

Mid Warwickshire Society For Mentally Handicapped Children And Adults

Way Ahead Support Services

Inspection report

Unit 4 Jephson Court
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Tel: 01926622980

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

There had been a recent change to the registration of the provider's services. The provider originally had one service which offered a domiciliary care service and a supported living service. However the provider divided the original service into two separate services. This service is the supported living part of the service and was registered as a separate service on 17 January 2017, however the service had been in operation for many years prior to this.

The service provides personal care and support to people in their own homes. The provider owned three properties where people had private tenancies with the provider. One property was a shared bungalow and the other two properties consisted of self-contained flats. There was a staff room in all three of these buildings, where staff stayed to provide overnight support. Some other people received support in their own homes in the community. At the time of our visit, 25 people received personal care from the service.

The registered manager had been in post since the service was registered. 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 told us they felt safe using the service and staff understood how to protect people from abuse. There were processes in place to minimise risks associated with people's care to keep them safe. This included the completion of risk assessments to identify and manage risks to people's health and well-being and checks on staff to ensure their suitability to work with people who used the service. People's medicines were managed, stored and administered safely.

There were enough suitably trained staff to deliver care and support to people. Staff received an induction and a programme of training to support them in meeting people's needs effectively.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). For people who were assessed as not having the capacity to make all of their own decisions, records showed that their families, legal representatives and healthcare professionals were involved in making decisions in their best interests. Staff understood the principles of the MCA, they respected people's decisions and gained people's consent before they provided personal care.

People told us staff were kind and caring and had the right skills to provide the care and support they required. Care plans contained relevant information for staff to help them provide the care people required. Staff treated people in a way that respected their dignity and promoted their independence.

People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were regularly reviewed. People knew how to

complain and had the opportunity to share their views and opinions about the service they received. People led fulfilling lives because they were engaged in activities that were meaningful to them.

People were satisfied with the service and felt able to contact the office and speak with senior managers if they needed to. Staff felt well supported and felt able to raise any concerns. Staff were encouraged to share ideas to make improvements to the service. There were processes to ensure good standards of care were maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe because risks to people's individual health and wellbeing were identified and staff followed support plans to minimise these risks. There were sufficient numbers of suitably skilled staff to meet people's individual needs and staff were trained to protect people from the potential risk of abuse. People received their medicines as prescribed and the provider checked staff were suitable to deliver care before they started working at the service.

Is the service effective?

Good ●

The service was effective.

People were cared for and supported by staff who had the relevant training and skills for their roles. Staff understood their responsibilities in relation to the Mental Capacity Act 2005. The registered manager understood their legal obligations under the Deprivation of Liberty Safeguards. People's nutritional and specialist dietary needs were met. People were referred to other healthcare professionals when their health needs changed and health professionals gave positive feedback about the standard of support care staff provided.

Is the service caring?

Good ●

The service was caring.

Staff provided a level of care that ensured people had a good quality of life. People spoke positively about the caring staff. Staff respected people's privacy and dignity and encouraged people to maintain their independence in accordance with their abilities.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and had a good understanding of people's individual needs, preferences and how they liked to

spend their time. People led fulfilling lives because they were engaged in activities that were meaningful to them. People were involved in planning their care. Health professionals were positive about the care provided. People knew how to complain and were able to share their views and opinions about the service they received.

Is the service well-led?

Good ●

The service was well-led.

People were satisfied with the service they received and felt able to speak with senior managers if they needed to. Staff told us they felt supported and they were encouraged to share ideas to make improvements to the service. The provider ensured there were checks in place to maintain good standards of care.

Way Ahead Support Services

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.

The inspection took place on 16 May 2017. The inspection was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service. The inspection was conducted by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

Before the inspection visit we contacted people who used the service by telephone and spoke with three people who used the service and seven relatives. During our visit we spoke with the registered manager, the provider, a member of the provider's compliance team, the training manager and a team leader. Following our inspection visit we spoke with a senior support worker and a support worker. We also spoke with three health care professionals. Health care professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors.

