

Next Stage "A Way Forward" Ltd

Next Stage "A Way Forward" Ltd Head Office

Inspection report

HR House, 28 Manchester Road
Westhoughton
Bolton
Lancashire
BL5 3QJ

Tel: 01942818569

Date of inspection visit:
28 November 2016
29 November 2016

Date of publication:
14 December 2016

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

This inspection took place on 28 and 29 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people living in their own homes who are often out during the day; we needed to be sure that someone would be in. At the last inspection on 2 June 2015 the service was found to be meeting the requirements of the regulations.

Next Stage "A Way Forward" is a domiciliary care agency and community healthcare service providing support to adults with enduring mental health needs. Support is provided for everyday activities associated with living either independently or semi-independently in the community, such as diet and nutrition, budgeting, shopping, domestic tasks, confidence and support. At the time of the inspection 50 people were using the service and no people were receiving support for personal care or support that required assistance with the use of moving and handling equipment for transfers.

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 we spoke with told us they felt safe using the service. The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse.

Care and support records of people who used the service were very comprehensive, well organised, easy to follow and included a range of risk assessments to keep people safe from harm.

There were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure that people who used the service were safe.

There was an appropriate up to date accident and incident policy and procedure in place and details of any accidents and incidents were recorded appropriately.

There was an up to date business continuity plan in use which covered areas such as loss of utility supplies, loss of IT systems, influenza pandemic, fire and flood and adverse weather.

Effective procedures were in place regarding lone working and an appropriate policy and associated guidance was in place. We saw that the monitoring of staff locations was undertaken through the use of the global positioning system (GPS). This provided the head office with notification alerts when staff had started and finished their working shift.

At the time of our inspection visit, we found staffing levels to be sufficient to meet the needs of people who used the service. Each person who used the service had a corresponding staff rota that was personal and individual to them which identified the dates and times that support was provided.

People who used the service told us they felt that staff had the right skills and training to do their job. New staff were given a handbook at the start of their employment which identified the values of the service and the training opportunities available.

There was a comprehensive and rigorous process of staff induction in place which was used to audit the progress of new staff relative to the requirements of the induction process. Staff were matched to the person they supported to ensure the development of good relationships.

Staff were given a copy of the organisation's policies and procedures and staff knowledge of these policies and procedures was tested out at supervision meetings and as part of the process of induction. This meant that staff were clear about the standards expected by the service and how the service expected them to carry out their role in providing safe care to people in their own homes.

We reviewed the service's training matrix and staff training certificates, which showed staff had completed training in a range of areas. Staff told us they felt they had received sufficient training to undertake their role competently. All staff had completed training in the Mental Capacity Act in general as part of the process of induction.

Staff received supervision and appraisal from their line manager and the service kept a record of all staff supervisions that had previously taken place.

Before any care and support was given the service obtained consent from the person who used the service or their representative.

Each person who used the service had a health assessment which was easily accessible within their individual care and support plan. The service completed a holistic assessment of people's wider health needs.

People who used the service told us that staff were kind and treated them with dignity and respect.

We found the service aimed to embed equality and human rights through well-developed person-centred care planning.

The views and opinions of people were actively sought. People who used the service told us they were involved in developing their care and support plan and were able to identify what support they required from the service and how this was to be carried out.

People who used the service told us Next Stage worked in a way which promoted their independence and that the registered manager had visited them in their own homes.

A monthly newsletter produced by the service which people who used the service contributed to. A service user information pack was given to people prior to commencement with the service. Service user forums were held on a four monthly basis and we saw minutes from the forums.

The needs of people were assessed by experienced members of staff before being accepted into the service

and pre-admission assessments were completed and care plans were regularly reviewed and updated. The structure of care plans was clear and easy to access information.

Each person using the service had a 'weekly planner' in their care files identifying the types of activities that they liked to engage in or had carried out at different times of the day.

There were appropriate systems in place for managing and responding to complaints.

We found that the registered manager provided on-going support to the staff team. Staff told us they felt they were able to put their views across to the management, and felt they were listened to. Staff were able to question management decisions, in a positive and constructive environment.

