

Next Stage "A Way Forward" Ltd

Next Stage "A Way Forward" West Lancashire Area Office

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 

Overall summary

Next Stage "A Way Forward" provides domiciliary care services for people who need support with mental health difficulties and who require help with their personal and social care needs. Some domestic assistance is also provided for those who need help in this area. The agency office in West Lancashire works with approximately 16 people, who live in their own homes within the community. The office base is situated close to the centre

of Ormskirk and is easily accessible by public transport. Next stage "A Way Forward" West Lancashire area offices owned by Next stage "A Way Forward" Ltd and is regulated by the Care Quality Commission (CQC).

The last inspection of the service took place on 30 July 2014 when it was compliant with all six outcome areas assessed at that time.

A visit to the agency office was conducted on 23 November 2015 by an inspector from the Care Quality

Summary of findings

Commission. The registered manager was given short notice of our planned inspection. This was so that someone would be available to provide the information we needed to see.

The registered manager of the agency was on duty when we visited Next Stage. 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 and associated regulations about how the service is run.

Records showed the staff team were well trained and those we spoke with provided us with some good examples of modules they had completed. Regular supervision records and annual appraisals were retained on staff personnel files.

Staff were confident in reporting any concerns about a person's safety and were aware of safeguarding procedures. Recruitment practices were robust, which helped to ensure only suitable people were appointed to work with this vulnerable client group.

The planning of people's care was based on an assessment of their needs, with information being

gathered from a variety of sources. Evidence was available to show people, who used the service, or their relatives when relevant had been involved in making decisions about the way care and support was being delivered.

Regular reviews of needs were conducted with any changes in circumstances being recorded well. Areas of risk had been identified within the care planning process and assessments had been conducted within a risk management framework, which outlined strategies implemented to help to protect people from harm.

People were supported to maintain their independence and their dignity was consistently respected. People said staff were kind and caring towards them and their privacy and dignity was always respected.

Staff spoken with told us they felt well supported by the manager of the agency and were confident to approach him with any concerns, should the need arise.

Medications were being well managed. Detailed policies and procedures were in place, which were being followed in day to day practice. Medication Administration Records were being completed appropriately and people told us they received their medicines on time and in a safe manner.

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?

This service was safe.

At the time of this inspection we looked at a wide range of records and we found that relevant checks had been conducted before staff were allowed to work in the community. This helped to ensure that only suitable people were employed to work with this vulnerable client group.

A range of risk assessments had been conducted and accidents had been recorded appropriately. Medicines were being managed well.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who used the service were protected by the emergency plans, which would be implemented.

Good



Is the service effective?

This service was effective.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work for the agency, followed by a range of mandatory training modules, regular supervision and annual appraisals.

Consent had been received from people before care and support was provided. Staff had received training in relation to the Mental Capacity Act [MCA] and Deprivation of Liberty Safeguards [DoLS].

Good



Is the service caring?

This service was caring.

Evidence was available to show people had been supported to plan their own care. Those who used the service felt that staff were kind and caring.

People were respected, with their privacy and dignity being consistently promoted. They were supported to remain as independent as possible and to maintain a good quality of life.

Good



Is the service responsive?

This service was responsive.

An assessment of needs was done before a package of care was arranged. Plans of care reflected people's needs and how these needs were to be best met. Regular reviews were conducted, with any changes in circumstances being recorded well.

The plans of care were well written and person centred. People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

Good



Is the service well-led?

This service was well-led.

Good



Summary of findings

Staff spoken with felt well supported and were very complimentary about the way in which the agency was managed. Records showed that a culture of openness and transparency had been adopted by the agency.

Well organised systems were in place for assessing and monitoring the quality of service provided, which included feedback from those who used the service.

The agency worked in partnership with other organisations and an important aspect of the service was the ethos of sharing relevant information with those who needed to know.

Next Stage "A Way Forward" West Lancashire Area Office

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. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on 23 November 2015 by an Adult Social Care inspector from the Care Quality Commission (CQC).

Prior to this inspection we looked at all the information we held about this service, including notifications informing us of significant events, such as serious incidents, reportable accidents, notifiable diseases, deaths and safeguarding concerns.

The registered manager had not been requested to complete a Provider Information Return (PIR) on this occasion. 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.

Ten of the sixteen people who used the service agreed to a telephone conversation with an Expert by Experience. However, we were only able to speak with five of them, plus a relative. An Expert by Experience is a person who has experience of the type of service being inspected.