Many of the people who used the service were happy to talk with us about their daily lives, but they were not

able to tell us in detail, about their care plans, because of their complex needs. We reviewed six people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People we spoke with told us they felt safe because they received care from staff they trusted and knew well. One person told us, "I do feel safe with staff. I feel I have enough support." A relative told us, "My relative is safe, cared for and very happy." People told us they felt comfortable talking with staff or a manager if they felt unsafe.

People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. Staff understood their responsibilities to challenge poor practice and to raise any concerns with the managers. A member of staff told us, "If I had a concern I would inform the team leader, the local authority safeguarding team and I would do an incident report from and give it to the manager." We saw the local authority's contact telephone number was accessible to people in the care office. Another member of staff explained how they identified signs to indicate if people felt unsafe and said, "I would look for changes in patterns of behaviour and ask them if there's anything worrying them." Records showed concerns about potential abuse had been appropriately reported and action was taken by the team leaders and the registered manager to keep people safe.

There was a procedure to identify and manage risks associated with people's care. When people started using the service, team leaders initially assessed their care needs and identified any potential risks to them during their care and support. The registered manager told us a key worker was allocated to the person and they worked with the person and the team leader to develop care plans and risk assessments. A key worker is a member of staff who is allocated to support a person on an individual basis. Records were reviewed as staff became aware of potential risks. A member of staff who was a key worker told us they brought people's care plans and risk assessments to discuss at team meetings. They told us this was useful, because other members of staff who supported the person, may have valuable information to contribute. They gave an example of one person who had a serious health condition and how staff had completed protocols to give instructions on how to support the person to ensure they were safe in certain situations.

Incidents were recorded and actions were taken to protect people and keep them safe. We found records of incidents were detailed and included the actions taken as a result of any incident, for example referral to another agency such as the local authority. The registered manager explained how they reviewed incidents and completed learning logs following each event, to help them identify where improvements were required to keep people safe. They shared their learning with staff during meetings to help meet people's changing needs.

There were sufficient staff to provide the support and stimulation people required to promote their wellbeing and to keep them safe. People told us they received their care from regular staff that they knew well. Staffing levels were planned using rotas, which identified when planned activities took place and times when people needed more support.

The provider carried out recruitment checks to make sure staff were suitable to support people safely before they began working in the service. Records showed the provider's recruitment procedures included

obtaining references from previous employers and checking staff's identities with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

Staff administered medicines to people safely and as prescribed. People told us they had their medicines when they needed them. One person told us, "The staff are helpful. ...They give me my medication each day." Staff had received training to administer medicines safely which included checks on their competence and spot checks by their line manager. Staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. Completed MAR sheets were checked by team leaders each month to identify any gaps and errors. Staff knew to tell their line manager if they had made a mistake with medicines and told us they felt supported to do so. Records showed medicine errors had been reported and the registered manager had analysed the reasons for errors and action had been taken to make improvements to ensure people were protected.

Is the service effective?

Our findings

People told us staff had the skills they needed to support them effectively and they spoke positively about the support they received. A relative told us, "They bend over backwards for [Name of family member]. They [staff] are excellent."

Training was planned to support staff development and to meet people's care and support needs. This included training such as moving and handling, medicine administration and food safety. Staff were positive about their training, they told us it was readily available and they felt supported by the provider to access it. Staff said they were supported to complete training linked to people's needs, such as diabetes awareness. One member of staff told us, "Anytime we have ever asked to do training, we are given it. For example, one person has diabetes and so a diabetes charity came and did training for the team." Another member of staff told us their team leader had organised training for autism awareness, which was provided by a health professional. They told us this training had helped them to provide better support for one person.

Staff told us they completed an induction when they first started work at the service that prepared them for their role before they worked unsupervised. This included internal training from senior staff and working alongside more experienced staff so they could get to know the individual needs of people before they worked on their own. Staff told us they felt confident to work alone at the end of their induction. One member of staff told us they felt supported throughout their induction, they said, "Colleagues were always there for me." The induction training included the Care Certificate. The Care Certificate provides staff with a set of skills and knowledge that prepares them for their role as a care worker. This demonstrated the provider was acting in accordance to nationally recognised guidance for effective induction procedures to ensure people received good care.

