

Way Ahead Community Services Ltd

# Way Ahead Care - Support

## Inspection report

Accuro House  
18 Belvedere Road  
Taunton  
Somerset  
TA1 1BW

Tel: 01823321123  
Website: [www.wayaheadcare.co.uk](http://www.wayaheadcare.co.uk)

Date of inspection visit:  
25 November 2015  
26 November 2015

Date of publication:  
12 January 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 25 and 26 November 2015. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Way Ahead Care-Support provides personal care to people living in four extra care housing units in Bridgwater and Taunton. They also visit people in their own homes in the Taunton area. At the time of this inspection they were providing personal care for 202 people. They also provided a domestic service to people in their own homes. This was the first inspection since the service was registered with the Care Quality Commission.

There is 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 who received personal care from Way Ahead Care-Support told us they were happy with the care and support provided. They said the manager and staff were open and approachable and cared about their personal preferences and kept them involved in decision making around their care. One person said, "I have improved so much since they have been coming. I am more than happy with all of them. Another person said, "I look forward to their visits. I don't know what I would do without them."

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed staff took time to talk with people during our home visits. One relative said, "[The person] never says they feel rushed and always tells me they had a lovely chat." One person said, "There is always someone I know visiting so I get to know them very well." However some people said they received care from a number of different care workers. One person said, "I have someone different every day but that is alright as I know them all."

People told us they received care from care workers who were knowledgeable about their needs and were appropriately trained to meet them. Care workers had access to training specific to their roles and the needs of people. For example they could ask the training team to provide specific training in the person's home if they had new equipment. They understood people's needs and were able to explain to us how they would care for each person they visited.

People's care needs were recorded and reviewed regularly with senior staff and the person receiving the care or a relevant representative. All care plans included written consent to care. Care workers had comprehensive information and guidance in care plans to deliver consistent care the way people preferred. One relative said, "They have a very carefully crafted care plan – it is on the end of the bed and in the office."

There is a sheet at the end of the bed all about [the person's] care plan." Staff members told us they had good guidance in care plans but they always asked the person how they would prefer things done.

There was a corporate philosophy of care for the agency which was to provide a service which was "Individual care for individual people." There was a commitment to providing care which was tailored to people's individual wishes. Throughout the inspection we saw this vision was at the very centre of the care and support provided by all the care workers.

People were protected from abuse because the provider had systems in place to ensure checks of new staffs characters and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse. People said they felt safe when being cared for; we observed people were happy and relaxed with care workers during our home visits.

Most people were able to access health care professionals independently but assistance could be provided if requested. Staff monitored people's health with their consent and could direct to healthcare professionals as appropriate.

The agency had a complaints policy and procedure that was included in people's care plans in large print. People said they were aware of the procedure and had numbers they could ring. People and staff spoken with said they felt confident they could raise concerns with the manager and senior staff. Records showed the agency responded to concerns and complaints and learnt from the issues raised.

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. However some people could not recall completing a survey to express their views. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

## 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 protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place

### Is the service effective?

Good ●

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs. The provider had a programme of training which ensured staff had up to date guidance and information.

Staff ensured people had given their consent before they delivered care.

### Is the service caring?

Good ●

The service was caring.

People received care from staff who were kind, compassionate and respected people's personal likes and dislikes.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received.

### Is the service responsive?

Good ●

The service was responsive

People received care that was responsive to their needs because staff had a good knowledge of the people they provided care and support for.

People were able to make choices about who supported them.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

**Is the service well-led?**

The service was well-led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with good staff morale.

**Good** ●

# Way Ahead Care - Support

## **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 25 and 26 November 2015. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. This was the first inspection since the service was registered with the Care Quality Commission.

The inspection was carried out by one 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 or has used this type of care service.

Way Ahead Care-Support provides personal care to people living in four extra care housing units in Bridgwater and Taunton. They also visit people in their own homes in the Taunton area. At the time of this inspection they were providing personal care for 202 people. We visited eight people in their homes and spoke with eleven people by telephone. We spoke with two relatives during our visits and two over the telephone. We also spoke with eight staff members and the registered manager.

We looked at records which related to people's individual care and the running of the service. Records seen included twelve care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

# Is the service safe?

## Our findings

People told us they felt safe with the staff who supported them. One person said, "I have always feel safe when they visit. They have the support team here as well so I know I can call for help if needed." Another person said, "I have no problem with the carers, I feel safe with them." A relative said, "[The person] is quite happy and looks forward to carers coming."

People were protected from harm because staff had received training in recognising and reporting abuse. Staff told us they had attended training in safeguarding people. They also confirmed they had access to the organisation's policies on safeguarding people and whistle blowing. These were provided for all staff in their staff handbook. Staff understood how to recognise the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. People had access to information on how to report abuse; contact details were clearly recorded in people's care plans. One person said, "I have a list of names and numbers I can ring in the back of my folder."