We spoke with five people who resided in supported living accommodation and two relatives of other people who used the service. We spoke with three members of staff during our inspection, as well as the registered manager. We also looked at the care records of six people who used the service and 'pathway tracked' the care of three of them. 'Pathway' tracking is a method we use to establish if people are receiving the care and support they require.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe when care staff were in their homes and that their possessions were also protected. They told us they thought care staff performed their tasks in a safe way. One person told us, "I can trust all the girls who come here. They are lovely. I have no worries about any of them."

Staff told us they were confident in reporting any concerns they had about the safety of those who used the service. Records showed staff had completed training in safeguarding adults. This helped to ensure the staff team were fully aware of action they needed to take should they be concerned about the welfare of someone who used the services of Next Stage. One care worker told us, "I would not hesitate to report anything I was concerned about. I just want what is best for my clients."

A multi-agency policy in relation to safeguarding vulnerable adults and whistle blowing was available at the agency office. This informed staff members about the procedure they needed to follow in the event of an actual or potential abusive situation. A system was in place to record any safeguarding referrals. This enabled the registered manager to monitor the frequency and details of any concerning information and to address any issues promptly.

We noted that the policies and procedures of the service covered disciplinary matters and we spoke with staff members about the recruitment procedures adopted by the agency. During our visit to the agency office we looked at the personnel records of six people who were employed by the service. We found recruitment practices to be robust. Details about new employees had been obtained, such as application forms, written references and Disclosure and Barring Services (DBS) checks. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, or have been deemed 'unfit' to work with vulnerable people, so they can make a decision about employing or not employing the individual.

Thorough interview processes had been followed, which allowed the management team to discuss with the prospective employee any areas which needed further

exploration. Staff members confirmed that all relevant checks had been conducted before they were able to start working alone and records seen confirmed this information to be accurate.

A variety of assessments within a risk management framework had been introduced, so that people were protected from harm. These had been reviewed regularly and covered the current risk, as well as the prevention and control measures implemented to reduce identified risks. The frequency of reviews were conducted between daily to three monthly, dependent on the level of risk, which was determined using rating scores, resulting in 'critical', 'substantial', 'moderate' or 'low' outcomes for each assessed area. The risks assessed included, drug and alcohol dependency, mental health, environmental risks, nutrition and finances.

Accidents and incidents were documented accurately and records were maintained in line with data protection guidelines. This helped to ensure personal information was retained in a confidential manner. Staff spoken with confirmed risk assessments were conducted and these were retained at people's homes, as well as the agency office.

Staff spoken with felt confident in dealing with emergency situations and were fully aware of the policies and procedures in place at the agency office. They told us of action they would take in the event of certain emergencies arising.

People who used the service and their relatives told us they thought there was enough staff on duty to support their needs.

One person we spoke with told us she was able to self-administer her medications, but that she needed prompting by her care workers, to ensure she did not forget to take them. This individual's care records supported this information. It was pleasing to see detailed information within each care file we saw, which provided staff with clear guidance about each medication people were prescribed, such as the reason for administration, usual doses, when the medicine should not be prescribed and possible side effects.

During the course of our inspection we assessed the management of medications. We saw that there were a wide range of medication policies and procedures in place, which had recently been updated and rewritten. These

Is the service safe?

were to be tested within the West Lancashire area and then to be rolled out across the company. These policies and procedures covered areas, such as self-medicating, prompting and administration of medications, variable dose and covert medicines, controlled drugs, storing of medications, incident reporting and medication training for staff.

People we spoke with, who received support with their medication told us that it was always administered or supervised on time. We looked at some Medication Administration Records (MARs), which were clear and which had been signed accordingly, to show that medications had been given as prescribed. We found that medications were being well managed at the time of this inspection.

Is the service effective?

Our findings

Comments from people who used the service included, “They [the staff] listen and understand”, “They [the staff] don’t let me eat too many carry outs (take aways)” and “They [the staff] take me to appointments. They go out of their way for me and they talk on my behalf with the landlord.”

One relative we spoke with told us, “My son was socially isolated and the support workers are doing a brilliant job, he is a different person. The staff are always up to scratch.”