Staff told us their knowledge and learning was monitored through a system of supervision meetings and unannounced 'observation checks' of their practice. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. A member of staff explained their manager used supervision to discuss strengths and weaknesses in their performance at work and talk about how things could be done better. They said, "It's useful if I've got any concerns...I feel listened to."

Staff were encouraged to develop within their roles and study for nationally recognised care qualifications. Staff told us they felt well supported by the provider to study for care qualifications to help them develop within their role. For example, one member of staff told us they had recently completed a team leader qualification, to support them in their role in the service.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA. The registered manager demonstrated they understood their responsibility to comply with the requirements of the Act. The registered manager told us people were reviewed regularly to identify if they had potential restrictions on their liberty. They identified that two people had potential restrictions on their liberty and were working with the local authority to apply to the Court of Protection for authorisation of those deprivations. The registered manager told us most people who used the service had capacity to make decisions about how they lived their daily lives. Some people lacked the capacity to make certain complex decisions, for example how they managed their finances, but they all had an appropriate person, either a relative or independent advocate, who could support them to make these decisions in their best interest. An advocate acts on behalf of a person to obtain their views and support them to make a decision.

Staff we spoke with understood the requirements of the MCA, they told us how decisions were made in people's best interests where required. A member of staff told us, "We may need to involve other health professionals if people are unable to communicate or if they do not have the capacity to make decisions." Records showed decisions were made in people's best interests, where they did not have capacity to make them. People such as family and health professionals were involved in supporting people to make decisions. Some people had legal representatives to support them. Two health professionals we spoke with following our visit, gave very positive feedback about staff's understanding of the best interest process. They explained how staff had supported one person to make a decision in their best interest, to be cared for in their home until the end of their life.

Staff told us they knew they could only provide care and support to people who had given their consent. A member of staff explained how they gained the consent of people who had limited verbal communication skills. They told us, "It depends on the individual... Some people are nonverbal, so we read their body language and many people use picture cards. There is information about how to communicate with people in their care plans."

Staff prepared food and drinks for some people and others were supported by staff to prepare their own meals to maintain their independence. Two people told us, "They [staff] make me a cup of tea before they leave" and "Staff help me with cleaning, food and shopping." Staff told us they knew people's individual requirements and made sure people received their food, drink and support in a way that met their needs. A member of staff explained the different ways they supported people to maintain a healthy diet. They told us, "Some people have basic skills and we guide them and give them prompts. We help with menu planning and getting things from the shops." We saw people's dietary requirements, food preferences and any allergies were recorded in their care plans.

A member of staff told us how they worked closely with one person whose support needs had increased at meal times. The person's needs had been assessed and they had been referred to health professionals for additional support, which included advice on their diet. The increased support they received from staff at meal times ensured they could eat their meals and maintain their health and independence.

People's healthcare was monitored and where a need was identified, they were referred to the relevant healthcare professional. All the healthcare professionals we spoke with following our visit confirmed this did happen. One said, "We work together [with staff] to get other health professionals involved [to support people's wellbeing]." The registered manager explained how they had formed a strong working relationship with health professionals, who had provided them with advice and helped them to support one person at home until the end of their life.

A member of staff explained how people's health appointments were scheduled in the team diary. The team leader used the diary to ensure care staff were available to support people to attend appointments. Records showed that people were supported to attend routine health appointments to maintain their wellbeing such as a dentist and optician.

Is the service caring?

Our findings

People told us staff treated them with kindness. One person told us, "They help me by caring for me." A relative told us, "The staff are friendly, kind and helpful." Staff explained how they provided care that was personalised to people's needs. One member of staff told us, "We tailor the support package around the individual and involve them in the process. We talk to them about how they would like to receive their support."