Staff in both of the extra care housing units visited, said they were a stable staff team so any changes in a person that might raise concerns would be recognised. They were all confident they could raise concerns and action would be taken.

The agency's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package staff kept a record and receipts for, all monies handled. Staff members spoken with confirmed they had read the policy and could explain the process to follow. One person's record showed staff had followed the procedure and had obtained a receipt and signatures from the person when they returned the change.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. The registered manager confirmed they had sufficient staff to meet the needs of the people receiving personal care. The staffing numbers needed to manage the personal care in the extra care housing units was consistent with regular staff members covering the hours. They were also backed up by the support team who were in the units as on call for any immediate problems. The agency could also use staff in their core team who visited people in their own homes to provide extra support or cover if needed.

Care plans included clear risk assessments relating to people's personal needs and the environment. The agency had implemented the action plan of their sister agency and had introduced clear risk assessments around people declining care. Staff all knew what action to take if a person declined care or food. For example one care plan clearly stated to record if the person had eaten their meal or not. This was in place to alert staff of the risk of the person becoming malnourished. The daily records showed staff recorded when food had been eaten or declined. Another care plan guided staff on how to assist a person to ensure the food they used from their fridge was not out of date.

Other risks had been assessed and managed appropriately. For example mobility risk assessments identified the number of staff and any equipment that would be used to help a person move. Staff

confirmed they received training in the correct use of specific equipment such as hoists and stand aids. All the staff spoken with said the training was excellent. One staff member said, "If we ask for extra training or support with new equipment the training team can arrange to come out and train us in the person's home." Care plans showed risks had been discussed and agreed with people at their first assessment. The risk assessments were also reviewed with people when care plan reviews were carried out and if people's needs changed. One person said, "It's all in there [the folder]. We talked it through and we agreed what was written."

Some people required assistance with their medication. A clear risk assessment and agreement was in place and recorded to show how and when assistance was required. There were clear protocols in place to show at what level the assistance was required for example just prompting or reminding a person to administer prescribed medication from a blister pack. All staff were trained in managing medication and the registered manager and senior staff assessed staff competency during spot checks. One person said, "They always remind me when to take my pills. That's good as I know I would forget." Another person said, "They give my medicines at the right time and I think they write it in the book." The registered manager confirmed some calls could be time critical to ensure people had the correct therapeutic gap between each dose to ensure best outcomes for them. One staff member said they had a couple of visits in the extra care housing unit that were time critical and they managed to ensure the people were reminded to take their medicines on time.



# Is the service effective?

## Our findings

People received effective care and support from well trained staff. People said they felt all the staff were well trained and knew their needs well. One person said, "They know what to do and when to do it. I am really happy with the way they understand me as a person." A relative said, "They have a very good knowledge of how to look after [their relative]. They have had training in looking after people with dementia and you can see that in the way they look after [the person]."

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. All the staff spoken with confirmed they had attended an induction programme. One staff member said "The induction was good and quite in depth. We covered all the essential areas such as moving and handling and ensuring people were safe before we went into the community." Another staff member said, "I worked alongside other staff until they thought I was good enough. If you don't feel confident they will provide extra training and support." One person said, "If someone is new, they come in pairs most times. They are introduced to us before. Yes, they carry out care to our liking." The registered manager confirmed their induction followed the Care Certificate which is a nationally recognised training programme. The induction programme had also been revised following the learning from a recent safeguarding case and inspection report from the sister agency in addition to feedback from staff.

People were supported by staff who had the skills and knowledge to meet their needs. All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's statutory subjects such as, principles of care, manual handling, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. Records showed all staff had attended all the statutory training. Care staff were also offered the opportunity to attend training in the Gold Standards Framework. The Gold Standards Framework is a nationally recognised approach to enable 'frontline staff to provide a gold standard of care for people nearing the end of life'. This meant people were supported by staff who had the knowledge and skills to meet their needs effectively.

Staff were given the opportunity to extend their knowledge in specific areas. This meant people would be supported by staff with the skills to understand complex care needs. The registered manager explained how they were working in partnership with Somerset College and Musgrove Park Hospital to develop apprenticeships. They also worked in Partnership with the local college on a traineeship enabling people an opportunity to prepare for work in care. Qualifications for staff ranged from a preparing to work certificate to diploma's in care with additional themes such as dementia award, end of life award and other qualifications such as customer service and supervision training.

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings, team meetings or spot checks carried out by senior staff. This enabled staff to discuss working practices, training needs and to make suggestions with regards to ways they might improve the service they provided. One staff member said, "I can confirm they do carry out spot checks. They come and observe how you work and make sure you are using the right equipment and using it properly." Some people were able to confirm senior staff visited to observe how staff

worked but some were unable to comment on whether it happened. One staff member explained how they had completed their four, eight and twelve week meetings. These were one to one review meetings for new staff with senior staff. They could discuss any training needs and how they ensured they were managing to understand and meet the needs of the people they visited.