We found the service had policies and procedures in place, which covered all aspects of service delivery.

The service undertook audits to monitor the quality of service delivery.

The service had good links with the wider community and worked in partnership with other agencies to help ensure a joined-up approach to people's support.

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.

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse.

Care and support records of people who used the service were comprehensive, well organised and easy to follow.

There were suitable arrangements in place to ensure that the administration of medicines was safe.

Is the service effective?

Good ●

The service was effective.

People who used the service told us they felt that staff had the right skills and training to do their job.

There was a comprehensive process of staff induction in place and staff had completed training in a range of areas. Staff received supervision and appraisal from their manager.

Before any care and support was given the service obtained consent from the person who used the service or their representative.

Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives told us that staff were kind and treated them with dignity and respect.

Most people were receiving support from no more than two or three different staff members which enabled the development of positive long-standing and trusting relationships.

The service aimed to embed equality and human rights through well-developed person-centred care planning.

Is the service responsive?

Good ●

The service was responsive.

People who used the service and their relatives told us they were involved in developing and reviewing care plans.

People who used the service had a care plan that was personal to them.

Regular reviews of care needs were undertaken by the service.

Is the service well-led?

Good ●

The service was well-led.

People who used the service and their relatives told us the manager was very approachable and held regular discussions with them about the quality of care.

The service had policies and procedures in place, which covered all aspects of service delivery.

The service undertook audits to monitor the quality of service delivery.

Staff told us they felt supported and were able to put their views across to management.

Next Stage "A Way Forward" Ltd Head 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 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.

This inspection took place on 28 and 29 November and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people living in their own homes who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector from the Care Quality Commission. Before the inspection visit we reviewed the information we held about the service, including information we had received since the service registered such as notifications of incidents that the provider had sent us.

We also liaised with external agencies including the contract monitoring team from the local authority and reviewed information we received from HM Coroner regarding policies and procedures in place at Next Stage to deal with the disclosure of an overdose of medication by a person using the service.

We reviewed the care records of eight people that used the service and records relating to the management of the service. We looked at documentation such as care plans, five staff personnel files, policies and procedures and quality assurance systems.

During our inspection we went to the provider's head office and spoke with the registered manager, the training and development manager, the HR manager, the recruitment manager and four carers. We visited one person in their own home and spoke with four other people who used the service. This was in order to seek feedback about the quality of service being provided.

At the time of our inspection there were 50 people who were using the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person said, "I feel safe with my carer." Another person told us, "Staff help me to feel safe." A third person commented, "Staff have plenty of time for me; I'm more than happy and I couldn't have coped without them." A fourth person said, "I've never been afraid since being with Next Stage and staff all understand about keeping me safe."

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. The service had a safeguarding policy and associated procedures which were up to date. Staff we spoke with demonstrated a good understanding of local safeguarding procedures and how to raise a concern. All care staff had undertaken safeguarding training as part of the induction process or thereafter and the care staff we spoke with confirmed they had recently undertaken this training.

We asked one member of staff what they would do if they suspected signs of abuse against people who used the service and they stated that they would contact the office and speak to their manager. Staff we spoke with were able to tell us about the different forms of potential abuse.

The service had a whistleblowing policy in place and this told staff what action to take if they had any concerns. Staff we spoke with confirmed they were aware of the policy.

We looked at the care and support records of people who used the service and found these were comprehensive, well organised, easy to follow and included a range of risk assessments to keep people safe from harm. These included areas such as eating and drinking, accessing the community, medicines management, mental health and the management of daily living routines. Each person had a personal care and support plan that had been completed with the person and included specific details of the care tasks required and how and when they should be delivered.

Risk assessments instructed staff on how to deliver a service in a safe and controlled manner. Care plans outlined how individuals were supported, taking into account the risks identified. Care plans were drawn up with the involvement of the person concerned and were structured in a way that aimed to achieve the desired outcomes identified. Staff we spoke with told us that people were fully involved with creating their care plan, and their input was valued.