At the time of this inspection there were 16 people who used the service. People we spoke with and their relatives told us they thought the care staff were well trained and competent. People said they were most satisfied with the care and support they received from Next Stage.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that policies and procedures were in place around capacity and consent. Records showed that multi-disciplinary meetings had been held, when needed, to ensure any decisions had been made in the best interest of the individual concerned. Records showed that consent had been obtained in a variety of areas, such as the management of finances and medications, where someone needed to be supported in either of these areas. One person had given his consent to be in a video made by next stage for staff training purposes only.

People we spoke with told us their health care needs were being met. Records showed some external professionals were involved in the care and support of those who used the service, so that people received the health care and treatment they required.

New employees commenced employment on a three month probationary period, during which time they were assessed and closely monitored, to ensure they were attaining the standards expected of them. New starters were issued with a range of relevant information before

they started work, which helped them to do the job expected of them. This included items, such as job descriptions relevant to their roles, terms and conditions of employment and important policies and procedures of the agency. An employee handbook was also issued to all new staff, which incorporated health and safety issues, discipline and grievance procedures, codes of conduct, equal opportunities and data protection.

The training programme for new staff commenced with an in-depth induction plan, which was in accordance with the nationally recognised care certificate. Induction modules included areas such as, health and safety, privacy and dignity, the role of the care worker, moving and handling, safeguarding vulnerable adults, infection control, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), basic life support, nutrition and person centred approach. During their induction period staff were expected to complete ‘shadowing’ shifts with an experienced care worker before they could be signed off to work alone. However, there was flexibility to extend the induction period, should it be felt necessary and this was decided on an individual basis. Following completion of the induction programme all learners evaluated their experiences. We noted that only positive comments were made on the records we saw.

Lesson plans were in place to support sections of the care certificate and learning modules were validated by knowledge checks for all staff. The training matrix showed that a good percentage of staff had covered a wide range of mandatory learning modules, such as safeguarding vulnerable adults, first aid, health and safety, moving and handling, mental health, fire awareness, food hygiene, the Mental Capacity Act [MCA] and Deprivation of liberty safeguards [DoLS] and medication management. One member of staff told us that she had requested to do an additional training module, which she had been supported to complete. Records showed that training specific to the needs of people who used the service was also provided. For example, learning in relation to autism, nutrition and Learning Disabilities.

Staff members we spoke with told us the information and initial training provided was sufficient for them to be able to do the job expected of them. One member of staff said her induction was thorough and she felt comfortable to ask for support and advice, as was needed. Staff spoken with told us they had regular supervision meetings and annual

Is the service effective?

appraisals with their line managers and were observed doing the job at regular intervals. Supervision and appraisal records, which we saw incorporated areas, such as work reviews, staff training, management support, personal development, duties and responsibilities and achievements. The employee and their line manager also discussed what the care worker considered to be the most difficult and least interesting aspect of their role, as well as what they most enjoyed. Objectives for the following year were also planned within these sessions, so that each employee had developed an agreed goal towards their personal development achievements.

We were told that new employees 'shadowed' more experienced staff members for a period of time before they were able to work alone. This helped to ensure that new care workers gained the confidence and skills they needed to provide the care and support, which people required. A senior support worker confirmed that she was a mentor for

new staff, some of whom 'shadowed' her when they first started to work for Next Stage. Whilst at the agency office we overheard the registered manager arranging by telephone some 'shadowing' shifts with a member of staff.

Staff we spoke with gave us some good examples of training they had completed, such as health and safety, fire awareness, safeguarding adults, first aid at work and moving and handling. Certificates of training were retained in staff personnel files and these confirmed the information provided by staff was accurate.

People who had food prepared by care workers told us their meals were satisfactory. One person said, "I have no complaints." People we spoke with and records we saw demonstrated that those who used the service were supported to maintain a healthy eating lifestyle and were helped to manage their own shopping, in accordance with their menu plan.

Is the service caring?

Our findings

One person who used the service told us, “They’re [the staff] on call and help me when I feel down.” Another commented, “They do so much for me.” And a third said, “They make me feel lovely.”

People we spoke with told us their privacy and dignity was consistently respected and their independence was promoted by a kind and caring staff team. One person told us that when she began to use the service several years previously she had specifically requested for female care workers to support her, and this request had been continually honoured.

Staff members we spoke with described the ‘matching process’, which demonstrated that people’s needs, interests, age, beliefs and preferences were taken in to consideration when allocating care workers to clients. Those who used the service, whom we spoke with confirmed that this was accurate information and that they had been ‘matched’ with people similar to themselves. People were very complimentary about the care staff, particularly their regular care workers.

