Next Stage "A Way Forward" Ltd

Next Stage "A Way Forward" Ltd Head Office

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 02 June 2015. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that a member of the management team would available on the day.

Next Stage "A Way Forward" is a domiciliary care agency providing support to adults with enduring mental health needs. Support is often general and encompasses all and everyday activities associated with living either independently or semi-independently in the community. The office is based on a busy main road in Westhoughton, close to motorway and public transport networks. At the time of the inspection there were 42 people using the service.

Summary of findings

The service had a registered manager in place. 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.

At the last inspection on 23 September 2013 the service was found to be compliant in all areas inspected.

We spoke with ten people who used the service and they all told us they felt safe. There were appropriate policies and procedures in place around safeguarding vulnerable adults and staff we spoke with demonstrated an awareness of the issues and reporting procedures.

The service had a robust recruitment process in place, helping ensure that suitable staff were recruited in a safe way.

Risk assessments were completed for each person who used the service, with guidance for staff around minimising risks. There were systems in place to ensure, where staff administered medicines these were given safely.

The service's induction programme was robust and included mandatory training and a requirement for staff to read the company's policies. Training was on-going and comprehensive and staff told us they could access training whenever it was required.

Consent was sought when appropriate and the service worked within the requirements of the Mental Capacity Act (2005) (MCA). The service ensured they worked in people's best interests and we saw evidence of best interests decision making.

We saw evidence that people's nutritional needs were noted and adhered to. Other services and agencies, such as health professionals, were accessed when required.

People who used the service told us their support workers were caring and friendly. They gave us examples of how they were involved in the setting up of their care plans and the on-going care delivery. People who used the service told us their privacy and dignity was respected and staff gave examples of how this was achieved.

Relevant information was given to people who used the service, such as the information pack, which included an outline of the services on offer and the complaints procedures.

There were a number of methods for people to feedback their concerns, opinions and suggestions. There were regular service user forums, a monthly newsletter and a website for people who used the service was in the process of being set up. Questionnaires were sent out on a quarterly basis to ascertain people's experiences of the support they received.

We saw from the care plans we looked at that care was person centred and individualised. People's choices, interests and preferences were taken into account when support plans were devised.

We saw that people were encouraged to pursue their own hobbies and to be as independent as possible. People were supported to join in activities which allowed them to access the wider community.

There were no recent complaints, but informal concerns were dealt with by the registered manager of the service. There was a complaints procedure to follow for any formal complaints and there was a system for these to be monitored and analysed by the company.

People who used the service and staff told us the management were approachable and supportive. Staff had regular supervision sessions where they could raise any issues or concerns and team meetings were held weekly to provide a forum to discuss practice issues and disseminate information.

Quality assurance systems were in place and issues such as accidents and incidents were monitored. The service had links with the wider community in order to help ensure a joined up approach to people's support.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People who used the service told us they felt safe and staff were aware of safeguarding vulnerable adults procedures and knew how to report concerns.

There was a robust recruitment process helping ensure that suitable staff were recruited in a safe way.

Risk assessments were completed for each person who used the service. There were systems in place to ensure medicines were given safely.

Is the service effective?

Good

The service was effective. The induction programme was robust and included mandatory training and a requirement for staff to read the company's policies.

Training was on-going and staff told us they could access training whenever it was required.

The service worked within the requirements of the Mental Capacity Act (2005) (MCA), ensuring they worked in people's best interests.

We saw evidence that people's nutritional needs were adhered to and health professionals were accessed when required.

Is the service caring?

Good

The service was caring. People who used the service told us their support workers were caring and friendly.

People gave us examples of how they were involved in the setting up of their care plans and the on-going care delivery. People who used the service told us their privacy and dignity was respected and staff gave examples of how this was achieved.

Relevant information was given to people who used the service and there were a number of ways for people to feedback their concerns, opinions and suggestions.

Is the service responsive?

Good

The service was responsive. We saw from the care plans that care was person centred and individualised, taking into account people's choices, interests and preferences.

People were encouraged to be as independent as possible and were supported to join in activities which allowed them to access the wider community.

Concerns were dealt with by the registered manager and there was a complaints procedure for formal complaints.

Is the service well-led?

Good

The service was well-led. People who used the service and staff told us the management were approachable and supportive.