We found there were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service. Personal details had been verified and at least two references had been obtained from previous employers. Criminal Records Bureau (CRB) checks or Disclosure and Barring (DBS) applications had been obtained. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. There was also evidence of identity and address checks.

Different interview forms were used for different job roles and historical job application forms were kept on staff personnel files and also stored electronically. The interview stage tested out the underpinning values of the applicant concerned and numeracy/literacy tests were also undertaken as necessary. The recruitment manager showed us information that identified almost three quarters of people who had applied for a job

with the service had not been successful in attaining a post as they had not met the criteria required, despite some applicants having extensive previous experience in providing care. New staff were subject to a three month probationary period and were allocated a mentor within the first week of employment. This showed us that staff had been recruited safely.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure that people who used the service were safe. We looked at the historical medicines administration record (MAR) charts that were stored in the head office and active records held in people's own homes and found that these had all been completed correctly, were up to date and stored securely. There was an appropriate and up to date medicines administration policy in use which included information on medicines to be taken 'as required' (PRN). Staff we spoke with told us they had received a copy of the policy.

We looked at records and saw that the service regularly undertook competency checks of staff who administered medication using a 'staff field audit' document. All staff administering medication had received training, which we verified by looking at training records. The filed audit form was also used to assess other staff competencies in areas such as safeguarding, person-centred care, care planning, risk assessments, compassion, communication and commitment. After each observation an action plan was drawn up if any areas of deficit had been identified.

Prior to our inspection we received information of concern from HM Coroner regarding policies and procedures in place at Next Stage to deal with the disclosure of an overdose of medication by a person using the service. The provider had been requested to review their policies and procedures governing this type of situation. During our inspection we found that policies and procedures had been reviewed and cascaded to staff and additional actions had also been taken including the provision of regular staff training regarding communicating concerns, additional support and supervision for staff members and the use of internal disciplinary processes as appropriate.

During the inspection we looked at five staff personnel files. We saw evidence in these files of appropriate disciplinary action being taken where relevant and there was an up to date disciplinary policy and procedure in place.

We looked at how the service managed accidents and incidents. There was an appropriate up to date accident and incident policy and procedure in place and details of any accidents and incidents were recorded appropriately, including any remedial action required to reduce the risk of any future potential harm.

There was an up to date business continuity plan in use which covered areas such as loss of utility supplies, loss of IT systems, influenza pandemic, fire and flood and adverse weather. Staff were informed of the existence of the plan and provided with an overview and understanding of its content and specific event guidance. Emergency contact details were identified in addition to useful suppliers contact details.

Effective procedures were in place regarding lone working and an appropriate policy and associated guidance was in place. Staff we spoke with confirmed they had received this policy and were aware of the actions to take where necessary. We saw that the monitoring of staff locations was undertaken through the use of the global positioning system (GPS). This provided the head office with notification alerts when staff had started and finished their working shift. Notifications of any irregularity to the staff's working day and any changes that needed to be made to their working day were relayed directly to the staff working in people's homes. There was an SOS alert system for staff to trigger if they were in danger which alerted senior

staff.

Next Stage provided care and support to people who wished to remain in their own homes and have their own independence. We saw that supplies of personal protective equipment (PPE) were available for staff to collect at any time before supporting people if this was required, including gloves, aprons and sterilising hand-gel which would assist with minimising the potential spread of infections. All the people we spoke with and visited did not require assistance with personal care tasks.

At the time of our inspection visit, we found staffing levels to be sufficient to meet the needs of people who used the service. We saw that new referrals were not accepted into the service unless there were sufficient staff available to meet people's needs safely. Each person who used the service had a corresponding staff rota that was personal and individual to them which identified the dates and times that support was provided, including the name of the staff member. We saw that people were consistently supported by a small number of staff members which ensured familiarity. The recruitment manager told us that staffing levels were always set at 110% of actual need so that any unforeseen gaps, for example through unexpected staff sickness, could be covered quickly.

Is the service effective?

Our findings

People who used the service told us they felt that staff had the right skills and training to do their job. One person said, "My staff do help me with my problems and are always there for me to talk to. They know me inside out and very well." Another person told us, "Next Stage has helped me get back on track with my life; they're a great support and can't do enough for you."

