

Next Stage "A Way Forward" Ltd

Next Stage - A Way Forward

Inspection report

Executive Suite 17
St James Business Centre, Wilderspool Causeway
Warrington
Cheshire
WA4 6PS

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Tel: 01925651405

Website: www.next-stage ltd.org.uk

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Next Stage - A Way Forward is registered to provide a support service to adults who require care, support or supervision to be able to be actively involved in the day-to-day routine of living. They also assist people in caring for themselves, while always looking to promote independence. The office is based in Warrington close to the town centre. The service also has two transitional units that are aimed to supporting people back into the community.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good. At this inspection we found the service remained good, however we found a rating of requires improvement in the safe domain. We found medication procedures at the home were safe, however we identified a recording issue regarding medication and staff were not always aware of procedures when to update office staff regarding on-going safeguarding issues.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems the service had supported this practice.

We spoke with the people who received a service from Next Stage - A Way Forward and all gave positive feedback about the support and the staff who gave it. People were supported to have maximum choice and control over their lives and participate in activities they enjoyed.

Care plans and risk assessments were person centred and detailed how people wished and needed to be supported. They were regularly reviewed and updated as required. Care plans showed that people's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary. We saw the service had responded promptly when people had experienced health problems.

The provider and registered manager used different methods to assess and monitor the quality of the service. These included regular audits of the service, 'Service User Forum' and staff meetings to seek the views of people and staff about the service. The providers were also involved in the running of the service.

The services policies and procedures had been regularly reviewed by the provider and these included policies on health and safety, confidentiality, mental capacity, medication, whistle blowing and safeguarding.

Staff were recruited safely and there was evidence that staff received a proper induction and suitable training to do their job role effectively. All staff had been supervised in their role. Staffing levels were consistent and were adapted to meet people's needs.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). It was clear from care records and discussions with people that their consent was always sought in relation to care and

treatment and people understood how to make a complaint if they were dissatisfied with the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

Medication records were not always correct.

People were protected from harm and received support from staff who safeguarded them. However staff did not always follow the processes when needing to pass on information regarding outcomes of safeguarding issues.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Risks to the health, safety and well-being of people were assessed and managed in a personalised way.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains 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.

This comprehensive inspection was carried out 22 February 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection we contacted the local authority. They told us that they had no concerns about the service. We looked at all of the information that CQC had received about and from the service since the last inspection. This included notifications about issues that had happened in the service.

The manager had completed a provider information return. A provider information return is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

During the inspection we spoke with three people using the service, the registered manager, administrator, learning disability service manager and five care staff. We visited one transitional house observing how people were supported and observed their interactions with staff in order to understand their experience.

We spent time looking at records, including six people's care records, five staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

Is the service safe?

Our findings

All of the people we spoke to felt the service was safe. One person told us "I've had them come to me for years and years and I've always been safe." We saw that staff had received training in safeguarding adults and updates were undertaken regularly. The manager maintained a clear audit trail of any safeguarding incidents and the required notifications had been sent to CQC. We asked staff members if they knew safeguarding processes and asked if they felt confident to report any type of potential abuse. The staff were able to tell us what to do, to both prevent abuse and how to report it should it occur. However, we found one instance where the staff had not updated the registered manager on a safeguarding outcome following a meeting held with social care professional. This was brought to the manager's attention who took immediate steps to retrain staff. Confirmation of the training dates were sent through email to us following the inspection visit.

We checked a sample of three people's medication administration records (MAR) to ensure they corresponded with the medication left in people's monitored dosage system. We spoke to people who lived in the transitional house and they told us that they were supported appropriately with their medication. We found that people's MAR's showed that people's medications had been administered accurately. We found that the medication was stored safely in a cupboard which was locked; however we found that staff had not always completed the documentation appropriately when booking in medication. This was brought to the manager's attention who took immediate steps to retrain staff and audit the medication management processes. This was documented and sent through email to us following the inspection visit.

We found staff were recruited safely. We saw records to show that full recruitment and checking processes had been carried out. This included a Criminal Records Bureau (now Disclosure and Barring Service) disclosure and two written references. The criminal records checks were renewed every two to three years. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment. We also saw how the service had appropriate disciplinary policies and procedures in place.

We saw that risks to people's safety and well-being had been identified and plans put in place to minimise risk. The risk assessments had been reviewed regularly and if there was any change in the person's care needs. Risk assessments had been completed with regard to maintaining relationships, mental health needs, use of public transport, people's physical health as well as additional risks. These risk assessments had been reviewed with input from either the person or their family member if appropriate. Each risk assessment document held contact information for the registered manager, senior support worker and the community mental health duty team.

We looked at the records for accidents and incidents; we saw that appropriate action had been taken following each event. This meant people were monitored and health issues were identified and acted on in a timely manner.

The service provided domiciliary care in different ways. Through two transitional houses with the aim to support people back into the community and by providing support in people's own homes. There were

sufficient staff to meet the needs of people and we were told staff were regular and known to the person they were supporting and that consistency was maintained. Next Stage - A Way Forward had recruited for the support team for a person who was due to start receiving support.