Summary of findings

Staff had regular supervision sessions where they could raise any issues or concerns and team meetings were held weekly to provide a forum to discuss practice issues and disseminate information.

Quality assurance systems were in place and issues such as accidents and incidents were monitored. The service had links with the wider community in order to help ensure a joined up approach to people's support.

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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 02 June 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that a member of the management team would be in.

The inspection was carried out by a Care Quality Commission adult social care 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.

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 also reviewed information we held about the service in the form of notifications received from the service.

Before our inspection we contacted two health and social care professionals who work with the service to provide care and support. This was to ascertain their experience of the care offered by the service.

We spoke with ten people who used the service, two relatives, six members of staff including the manager, the training and development manager and four support staff. We looked at records held by the service, including seven care files, three staff personnel files, meeting minutes, supervision notes and other records.

Good

Is the service safe?

Our findings

We spoke with ten people who used the service, all of whom said they felt safe. One person told us, “I feel in control of my care”. Another, when asked if they felt in control, said, “Yes, very much so”.

We asked staff if they felt there were enough staff to ensure people were given the correct level of assistance. Staff we spoke with said there were enough. One staff member told us, “Next Stage take on quality staff and don’t take people who aren’t suitable”. Another person said, “The staff team are great and all look out for each other”.

We saw that the service had appropriate policies in place regarding protection of vulnerable adults and reporting of abuse and neglect. The safeguarding policy included examples of abuse and reporting procedures. There were links to the Wigan MBC policy and procedures. Safeguarding vulnerable adults was included in induction training for all staff. We spoke with four members of support staff who were confident about recognising and reporting any safeguarding issues they may see.

The service had a policy about how people who used the service should be assisted to report concerns of abuse. There was a policy regarding anti-discriminatory practice and also a whistle blowing policy, offering guidance to staff members wishing to report poor care issues, including formal and informal routes and information about reporting concerns to other bodies.

We saw the company’s recruitment policy, which included the requirement to obtain two professional references, evidence of qualifications and work permits. We looked at three staff files which we saw included the required professional references, job description, application, medical questionnaire, equal opportunities information, offer letter, Disclosure and Barring (DBS) check photo identification, car insurance details, terms and conditions of employment and induction check list.

We saw that in one file the reference date did not tally with the date of employment. This had also been picked up by an audit carried out by Wigan local authority’s quality assurance team. We saw that an action plan had been put in place by the service, which included addressing this oversight.

Staff were assisted to be safe by having a management person on call at all times. The company had begun to issue staff with mobile phones and there was a lone working policy to offer guidance on keeping safe. We saw that the service followed appropriate disciplinary procedures, took statements when needed, sent out formal invitations to disciplinary meetings and minuted the meetings. Decisions were clearly recorded.

Health and safety training was given as part of the induction process, as was risk assessment and care planning. All new employees were also required to undertake medication training and we saw that there was a comprehensive medication policy. This included guidance and instruction on safe storage and dispensing of medication. There was information and guidance on how to assist people who were able to self- medicate and the policy included information about medicines taken as and when required (prn) and complementary medicines.

We looked at care files for seven people who used the service. We saw that a risk assessment was completed for each person who used the service. These included risks around mental and physical health, environment, property and social interaction. Each care file also contained areas of risk specific to the particular needs of a person. For example, some people had a history of drug or alcohol dependency and risks related to these issues were assessed and recorded. Other people were at risk of exploitation from other people and their particular risks were also identified and measures put in place to minimise the risks.

Good

Is the service effective?

Our findings

People we spoke with who used the service told us they were given clear information about the service, in a way that they understood. One person said, “They communicate clearly”. When asked about the service one person told us they were, “Happy with everything”. Another said, “The service is excellent”. A relative commented, “They’ve done everything they said they would do”.

We saw evidence within the three staff files we looked at of a robust induction programme. The initial training included medication awareness, infection control, safeguarding adults and children and mental health awareness. New employees were also required to read all policies. Training was then on-going and staff we spoke with told us training was always on offer and they were well supported to access any training they required or wanted.

A new training and development manager had recently been employed by the service and part of their remit was to evaluate and update the induction programme. They were also reviewing the on-going training to ensure it was relevant and effective for the service. Support staff were now required to participate in the new Care Certificate in as far as it was relevant to the service and their roles within it. It was clear from a discussion with the training and development manager that a great deal of work had been carried out with regard to ensuring training was relevant to the service and to the individuals being supported and the work was on-going.

