This information was shared and reflected on during weekly team meetings and one to one supervisions.

People who used the service were provided with a copy of the service user guide which held detailed information about the services offered. Support plans also held clear details of the services which had been requested and agreed. This meant that people who used the service, and where appropriate, their relatives, knew what to expect from the service and who to contact for further information.

Is the service responsive?

Our findings

People told us that they were fully involved in planning the agreed level of support and that the support provided was as needed. Comments included “I am invited to meetings to decide what support I need and who will provide it for me” and “My support plan is based around my needs. It details how and when staff will support me and details all my thoughts and feelings about the support I want”.

The registered manager told us that the service strived to offer person centred care to meet the needs of the people who required support. He told us that this was achieved by people who used the service being at the heart of the discussions to gain their thoughts and feelings as to what kind of service they would like to receive. He told us that this happened through interactions with the management team, support staff and other professionals who may be involved with the person who used the service. We saw that this led to the implementation of an individual approach for each person.

Support plans viewed contained information about people’s initial assessments, risk assessments and correspondence from other health and social care professionals. Staff told us that every person who used the service had a support plan which detailed the support to be given on a daily basis. We looked at seven of these plans and saw they were highly detailed and contained information to guide staff on how to support people in line with their wishes, choices and needs. For example, there was information about people’s routines and what was important to and for them. One plan stated in detail what the person’s ability or motivation was when undertaking their own personal care and what encouragement was required to ensure their personal care needs were met. Support staff knew the people they supported and were able to describe to us how each individual wished to receive support. The plans also listed any medical conditions each person had and any allergies. It was clear

what their assessed care needs were, such as, shopping, meal preparation and administration of medicines. Each call time had details of the care and support to be provided at that time.

We saw that systems were in place to help ensure that staff had access to the most up to date information about the people they supported. If anything of note occurred, the management team contacted all support staff by telephone text or e mail. Information was also recorded in people’s daily records.

Staff told us that they had a flexible approach to supporting people and this was confirmed by the people they supported. One person said that they were allocated a certain amount of hours per week and they were able to choose weekly what times they would be provided.

We saw that the service held a quarterly forum to hear from people who used the service and they were also provided with a telephone number and e mail address to enable them to speak about individual concerns.

A copy of the complaints procedure was included in the service user guide. All the people we spoke with told us that they knew how to make a complaint and felt confident to do so if necessary. They told us that they thought the service was so good that no one would ever need to complain. One person said they would call the office if they needed to complain and another person said they would speak with their support worker. Records showed that the service had received no formal complaints within the last 12 months.

We saw that a new telephone technology had been introduced which the registered manager told us would support the service to be even more responsive. He said the software offered an ‘SOS’ alert which when activated would send an emergency message to a colleague who would then act as emergency support. The technology identified staff locations and had systems in place to divert staff to respond to any changes of need. This software was in place as a pilot scheme but the registered manager told us it was hoped it would be fully implemented in the near future.

Is the service well-led?

Our findings

The people we spoke with told us that they felt very much a part of the service as they were involved in meetings and discussions about how the service was run. Comments included “I attend meetings with the staff and they always listen to what I have to say” and “I am invited to have my say all the time. This can be done by meetings, telephone conversations or filling in the surveys that they send out. Brilliant service provided by brilliant people. They make my life much better I cannot thank them enough”.

Staff told us that they felt valued and empowered by the open and transparent atmosphere within the service. Comments included “I feel the service is very well managed by people who really do care about the people we support. As staff we are also made to feel a part of the service and are valued by way of good communication channels, high quality training and support. We are managed by people we respect, who also respect us”.

The service had a clear set of values and visions. The management team ensured that people’s voices were heard and their support came first. The registered manager had clearly set out the organisations values and the staff spoken with were very much aware of these values.

The management team told us that they believed that openness and transparency were an integral part of the service. They said that they offered open explanations to what was expected of staff and in turn expected open responses from them. Staff told us that a level of trust existed between management and staff and that they were encouraged and welcomed to share their thoughts about any aspect of the service.

We saw that the service had an on call system in place which meant that staff and people who were supported could access advice and assistance at any time. People told us that they knew where the office was and could pop in at any time. Support staff and people who used the service said that administrator was always helpful and went out of their way to provide information or deal with any day to day queries that may arise.

There were robust systems in place to monitor the quality of the service provided. Staff undertook a range of monthly and weekly checks which included financial records and medicines. People had been given, by the service, a questionnaire to complete which asked for their views on the service. Regular audits were carried out for all individuals who used the service. This included checking support plans, risk assessments and health and safety issues. Multi-disciplinary meetings were called to address any issues identified by this process. Four monthly service user forums were held to ensure people had an opportunity to comment on the staff and services provided.

Staff meetings were held weekly and staff told us that these were very useful and gave them the opportunity to pass on information and exchange ideas for the development of the service.

The management team had a strong and positive working relationship and they told us that they supported each other and recognised each other’s strengths. The Warrington branch of Next Stage - A Way Forward received support from the wider organisation including visits and interventions from the training manager, Human Resources and auditing staff to help with the running of the branch and where staff could access any advice or guidance if required.