New staff were given a handbook at the start of their employment which identified the values of the service and the training opportunities available. Training started at induction and refresher training was provided as required throughout the duration of employment.

There was a comprehensive and rigorous process of staff induction in place which was used to audit the progress of new staff relative to the requirements of the induction process. The training manager told us that as part of the staff induction training there was discussion about the company's vision and values, policies and procedures. This was verified by the staff we spoke with. Staff were subject to a monthly evaluation of their training, progress was logged and any areas of deficit were identified and remedial actions taken. During the inspection we observed a staff member who had visited the office and was receiving support to undertake on-going training and evaluation.

Staff were matched to the person they supported to ensure the development of good relationships. One person told us, "I get the same staff member and they treat me like a friend and I've got close to them. I had one staff who I didn't get on with because they were too intellectual for me so I changed them to someone who has more in common with me and they get me through the day so I don't start drinking."

We saw that staff were given a copy of the organisation's policies and procedures which were available electronically, on a compact disc or in paper format and staff knowledge of these policies and procedures was tested out at supervision meetings and as part of the process of induction. This meant that staff were clear about the standards expected by the service and how the service expected them to carry out their role in providing safe care to people in their own homes.

We reviewed the service's training matrix and staff training certificates, which showed staff had completed training in a range of areas, including safeguarding, first aid, medicines, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (MCA/DoLS), equality and diversity, mental health and health and safety. We saw that additional staff training dates had been arranged throughout 2016 and identified for 2017 for a number of refresher courses or bespoke training such as epilepsy, asthma, drugs and alcohol, care and risk, learning disability and autism.

Staff told us they had received sufficient training to undertake their role competently. One staff member told us, "There is good career progression with this company and I've done training in dementia, safeguarding, MCA/DoLS and whistleblowing. I'm currently doing NVQ level 3 in care which is on-going." Another staff member said, "I act as a mentor and observe people in the workplace undertaking different practices and produce a report for the training manager. The organisation ensures people are competent and I've known

staff not to be kept on if they're not suitable."

The head office had a large training room which was used for delivering in-house training by suitably qualified and accredited trainers. Displayed in this room was a variety of health and social care information such as the code of conduct for health care workers, information on the dementia strategy, Public Health outcomes framework, common core principles of dignity and the Care Act 2014. This showed that the service had made staff aware of the latest legislation and guidance.

We spoke with staff to ascertain their understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that all staff had completed training in the Mental Capacity Act in general as part of the process of induction. At the time of the inspection no person using the service was subject to any restrictive practices and no applications to deprive a person of their liberty had been made.

Staff received supervision and appraisal from their line manager and the service which kept a record of all staff supervisions that had previously taken place. These processes gave staff an opportunity to discuss their performance and identify any further training they required. We found that staff were actively encouraged by managers to share their views and opinions through the mechanism of supervision. Staff told us they received supervisions every two to three months in addition to an annual appraisal. We checked records to verify this and saw that future supervisions had been scheduled.

At the time of the inspection the service was using an electronic staff scheduling and planning tool. This system enabled real-time live updates to be sent to care staff members which reduced the potential for missed or late visits. The system also enabled messages and updated documents to be sent to the staff member's mobile phone such as changes to any shift pattern in addition to any real-time information regarding the care and support needs of people who used the service. The system was linked to each individual staff members' name which helped managers to track individual staff performance.

We looked at the way the service managed consent for any care and support provided and found that before any care and support was given the service obtained consent from the person who used the service or their representative. We were able to verify this by speaking to people who used the service, checking people's files and speaking with staff. One person told us, "I always have a choice and staff never try to make me do anything I don't want to do. I've made great progress and my hospital visits have reduced." A staff member said, "On a day-to-day basis I ask people about what they want to do or what is needed to be done, for example food shopping, and we agree a list of things to do and then do them together."

We looked at how the service supported people to maintain good health and to access healthcare services. We found that each person who used the service had a health assessment which was easily accessible within their individual care and support plan. This gave clear information and appropriate guidance about people's individual health needs and how best to manage their on-going health issues.