People and their representatives were involved in planning and decisions about their care and support needs. The registered manager told us people were asked about their preferences when they were initially assessed by the service. They said, "It's about putting the person at the centre of what we do. We and other agencies work around the individual...If we can't meet their needs, we find people who can." Records showed people were asked for their opinions about their care through regular reviews of their needs. The registered manager gave us an example of one person who staff supported to remain at home until the end of their life. They explained how care staff had formed strong bonds with the person because they had supported them for many years. The registered manager told us how staff had worked closely with health professionals to provide a high standard of care. Following our visit, we spoke with two of the health professionals involved in the person's care and they gave very positive feedback. They told us it had been in the person's best interests for them to be cared for at home. They said, "Staff looked after [Name] beautifully and impeccably," "[Name] was very much loved by them [staff]" and "We were able to support the carers, which helped them to support [Name]."

Staff told us they liked working at the service and they enjoyed helping people to be independent and supporting people according to their individual needs. One member of staff told us, "We give people choice and we listen to their needs...We promote people's self-worth by enabling them [to carry out life skills]."

Staff told us they were given opportunities for personal development within the service and said senior staff were caring and this made them feel motivated in their role. One member of staff told us, "It is an absolutely brilliant organisation. They are supportive and helped me progress in my career. I am very, very happy here."

People we spoke with told us care staff treated them with respect and dignity. A relative told us, "They treat [Name of family member] with respect." A member of staff told us how they supported people to maintain their independence and their dignity. They told us about one person they supported to wash their hair in the bath. They explained they supported the person to wash their hair and then left them to enjoy the rest of their bath independently.

Is the service responsive?

Our findings

People told us they were happy with the care and support they received. A relative told us, "[Name] has a comprehensive package – they [staff] are superb. We are tremendously happy [with the service]." Another relative told us care staff brought their family member to visit them on holiday, they said, "It's excellent [the service]." A health professional we spoke with gave us positive feedback about the service. They told us, "If I raise something, they [staff] are on the ball and say 'let's get that sorted'... They all [staff] know the customers and have a good knowledge of the customers' needs."

Staff explained how they provided care to meet people's needs, to ensure they had the best quality of life. One member of staff gave an example of one person whose care needs had reduced since they had started receiving support from the service. They explained how they had supported the person to become more independent since moving out of the family home. For example, the person now attended medical appointments by themselves, which they had not previously been able to do. They further explained they were supporting the person to look for alternative accommodation because they no longer required the supported living service. They told us, "We'll be sad to see [Name] go, they've learnt their life skills and become more independent."

Another member of staff gave an example of how they involved people in making decisions about their care to ensure they had a good quality of life. They told us, "We talk to people about how they would like to receive their support." They explained they were in the process of supporting one person whose needs had changed recently due to a decline in their health. They were supporting the person to be assessed by health professionals to obtain treatment options to maintain their physical health and wellbeing.

People's views about their care had been taken into consideration and included in care plans. Relatives told us they were invited to meetings to review their family member's care where appropriate. A relative told us, "We are always invited to attend reviews. Communication is good and we are involved as a family." This showed the service was transparent about how it could meet people's care needs. A member of staff gave an example of how they included one person in the review of their care. They told us they sat with the person and explained their care plan in a way they could understand. For example, when they reviewed their finances, they showed the person what money was available to them to spend each day and this helped them to understand their budget.

Care plans were personalised, easy to understand and included details of how staff could encourage people to maintain their independence and where possible, make their own choices. We saw there was clear guidance for care staff about how to support people with their identified needs. Care plans contained information about people's personal history and preferences. Staff told us they read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred.

People led fulfilling lives because they were engaged in activities that were meaningful to them. People were supported to take part in their hobbies. One person explained they played bingo each week. The provider held a variety of events for people to attend. For example, staff supported some people to attend a regular

Sunday lunch club.

The service was actively involved in building links with the local community and people were supported in personalised ways that suited their needs. For example, staff told us they helped people maintain jobs. One member of staff told us, "I think it's important for people to have as many community connections as possible because it helps people." One person spoke enthusiastically about the work they did, they said, "I do voluntary work...I help cook in the kitchen, I grate cheese and help with buffets for birthdays and I help with filing." Another person told us they attended a college course.

People told us staff supported them to maintain important relationships and visit their family members. Staff helped people celebrate events which were important to them. For example, staff arranged a birthday party for one person and ensured people who were important to them were invited.