Policies and procedures incorporated the importance of confidentiality, privacy and dignity and providing people

with equal opportunities, despite their age, religion, race, sexuality or disability. Other areas covered in the information available were autonomy, independency and advocacy. An advocate is an independent person, who will act on someone’s behalf and support them in the decision making process, should they wish to access this service. Detailed information was provided for those who used the service, outlining the facilities and services provided by Next Stage.

We looked at the care records of six people who used the service and found they or their relatives had been given the opportunity to decide how care was to be provided. This helped to ensure people were supported in a way they wanted to be. People we spoke with told us they were involved in planning their own care, or that of their relative. They confirmed that a copy of their care plan was retained at their house. The plans of care we saw outlined the importance of respecting people’s privacy and dignity and promoting their independence as far as possible.

We noted that contracts of service were on individual care files, which set out the values of privacy and dignity, the details of Next Stage, examples of daily support, health and safety awareness and the complaints procedure. This helped to ensure people were aware of what to expect whilst they were using the service.

Is the service responsive?

Our findings

One person who used the service told us, “They [the staff] help me with my cleaning.” And another said, “They [the staff] help me cope better through the day.”

A key worker told us, “We don’t judge anyone. Our role is to help them move their lives on. We liaise on their behalf with other services, as some feel quite vulnerable for many reasons and we need to empower them, but put some stability around them too.”

People we spoke with told us they were happy with the service they were receiving and they felt that care staff would listen to them if they wanted their care delivered in a certain way. We met with one person, who was very complimentary about the support she received from Next Stage. She remarked, “They [the staff] are brilliant.” This person visited the agency office with her care worker. They were on their way to do some shopping. She felt all her needs were being appropriately met and she told us that her carers were consistent, unless on the odd occasion she has someone different, because of annual leave.

We examined the care records of six people who used the service. These files were well organised, making information easy to find. We ‘pathway tracked’ the care and support of three of these people. We also chatted with a relative of someone whose records we examined and discussed the care they received. People told us they were happy with the care and support delivered by the staff team. Systems were in place for each individual to add written comments within their own plan of care. This demonstrated that those who used the services of Next Stage were enabled to be fully involved with the planning of their own care and support. This was in line with the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Detailed needs assessments had been conducted before a package of care was arranged. This helped to ensure the staff team were confident they could provide the care and support required by each person who used the service. We found the plans of care to be well written, person centred documents, which provided staff with clear guidance about people’s history, social needs and medical conditions. They had been developed from the information obtained before a package of care was arranged and also from other people involved in providing support for the individual, such as

other professionals, relatives and the individuals themselves. Regular reviews of people’s needs had been conducted, which included their desired outcome and how staff could best support them in achieving this required result. This helped to ensure people were receiving the support they needed and in accordance with their individual wishes. Any changes in need had been recorded well. A record was made of each visit, so that all staff attending the individual were aware of any relevant information. This helped the staff team to provide continuity of care.

The service had adopted the ‘Recovery Star model’, which is a tool used for supporting and measuring change when people are involved in managing their own social and health care needs. This system covers areas, such as mental and physical health, self-care, living skills, social networks, relationships, addictive behaviour, responsibilities, identity and self-esteem and trust and hope. Some of the people who used Next Stage were engaged in this process because they wished to become more involved with the care and support they received. A signed agreement was retained on their care records and the areas covered in the ‘Recovery Star Model’ formed the plan of care for the individual concerned.

People who used the service and their relatives told us they had enough information about their care plans and that they were involved in the care planning process as much as they wanted to be. Daily record sheets, completed by staff, were very detailed and outlined what people had done during each shift. The record of one person told us that he had been train spotting and taking photographs of the different trains at a local railway station. This person’s records showed that this was one of his long term passions.

Other records we saw showed that people were involved in a wide range of leisure activities, which provided detailed accounts of their experiences and were tailored to meet their preferences and interests, such as ten pin bowling, attending discotheques, spotting Eddie Stobart lorries and shopping trips to local markets. One person, who was an avid Eddie Stobart follower had visited the depot and had been to see a James Bond movie, which was another of his great interests.

The records of another person showed he enjoyed going to the pub to meet his friends and this individual had also achieved a basic first aid qualification. Weekly activity programmes and daily monitoring sheets were evident on

Is the service responsive?

each care file we saw. These were very individualised and person centred. Records showed that several people had held down various types of voluntary work and others attended college courses, which was pleasing to note.