Some people needed support to eat and drink as part of their care package; care plans were clear about how the person should be supported. They also explained how people liked their food prepared and whether finger food such as sandwiches and biscuits should be left for people to eat whilst staff were not there. During our visits to people in their own homes we observed staff prepared meals of the person's choice and staff ensured there was adequate fluids close by for them to drink through the day. One person said, "I like a glass of water as well as my cup of tea and staff always remember." In the extra care housing units care workers enabled people to visit the dining room for lunch. If a person was not feeling up to going to the dining area or chose to eat in their home care workers would take a meal to them.

People only received care with their consent. Care plans contained copies of up to date consent forms which had been signed by the person receiving care or a relative if they had the relevant authority. The registered manager confirmed they asked to see Lasting Power of Attorneys so they were sure the right person was giving consent on the person's behalf.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. Nobody receiving a personal care package had required a best interest decision due to lacking capacity at the time of the inspection however the registered manager was aware of the process they would follow.

People were supported to see health care professionals according to their individual needs if they informed the agency they required assistance. However most people said they received support from their relatives to attend appointments.

## Is the service caring?

### Our findings

People said they were supported by kind and caring staff. One person said, "They are all very, very good, I have no complaints at all." Another person said, "They all seem to care a lot about what they are doing. I have never had anyone visit who has been cross or not cared about how I am feeling." One relative said, "[The person], is so happy with their visits they have never had a bad word to say. They always seem to look forward to the visit." The registered manager said they aimed to employ staff who displayed a caring nature. They said, "If it's not good enough for your mother it's not good enough simple as that."

People had a consistent staff team especially in the extra care housing units and this was important to them. Most people spoken with were very complimentary about the way they had been able to develop relationships with staff and they knew them well. One person said, "I know all the girls who visit I have my regular little team." Another person said, "I get a rota on a Saturday and that tells me who is coming and I know them all." However some people said they had experienced a number of different care workers providing their care for example one person said, "We have a different care worker every day, but I know them all and don't mind." Whilst another person said, "I have not had the same carers, a few have left. We have a few new carers, but I am happy with them, I know them all." This meant some people might not experience the same level of consistency as others. However people were all happy with the staff who provided their care. Staff said they felt they got to know people very well and developed very good relationships. One staff member said, "I have worked in both the extra care housing and the community. I prefer it here in the extra care housing as there is a real continuity for staff and people. We all know each other very well."

People confirmed care workers cared for them in a way that respected their privacy. One person said, "Oh gosh yes they always shut doors and windows even though it's only me here." Another person said, "Respect is what I get all the time for my privacy and my independence. I like to remain independent and that is important to me." Staff were able to explain how they would support people to maintain their privacy and dignity, such as knocking on front doors even if they had the key code, covering people when delivering personal care and closing curtains. During our visits we observed staff supported people in the privacy of their room or bathroom. People told us personal care was carried out in a dignified way with people's preferences for care and support being respected.

People were supported to express their views and remain involved in decisions about the care they received. People were included in all care reviews and their comments taken into account. Care plans included a section where people, their relatives or visiting health professionals could communicate with staff. One relative said, "We have always been involved right from the start. They do a customer satisfaction survey to gauge how people feel about the care." One person said, "I think we do a survey once every three months but not sure." Another person said, "I have discussed any changes with them and they make sure it gets written down."

The agency kept a record of all the compliments they received. The manager confirmed if compliments were specific to an individual member of staff the person's message was shared with them. All staff would also be

informed of general compliments received.

Staff told us they were aware maintaining confidentiality was important. They all said they would not discuss another person whilst providing care. One staff member said, "It's even more important in the extra care housing as everybody knows everybody else and that you are visiting people."

## Is the service responsive?

### Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. We looked at twelve care plans four in the office and eight in people's homes. They were personalised to each individual and contained information to assist staff to provide care in a way that respected their wishes.

Care plans gave clear information about the support people required to meet their physical needs and had information about what was important to the person. The agency had followed the action plan of their sister agency and introduced training for staff in writing daily records. The records showed staff had carried out the care and support in line with the people's care plans. For example we saw one care plan said, the person was, "Prone to falls as they got stiff sitting in their chair." The care plan was clear about staff encouraging the person to walk each time they visited to prevent stiffness causing a fall. The daily records showed staff did this regularly. The person said, "They are all very good they get me to walk each time they come in. I have really improved since they have been coming."

Staff had a good knowledge of the needs and preferences of people they cared for. People said they felt staff understood their needs. One person said, "They know what needs doing but they always read the folder to make sure nothing has changed." Another person said, "They are very efficient, I know them all and they know me so they know how I like things done. One relative said, "They all know [the person], and what [the person] needs."