We also saw that the service completed a holistic assessment of people's wider health needs which included mental and emotional health, family and social relationships, lifestyle and culture, and daily living skills. Where staff supported people with their meal preparation, we saw that accurate records of people's nutritional intake were recorded in the daily recording sheets in people's own homes. One person told us,

"I'm very happy with my food because I'm not just eating microwave meals now but fresh food and cooking is relaxing." Another person said, "I'm watching my weight at the moment and staff go through a healthy eating plan with me to promote healthy choices; they do this with me and not just for me."

Is the service caring?

Our findings

People who used the service told us that staff were kind and treated them with dignity and respect. One person told us, "Staff are respectful to me and I've no concerns. The office is helpful if I ring them and they ring me back so I don't waste my phone credit." A second person said, "The staff are belting and this is the best chance in life I have ever been given. I've never had a service as good as this and I enjoy the company and assistance staff give me as I can feel lonely." A third person commented, "If my staff say they are going to do something they do it; I'm a lot happier since being here and my staff know me inside out, they're like my own family."

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

There was an up to date equal opportunities and diversity policy in place which was supported by other policies including those governing service user participation, race relations, advocacy, confidentiality, communication, anti-discriminatory practice, complaints, safeguarding, bullying and harassment.

The views and opinions of people were actively sought. People who used the service told us they were involved in developing their care and support plan and were able to identify what support they required from the service and how this was to be carried out. One person said, "I decide on the day what I want to do depending on how I feel." A second person told us, "I'm involved in my care plan and I also did a questionnaire the other week." Another person said, "I'm involved in my care planning. My staff member breaks it down into different sections and this works for me."

We found that most people were receiving support from no more than two or three different staff members which enabled the development of positive long-standing and trusting relationships between people who used the service and the staff who supported them. One person said, "Next Stage don't use bank staff as I don't like strangers. They explained to me what my 'condition' was so now I understand it and why I feel down sometimes." Another person told us, "With me I work better with boundaries and when I have a plan, and I'm working towards going abroad for the first time in my life because [staff name] is willing to come with me."

The service did not provide end of life care directly but supported other relevant professionals such as district nurses or Macmillan Nurses, where required, with people's wider needs such as maintaining the home environment, shopping and cleaning. At the time of the inspection no-one was in receipt of end of life care.

People who used the service told us Next Stage worked in a way which promoted their independence. One person said, "I've redecorated my home recently and staff assisted with ideas; one staff member is good at

arts and crafts so they helped me to draw a large mural on my bedroom wall that I'm painting and I did a lot of practical work like drilling holes and covering up cracks. With staff help I'm able to look after my pets."

People's care plans identified what had been agreed to be provided by staff and also acted as a guide to all support staff so that were aware of what was expected of them. We saw that care plans were realistic and identified a range of achievable goals for the person concerned.

A monthly newsletter was produced by the service and people who used the service had contributed to this with items such as recipes or reviews of trips. There was news of forthcoming activities, courses on offer for people who used the service and puzzles. There was also a contact number and email address for people to use to raise any concerns.

We saw that a service user information pack was given to people prior to commencement with the service. This included the service's statement of purpose, an outline of the services offered, the complaints procedure and general information.

Service user forums were held on a quarterly basis and we saw minutes from the forums. These demonstrated that people were encouraged to be involved in the shaping and development of the service. The forums provided an opportunity for people who used the service to discuss the service they received and were used to drive improvement. There was an option to remain anonymous and to go direct to the operations manager if they so wished.

The service was in the process of setting up a service user website as another means of enabling people who used the service to communicate with each other. The organisation also had a website that contained a wide range of information about the service in addition to news items and stories about people who had used the service.

Is the service responsive?

Our findings

A person who used the service said, "They're a great support and can't do enough for you at all times, even just to go to the shops with me." Another person told us, "Next Stage has helped me to manage my money and I go food shopping with staff; I get the same people each time. I'm also a member of the library and have played football recently and went swimming the day before that." A third person commented, "Staff talk to me about different activities each day and sometimes there are some surprises which I love."