Staff had received health and safety training that included infection control. This helped staff to minimise the risk of spreading infection.

Is the service effective?

Our findings

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). It was clear from care records and discussions with people that their consent was always sought in relation to care and treatment. People we spoke with also confirmed they had given consent for the service to manage their finances, medication and provide support. One person told us "They don't force you to do anything".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We reviewed five staff files and saw evidence that staff had received an induction when they first started working at the service. The electronically held training matrix showed us the training that had been received included equality and diversity, health and safety, safeguarding, care planning and risk assessments and first aid. We also saw how staff had attended specialised training depending on the setting they worked in or person they were supporting for instance mental health, restraint and substance abuse.

Staff had regular supervision meetings and a planned annual appraisal. Supervision meetings provide staff with the opportunity to discuss with their line manager their personal development and training needs.

We saw evidence of staff working effectively to deliver positive outcomes for people. People were also supported by staff to maintain their health and wellbeing through access to a wide range of community healthcare services and specialists and were supported to eat and drink in accordance with their needs. People receiving care told us that staff accompanied them on visits to healthcare professionals as required. One person told us "Yes, they help me with my appointments."

Is the service caring?

Our findings

People told us that staff were always kind and compassionate when providing their support. Comments included "They do look after you", and "I get on with all the staff". One person who used the service told us "I'm happy here".

Information was available for people who received a service from Next Stage - A Way Forward, this included an overview of the service, the type of support that could be provided, service user rights and how the service delivers support. This information also included their own philosophy of care and their own principles and values. There was also guidance on how the staff would be enabling and empowering people to exercise choice over their life and activities. The people we spoke to felt they were well informed and were also involved in the support being delivered. One person was able to tell us how they were involved with setting up their support plan.

We saw through regular 'Service User Forum Meeting Minutes' that the people using the service were asked for their opinions and informed about the service. The registered manager asked people to share both positives and negatives about their experiences with Next Stage - A Way Forward and we saw how they discussed how to move forward and improve any identified negatives. The service also communicated with people by having a 'Newsletter' that was distributed on a quarterly basis. This also kept people up to date with any news and changes.

We observed that people made choices and decisions about their lives and staff respected these decisions, for example one person was supported to have positive personal relationships and another person told us "Staff support me to be independent". We were able to observe staff supporting people and we saw that interactions between staff and the people they supported were positive. Staff had a good knowledge of the people they were supporting and people told us that in their opinion the staff helped them in any way possible.

We observed that confidential information was kept secure in the main office as well as the individual service we visited during the inspection.

Is the service responsive?

Our findings

All the people we spoke with were satisfied with the way support was provided and felt listened to. They told us that they would definitely be comfortable with expressing concerns about the service if they had any. One person told us "I've got no complaints, it's great". The complaints procedure advised people what to do regarding concerns and complaints and what to do if they were not satisfied with any outcome. It gave contact details of the registered manager and we were able to see evidence and were told that action had been taken in response to complaints.

We asked social care professionals for feedback about the service and we received positive comments including 'On reviews we have found no concerns with the level of care and the individuals have all felt that they are having their needs met' and 'The support being received appeared to be helping the person living in the community to shop, manage finances and access the community'.

We looked at the support and care files for six people, comprehensive records were in place for all of the people using the supported living service. The files contained assessments of people's support needs and any risks to their health, safety and well-being and were specific to the individual and the identified risks having actions for staff. All of the information was person-centred. People had their care needs met in a personalised way and plans were subject to regular review. People gave positive feedback when asked about this aspect of their care. One person told us "Any support I need, I just get in touch with them".

We were looked at the information that was available for people who started using the service and we saw a personalised letter contained in the 'service user guide' that welcomed the person to the service and asked about their activities and hobbies as the service organised group outings and activities for every person who received support from Next Stage - A Way Forward. We saw how these activities were discussed through the 'Service User Forum'.

None of the people using the service was receiving specific end of life care, however the manager was aware of the need to plan in this area should the need arise.

Is the service well-led?

Our findings

The manager had been registered since April 2014. 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. Ratings from the previous inspection were displayed as required.

The registered manager was able to show how they were supported in their role by the provider who carried out supervision and held managers meetings. We were also able to see how the provider carried out quality assurance audits of the service and the registered manager told us that the communication with their line manager was very good and that they were approachable. Other quality assurance processes included asking people who used the service to express their views through a satisfaction survey as well as by a continuous improvement system.

A regularly updated set of policies and procedures provided guidance to staff regarding expectations and performance. The manager had implemented 'policy themed supervisions' that would keep staff updated with any changes made. We saw evidence that staff had been challenged when their performance did not meet the standards required by Next Stage - A Way Forward.

People we spoke with were able to tell us who the registered manager and the senior support staff were and said they would have no hesitation in approaching them with any issues. We looked at the minutes of the team meetings which were held for all members of the team. We saw that staff were able to express their views and any concerns they had. Staff we spoke with told us that they felt supported in their role.

We saw how the service worked in partnership with other professional bodies; examples included sourcing specific training from the local authority and with specific charities that aim to support those with mental health issues in the community. The registered manager was able to show how they were 'champions' aiming to publicise the issues surrounding mental health.