We looked at seven care files and saw that there were relevant consent forms for issues such as medicines administration and the taking and using of photographs. These were signed by the people who used the service. We saw that contracts between the service and the individual were signed appropriately and all care plans were agreed and signed by the individual involved. We visited two people who used the service in their homes and it was clear that their consent was sought verbally or by implication for all interventions and support offered.

There was evidence within the care plans of people having refused support and staff using encouragement and persuasion, but respecting the decision of the person who used the service to refuse support if they chose to. When asked about care delivery one person who used the service said, “First of all they ask me”.

We saw that the service worked within the requirements of the Mental Capacity Act (2005) (MCA) by assessing capacity, which sets out the legal requirements and guidance around how to ascertain people’s capacity to make particular decisions at certain times. We saw evidence of capacity assessments and documentation of decision making within the care files.

We saw evidence of the service’s contribution to and participation in a multi-agency best interests meeting around a person’s care package. We saw that the concerns were clearly outlined; the appropriate professionals were involved in the meeting. The person’s capacity was clearly recorded and their wishes acknowledged. We saw that the outcome of the meeting had been reached by taking all relevant factors into consideration and ensuring the best interests of the person involved were the paramount consideration.

There was evidence within the care files we looked at that people’s nutritional needs were supported. For example, one file included a weekly menu planner with guidance for staff on supporting the individual with their particular nutritional needs. Others were supported with help to shop for and cook their own food to enable them to gain some independence, with the ultimate goal of taking control of their own nutritional needs.

We saw that people were supported to access health appointments and the service regularly liaised with other professionals, such as Community Psychiatric Nurses, to ensure that the people they supported had joined up care. There was also evidence that individuals were supported to access the correct benefits and to manage their money.

Good

Is the service caring?

Our findings

We spoke with ten people who used the service. One person told us, “I am very happy with them, I have one main, very loyal, member of staff with whom I have a very good relationship. I feel very lucky”. Another said, “They [the staff] are nice and friendly and I get on well with them”.

We asked about how involved they felt with their care. People told us they had a meeting prior to the service starting so that they could discuss things. One person said, “The breakfast club gets me involved”. Another told us staff encouraged independence saying, “Staff would go out with me as I felt a bit panicky, but now I’m able to go out by myself”. A third told us “I do my own cooking but the staff will go shopping with me”.

We asked people if their privacy and dignity was respected. One person said, “I feel respected, very much so”. Another told us they felt ‘respected and valued as a person’. A third person told us, “They [the staff] are very polite and check things out with me”. One person told us they had recently been allocated a new worker. They said they had been introduced to the person before they began to support them.

We saw that staff training included equality and diversity, ethics, privacy and dignity. Staff with whom we spoke were able to give examples of how dignity and privacy was respected and could tell us how people were encouraged and supported to be as independent as possible.

We visited two people in their own homes and observed staff offering support with kindness and courtesy. We saw within the care files we looked at that the service encouraged the involvement and participation of people’s supporting relationships, in the form of family and/or friends.

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.

There was a monthly newsletter produced by the service, which people who used the service contributed to 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 e mail address for people to use to air any concerns.

Service user forums were held on a four monthly basis and we saw some recent minutes from the forums. These demonstrated that people were encouraged to be involved in the shaping of the service. The forums provided an opportunity for people who used the service to discuss the service they received and were used by the service to drive improvement.

The service was in the process of setting up a service user website as another means of people who used the service being able to communicate with each other. The registered manager told us this would be owned by the people who used the service and they would have support to use the training room at the office to access the website if they needed it.

Good

Is the service responsive?

Our findings

We asked people who used the service about activities. One person told us, “The staff encourage me to do things and also make suggestions of things to do. That’s how ended up going to the gym”. Another person said, “We go on trips and to different places and the staff are flexible in how they work”. A third person told us, “They provide choices so I can make decisions”. A fourth person commented, “I go to the breakfast club on Wednesdays and Fridays and enjoy it”. All the people we spoke with told us they enjoyed the activities and trips out and liked to socialise with the other people they met.

We spoke with two relatives. One told us that the staff worked, “flexibly and gradually towards finding [my relative’s] own accommodation”.