We looked at how new referrals to the service were assessed. The needs of people were assessed by experienced members of staff before being accepted into the service and pre-admission assessments were completed. This included gathering background information from a variety of sources including other health and social care professionals and from those individuals who were important in people's lives.

We saw that prior to any new package of care being provided an assessment was carried out with the person and their relative(s), where appropriate, which we verified by looking at care records.

People who used the service had a care plan that was personal to them with copies held at both the person's own home and in the main office premises. This provided staff with guidance around how to meet their needs, and what kinds of tasks they needed to perform when providing care.

The structure of the care plans was clear and it was easy to access information. The care plans were comprehensive and person centred, and contained details regarding the person's background and life history, interests and social life, any existing support network, spiritual needs and recorded details of people who were involved in care planning such as family members and other relevant professionals.

Staff we spoke with were able to describe the principles of person-centred care and said they supported the same people most of the time. One staff member told us how they had initially supported one person to access learning opportunities at a local college and now the person had made several close friends whom they socialised with regularly. We spoke with the person about this and they told us, "I love it at college and I've only had three days off since the beginning of term. This service has a very positive attitude towards everyone and they'll do their utmost to do things for you. I've been on a group holiday and to Blackpool lights recently."

We saw that staff were encouraged to access or implement activities which would help people develop skills and become more fully involved within the wider community. Each person using the service had a 'weekly planner' in their care files identifying the types of activities that they liked to engage in or had carried out at different times of the day such as visiting relatives, shopping, going to the cinema, exercise, one-to-one support and watching TV. There was also a tracking document in peoples care files for other types of support provided such as assistance with medicines, support with budgeting, support with diet/nutrition, support with shopping, work and educational issues and any professional appointments. One person told us they were looking into buying a bird table as they had an interest in bird watching.

We saw that care plans were regularly reviewed and updated. Changes to care delivery were documented appropriately and the service responded to the changing needs and requirements of the individual.

People who used the service were encouraged to offer feedback about their experiences. They could speak to their support workers informally, or telephone the office to speak to the registered manager. There were regular client forums at which people could raise concerns or offer suggestions. Independent questionnaires were sent out regularly to people who used the service and we saw a number of these which had been returned within the last six months.

Comments included, '[Staff name] does a great job at organising the office,' and 'Yes I can sit with my staff once a month to create my care plan and I am given choices about my life,' and 'I have a wonderful staff team, I feel well and have made many positive changes in my life,' and 'The best thing is my staff team all have different skills and qualities; I call my staff the A team as this is what they are to me,' and 'My staff encourage me to achieve and do things.'

Questionnaires were analysed and any remedial actions required were carried out and recorded. Examples of this included ensuring one person had all the required information regarding complaints and ensuring staff changed their method of support to meet another person's changing needs.

The manager also told us that they visited people in their own homes to identify their views and experiences which was confirmed by the people we spoke with. We saw records of meetings with people who used the service and their relatives.

We asked people if they were aware of how to make a complaint. They told us the complaints procedure was outlined in the service user information given to them at the start of the service and we saw that information on how to make a complaint was available in people's care files in their own homes. Most people who used the service told us they would telephone the office if they had a complaint. There was a policy and procedure in place for dealing with complaints, which were analysed each month. Each complaint had a tracker sheet associated with it, giving a summary of the complaint, what it was about, who complained, which staff were involved, times and locations, follow-up actions and discussions. This demonstrated that complaints were being managed appropriately.

Is the service well-led?

Our findings

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.

An up to date registered manager's certificate was on display in the office premises in addition to an appropriate certificate of employers' liability insurance.

We spoke with people who used the service and staff about how approachable the management team were. One person said, "The manager was due to see me last week but they're coming next week now due to illness. They did a house inspection before and looked at any health and safety issues." Another person told us, "The manager comes out to see me regularly and lets me know when to expect them."

Most care staff had been in employment with the service for several years and this ensured consistency of care staff deployment and familiarity with the people who used the service, who told us they valued the same staff.