Some people were involved in an activity club, which enabled them to visit the Trafford Centre in Manchester and the zoo. A service user's forum was being established and plans were to generate interest and attendance through informal coffee mornings, rather than formal meetings.

Evidence was available to show that people were informed if their care worker had been delayed for any reason and would therefore be a little late for their visit. However, people told us that their care workers were not usually late arriving. They also told us they had regular care plan reviews and that appropriate changes to the care plan were made when necessary. Everyone we spoke with told us their choices around how care was delivered and timings of calls was generally respected.

People we spoke with told us they would know how to make a complaint and they would feel comfortable in doing so, should the need arise. A detailed complaints procedure was available at the agency office, which covered informal and formal complaints and which stated, 'All service users will be provided with a written copy of the company's complaint procedure.' The procedure told its readers about specific time frames for investigating and responding to complaints received. A system was in place for any complaints to be recorded and addressed in the most appropriate way. This enabled the registered manager to assess and monitor the frequency of concerns raised and to identify any recurring patterns. Three people had made a complaint in the past year. These were discussed with the registered manager at the time of our inspection and we established that appropriate action had been taken.

Is the service well-led?

Our findings

One of the care workers we met told us, “I feel very valued by the company. I am well supported and I know I can contact the manager at any time to discuss any concerns I might have.”

The registered manager was on duty at the time of our inspection. Positive feedback was received about his management style and people we spoke with thought the office staff were approachable.

We found the service focused on a culture of openness and transparency. The service had notified us of things we needed to know and a system was in place, so that such notifications could be closely assessed and monitored.

We were told by several people that the registered manager periodically visited people within their own homes, to obtain their views about the service they received. Records showed that these visits were documented every quarter and included people’s voice. The agency had been accredited with a number of external quality awards, which demonstrated that periodic assessments were conducted by independent professional organisations. Reports were available from such assessments. A range of quality audits were regularly conducted, such as medication management, complaints, care planning and staff training. This helped to ensure that an effective system was in place to continually assess and monitor the quality of service provided.

We saw that recent surveys had been conducted for those who used the service. This enabled people to express their views about the service provided. Results we saw from the surveys were positive, as were those from the visits made by the registered manager. One relative had written, ‘The support given to my son has made life so much better for him. His support workers have brought out the best in him. They really are wonderful.’ Staff we spoke with told us the registered manager conducted regular checks on practices and systems adopted by the agency. We were told that surveys were also conducted for staff members, but that these were distributed and the results analysed by Head Office.

It was established that meetings were held periodically for the managers of the agency and weekly meetings for the staff team. This allowed relevant information to be

disseminated and encouraged people to discuss any topical issues within an open forum. Topics for discussion included, updates about the needs of those who used the service, staffing, recruitment and staff training. Handover sheets were completed, so that each staff member was easily able to identify what was needed by those who used the service. This was particularly helpful during periods of annual leave or other staff absences.

We requested to see a variety of records, which were produced quickly. A wide range of updated policies and procedures were in place at the agency office, which provided staff with clear information about current legislation and good practice guidelines. This helped the staff team to provide a good level of service for those who received care and support from Next Stage. Some examples of the policies and procedures included: Equal opportunities, management of medications, health and safety, confidentiality, infection control, discipline and grievance.

People we spoke with said they would recommend Next Stage to other people. One member of staff told us, “The manager will listen to us. He is approachable and will deal with any concerns raised.”

We received feedback from a community professional about the quality of service provided by Next Stage. Their response stated, ‘My findings of Next Stage Care agency are very positive. At all times I have found the care agency to be very responsive to my client’s needs and support staff have liaised with myself as and when needed and in a very timely fashion. They have contacted me in the event of my client’s needs changing, even slightly, or in the event of having any concerns about my clients mental health presentation. Staff have been readily available to speak to should I have needed to contact them and they have been professional and courteous in all of their interactions with the mental health team. I have found staff to be readily available and knowledgeable in the event of us needing their input with reviews of care and treatment.

My client is appreciative of the support that they provide to him and he appears to have built trusting therapeutic relationships with the staff who support him. I am confident that my client’s needs are successfully being met in a safe, effective, caring, responsive and well led manner and I would recommend this care agency to other Care Co-ordinators.’