Staff had a good understanding of what was important to people and provided support in line with people's social and cultural values. Everybody said staff respected them as individuals with their own lifestyles and preferences. One person said, "The times the carers come don't restrict me. I tell the office when I am coming back to the house and the carers come after I have come back." However a relative said, "sometimes they forget that [the person] is going out and they put staff on the rota and I have to phone up and tell them that they are not going to be there." The registered manager confirmed sometimes people wanted their calls changed or cancelled and they would try their best to be flexible to meet those needs.

Initial assessments were carried out with people who wished to use the service. This enabled them to express their wishes and views. It also allowed the agency to decide if they were able to provide the care requested. The registered manager confirmed if they felt they were unable to meet the needs of the person they would either signpost them to another care agency or refer them to other healthcare professionals. This meant people could be supported to receive a personal care package that was appropriate to meet their needs.

People said they could express a preference for the care worker who supported them. One person said, "I was given the choice of a male or female carer. I prefer female and that is what they provide." Another person said, "I spoke to the manager about one carer I didn't like and they changed the rota so they did not come again." This meant people felt they could maintain some control over the staff who supported them.

People said they felt they could complain if they needed to and the agency responded to their concerns. A copy of the agencies complaints procedure was available in the care plan folder kept in the home. One person said, "We have made a complaint about lateness in the morning. It was dealt with, but took several months through lack of communication from us. We didn't know their chain of communication was weak. We now have one person we deal with and that person goes into action. She is very good. That was about three months ago when they put in this new regime." The agency responded to issues raised by reorganising with their sister agency to provide a more consistent approach to staffing. This meant people could be assured that the agency would listen and act on the issues they raised.

We looked at the complaints records kept by the agency, they had clear documentation to show a complaint or concern had been received and how it had been managed. We saw all complaints had been dealt with promptly and included outcomes for the person as well as a record of what could be learnt.

## Is the service well-led?

### Our findings

People were supported by a team that was well led. The registered manager was supported by a small team of staff who all said there were clear lines of responsibility. Staff also confirmed they had access to senior staff to share concerns and seek advice.

People, relatives and care workers told us the registered manager was open and approachable. They all said they felt they could talk with the manager at any time. Some people in the extra care housing said they spoke with the housing manager more than the agency manager. All the staff spoken with said they could come into the office at any time and the manager was prepared to meet with them.

People's experience of communication with office staff was varied; Some people felt communication with the office was not as efficient as with their regular care workers. For example one person said, "Probably the weak link in the organisation, communication is not 100%." Another person said, "If they are not too busy they return our calls. But it is rare that I have to contact them." However other people felt they were able to contact the office without any problem, One relative said, "Yes, we email them; on the whole they are excellent. The agency is not so hot on returning calls. We ring them up if [the person] needs them and they always help if [the person] is ill.

In addition to the registered manager there were supervisors who were responsible for a small team of staff and also provided direct care. There was a senior on-call rota which meant someone was always available to deal with concerns and offer advice to staff. Staff told us they always had someone they could call if they needed advice. One person said they had numbers to call if they needed to talk with someone. Another person said, "I have a list of people and numbers. I look at it every now and then so I know who to ring if I need to."

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice.

There was a corporate philosophy of care for the agency which was to provide a service which was "Individual care for individual people." There was a commitment to providing care which was tailored to people's individual wishes. Their vision and values were communicated to staff through staff meetings and supervisions. Staff said the emphasis was on treating people as individuals and listening to what they wanted and needed. People's views were gathered by regular monitoring visits, phone calls and by satisfaction surveys.

People were supported to share their views on the way the service was run. The agency carried out themed conversations with people around specific areas. An annual survey of people, relatives, staff and service commissioners was carried out so people could be assured that improvements were driven by their comments and experiences. However some people said they could not recall completing a survey. One person said they had not spoken to anyone about their views on the service provided.

The organisation had revised their policies and procedures to reflect the new regulations and CQC's five domains of, safe, effective, caring responsive and well led. They included a policy on the duty of candour and were organised to cover the five domains of safe, effective, caring, responsive and well led. The policies had been signed and a review date was included. The staff handbook included the policies that were relevant to their role in the agency. Managers had been asked to carry out a self-assessment using the key lines of enquiry. These are prompts that help a provider determine whether the service is safe, effective caring responsive and well led.

The registered manager looked for ways to continually improve the service and keep up to date with current trends. They were involved with a number of organisations including the extra care housing (ECH) partnership board, provider networks for ECH and the learning disability framework. They had also been a member of the good practice panel and kept in touch with former members. The agency was a member of a local care providers association which offered advice and support. One of the Company Directors had attended regular meeting of the UKHCA, so guidance and information from them was also shared and cascaded through the teams.

The manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.