We found that the registered manager provided on-going support to the staff team, allowing them to pass on any concerns directly to them on a daily basis, which helped staff to feel part of the decision-making process when faced with difficult situations.

Staff told us they felt able to put their views across to the management, and were listened to. The staff we spoke with told us they enjoyed working at the service and said they felt valued. They said they thought the management were fair and approachable, and also told us the staff team worked well together. It was clear from our observations that the management team worked well together in a mutually supportive way.

A staff member commented, "I get regular supervision and support from my line manager and there is good communication between the office and me. We get regular meetings with managers but can discuss issues any time." Another staff member said, "The manager comes across as being caring." A third staff member told us, "Managers are always available and I feel they are very supportive and accessible; the registered manager is very down to earth and has a good work ethic and I feel confident in raising any issues I have."

The registered manager told us that being available at all times via phone or in person was important. Staff were able to question management decisions, in a positive and constructive environment. The responsibility and accountability of support staff and the registered manager were made clear through the continual supervision and training process that all staff undertook.

Regular and effective supervisions with the staff group also supported the maintenance of quality practice, and were a useful way of monitoring staff performance and addressing any issues that had arisen. The registered manager told us it was important to develop a helping and caring culture and to avoid a culture

of blame.

People we visited all told us that the registered manager had visited them in their own homes. We looked at records from previous home visits that the registered manager had undertaken and these considered areas such as involvement in care planning, activities, satisfaction with the current support arrangements, understanding of the complaints process, finances and any other area of interest that the person would like to comment on.

We found the service had policies and procedures in place, which covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control. These policies were all up to date.

The service undertook audits to monitor the quality of service delivery. We saw a number of audits in place such as medication audits and spot checks on care staff, using a 'staff field audit' form to verify their competence in providing safe and good quality care. Areas covered included medicines, safeguarding, person-centred approaches, care planning, risk assessment, compassion, competence, communication and commitment. Any required remedial actions were identified, signed and dated.

As part of the process of continuous improvement and in preparation for this inspection the service had undertaken an audit of systems and processes linked to the five questions we ask of services and the associated key lines of enquiry (KLOE's). Evidence was gathered against each KLOE and action points identified if there was an area of deficit. This demonstrated that the service was proactive in questioning the quality of care they provided and in carrying out remedial action to ensure compliance with regulations.

The organisation had implemented a 'strike system,' which was used to maintain the quality of care recording and to monitor and address any issues in this area. A strike was given to a member of staff if recording was not done appropriately. After three strikes the staff member would be subject to re-training or supervision to address the shortfalls in recording. The manager explained that this was not a punishment system, but a system of support for members of staff who may be struggling to record appropriately. One staff member said, "I feel the culture is very supportive and managers are very understanding."

There was also a quality assurance manager who worked independently from Next Stage and carried out quality assurance checks of service provision, providing update business reports for the registered manager. Monthly managers meeting were held and information from these was passed on to the overall management team. Minutes from meetings held in October and November 2016 showed that discussion had taken place about business development, people using the service, the staff team, training, recruitment, rostering and finance.

The service had good links with the wider community and worked in partnership with other agencies to help ensure a joined-up approach to people's support. There were links with physical and mental health groups and clinics in the local area. The service also highlighted and promoted local social inclusion groups to all people who used the service to help them integrate in the wider community, and as part of their on-going support.

The service had an active registration with Quality Compliance Systems (QCS) who provided a range of guidance and toolkits to ensure compliance with regulations.

The service was also a member of United Kingdom Homecare Association Ltd. (UKHCA) which is the professional association of home care providers from the independent, voluntary, not-for-profit and

statutory sectors. UKHCA helps organisations that provide social care to people in their own homes in promoting high standards of care and providing representation with national and regional policy-makers and regulators.

A staff benefits scheme was in operation including Perkbox and Medicash. Perkbox gave staff access to over a hundred rewards on things like cinema tickets and meals out and Medicash contributed to reducing staff ill health through preventative healthcare initiatives. Next Stage had also recently received an award at the regional finals for the Great British Care Awards in the Employer category.