Records showed people were asked about their beliefs and cultural backgrounds as part of their care planning. People were supported to maintain their religious beliefs if they wished to do so. A member of staff told us one person regularly attended a local church.

People and their relatives said they would raise any concerns with staff. One person told us, "People from the office come to check how I am and about my problems." One relative told us, "We have contact with support workers if there are any problems." The provider's complaints policy was easy to read and this meant people who used the service could understand the information. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. It also provided information about where people could escalate their concerns outside the organisation if they were unhappy with how their complaint had been dealt with.

Complaint forms were in large print and had pictures, including named pictures of staff members, to help people's understanding. These were accessible to people in their homes. The registered manager explained that staff supported people to make a complaint if they were unable to do so themselves. It was clear on complaint forms if staff had supported people to make a complaint. Records showed there had been three complaints in the last 12 months, which had been dealt with in accordance with the provider's policy. The registered manager told us following a complaint they talked with people on an individual basis to ensure they were happy with the outcome. There was evidence of compliments about the service. We saw one from a relative about the standard of care provided by the service and one from a member of staff about the support they had received from the provider.

The registered manager explained people could share their experiences of the service using meetings, surveys and care reviews. A group had recently been relaunched by the provider to enable people to meet and discuss improvements to the service. The registered manager said, "It's to involve individuals in the running of things...and get their ideas." Records showed people had looked at ideas for group discussions at future meetings, such as 'Discussing our service and keeping safe in our home' and these ideas had been shared with the registered manager.

People were encouraged to share their experiences of the service by completing surveys. People were supported by staff to complete a survey which was easy to read and contained pictures to help their understanding. We looked at the results of the most recent survey completed in January 2017, which were positive. The provider had shared a breakdown of the results with people in a letter. The information included areas where the provider was doing well in, for example staff's attitude and competence and an action plan showing how improvements would be made. The letter also shared news about important events affecting the service, for example, the celebration of the provider's 50 year anniversary. The letter

demonstrated the provider communicated in an open and transparent way. It stated, 'Your feedback means so much to us, as it helps us to gather information and improve what we do, but also recognise the things you think we do well and continue with those.'

Is the service well-led?

Our findings

Everyone we spoke with was satisfied with the quality of the service. Staff understood their roles and responsibilities. Some staff had worked at the service for several years and were dedicated and enjoyed their roles. Two members of staff said, "It's a great place to work. I like the individuals I support. I like the trust given to me by my manager and I feel listened to" and "I've always felt really supported in everything I've done. It is an open place." A relative told us, "The company is well led as far as I'm concerned... they are approachable." A health care professional we spoke with following the inspection visit said, "I've developed a good working relationship with the manager.They're always contactable and accessible."

Staff were complimentary about the senior management team and staff in the care office and about the support and guidance they offered. They told us senior managers were approachable and they knew who to report concerns to. Staff were aware of the provider's whistle blowing procedure and confident about reporting any concerns or poor practice to their managers. Staff told us they had good working relationships. Two members of staff told us, "All the team leaders get on really well and we all help each other out" and "We have a brilliant team."

The registered manager told us they ensured staff understood their roles through one to one supervision meetings and staff team meetings. Regular staff meetings took place and staff were asked to contribute and raise issues to discuss. Staff told us they found team meetings useful and discussed people's care plans and staffing issues. A team leader told us, "Team leader meetings are helpful because I can share information and filter it down to my team. We have an open door policy here, so we pass information on as we need to."

The manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority. They had completed the provider information return (PIR) which is required by law. We found the information reflected the service well.

The registered manager kept up to date with best practice by receiving updates on legislation from the provider, attending external events such as registered managers meetings organised by the CQC and regularly sharing information with the provider's other services. The registered manager explained how they shared best practice with staff at meetings and through supervision. For example, they had recently asked staff to review their understanding of the Mental Capacity Act, because the registered manager felt staff needed more information as people using the service were affected by this.

There were systems in place to monitor the quality of service. A member of the provider's compliance team showed us how they reviewed people's medication records, care plans and call times on a monthly basis. We saw where required, action plans were followed and improvements were made in a timely way by staff.