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. Regular activities, where people who used the service could meet up with each other, such as the fortnightly curry club, weekly lunch club and weekly breakfast club had proved popular with many people who used the service. Holidays and trips out had taken place and we also saw that people who used the service were encouraged to access courses to help them become more productive members of society.

People told us they were encouraged to pursue their own interests and hobbies. One person was taken fishing regularly. Another was assisted with cooking and gardening, often contributing to the monthly newsletter with recipes and gardening tips.

Weekly Planners were created for each person. This helped staff support people to choose how they wanted to spend their support time over the next week.

We saw that there was a policy on service user participation, which included individual choice of home and lifestyle. We looked at seven care plans and saw that they were individualised. People’s backgrounds, interests, preferences and choices were documented and taken into account when their care plan was devised. We saw that the person was fully involved in the creation of the care plan to ensure it was tailored to their individual needs.

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.

There were a number of ways in which people who used the service could 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 monthly 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, “[The staff member] does go beyond the call of duty, a good friend besides carer”, “[Staff member] understands my needs. Is sometimes late”, “They [staff members] are polite, very efficient, more than helpful”.

We asked people if they were aware of how to complain. They told us the complaints procedure was outlined in the service user information given to them at the start of the service. Most people who used the service told us they would telephone the office if they had a complaint. There were no recent complaints to the service but we saw that there was a policy and procedure for dealing with complaints.

Although there were no written complaints the registered manager told us they had taken verbal concerns from service users via telephone. These had been followed up with a visit to talk through the issues and try to resolve them effectively.

Good

Is the service well-led?

Our findings

We spoke with people who used the service about how approachable the management were. One person said, "[The registered manager], is a very hands on manager". Another person said they could ring the registered manager's mobile phone at any time. They felt they could ask for help any time and they were regularly asked if they were OK.

A staff member told us, "Management are open and honest and willing to change the culture to move the service on. Innovation is embraced". Another said it was a good company to work for and went on to say, "Management are brilliant, my line manager and registered manager are very approachable and knowledgeable". "Support is offered when needed, I feel very supported". A third person commented, "I have a great relationship with the management". A fourth person said, "At supervisions you feel you can air your grievances and they get addressed. Management are approachable, really supportive, the best manager I have had".

The service had policies about supervision, appraisal, quality assurance and lone working which were appropriate. However, most of the policy reviews were overdue. We discussed this with the registered manager who agreed to review all policies as a priority.

We saw that supervisions were undertaken on a regular eight weekly basis. We saw supervision notes which included work review, housing, training, organisation issues management and support and any other issues. We saw that actions were agreed at the end of each session and signed by the staff member and their supervisor. The training and development manager was in the process of implementing a new performance development review (PDR) for staff. This would involve a twice yearly observation of practice to help ensure good care delivery.

The service had team meetings every week for staff and we saw minutes of these meetings. The meetings offered a forum for information sharing and discussion of practice issues. Staff were able to air any concerns staff we spoke with told us the meetings were positive and effective.

We saw that quarterly questionnaires were sent out to people who used the service, via an independent quality assurance person. We looked at the most recent returned questionnaires which contained positive comments about the service.

A monthly complaints tracker was sent to the directors by the registered manager and a quarterly complaints report was produced to allow analysis and monitoring of complaints. There had been no recent complaints.

Regular spot checks were undertaken by the service in the client homes to monitor safe practice. The service monitored the progress of the people who used the service, via a progress checker. This was completed by the management to look at any issues identified and progress made. Multi-disciplinary meetings were sometimes called to address any issues identified by this process.

We saw that accidents and incidents were appropriately recorded. The registered manager told us these were monitored and analysed by the managers to look for and address any trends and patterns.

The company had recently implemented a strike system. This was to maintain the quality of recording and 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 have to undertake 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.

We saw that the local authority quality assurance team had recently carried out a monitoring visit and had identified some areas where improvement was required. The summary report included feedback from independent questionnaires, observation of a team meeting, visits to people who used the service. The visit identified good service user involvement in planning of support, but had brought to light some minor discrepancies in recording and these were being addressed via an action plan put in place by the service

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. They had links

Good

Is the service well-led?

with physical and mental health groups and clinics in the local area. They also highlighted and promoted the local social inclusion groups to all people who used the service to help them integrate in the wider community.