Next Stage 'A Way Forward' Ltd

Next Stage 'A Way Forward' West Lancashire Area 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

Summary of findings

Overall summary

The inspection took place on 3 July and was announced. The previous inspection was undertaken on 23 November 2015 at a previous address when the service was rated good.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to adults who need support with mental health difficulties and who require help with their personal and social care needs. Some domestic assistance is also provided for those who need help in this area. The office base is situated in the Westhoughton area of Bolton. At the time of the inspection there were 17 people using the service.

Not everyone using Next Stage "A Way Forward" receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in place at the service. 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.

The service had appropriate safeguarding and whistle-blowing systems, staff had regular training and their knowledge of safeguarding was good. Individual risk assessments were complete and up to date and each property had risk assessments around health and safety, environment, fire safety and general issues.

Staff recruitment systems were robust and helped ensure new employees were suitable to work with vulnerable adults. Staff support visits to people who used the service were monitored via an electronic system which checked times and locations of visits.

There was an appropriate and up to date medication policy. Medicines training and staff observations were undertaken on induction, then at least annually to help ensure staff's competence remained up to standard.

Care and support files included a thorough assessment of each individual. The care records included detailed support plans, health action plans and a weekly engagement record. Plans were monitored with the individual to review their progress and to look at ways to empower people with choices and expectations

The service had a thorough induction programme, including orientation, training and shadowing. Refresher training was undertaken regularly and bespoke training was offered to staff for their area of work.

Supervisions were undertaken regularly and there were annual appraisals to give staff the opportunity to

look at any training and development needs they had. The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Next stage had champions in the company for areas such as dignity and equality. The champions ensured they kept up to date with current good practice and disseminated any new information to other staff.

People who used the service were fully involved with planning and reviewing their care and support. The service supported access to advocacy services and involved family and friends where appropriate. The service produced a service user guide and had an appropriate statement of purpose.

Support plans included details of each individual's specific needs, interests, preferences and aspirations. Risk assessments were in place and were updated as required. The views of people who used the service were sought via regular meetings and twice-yearly questionnaires to ascertain their satisfaction with the progress they were making within the service.

People were offered involvement in a range of activities and social engagement and group activities were on offer to encourage people to mix with others with similar experiences. People were given opportunities to access education, voluntary or paid work.

There was an appropriate complaints policy in place and complaints were dealt with in a timely and appropriate way. The service had received a number of compliments and thank you messages. Next stage had a support mechanism of nurses in place to care for people nearing the end of life.

The culture of the organisation was important and all new staff were introduced to that culture on induction. All the staff we spoke with were aware of the values of the company and embraced those values within their work.

Staff had access to internal and external support and counselling. Staff felt well supported by management and there were regular staff meetings. Regular observations of staff competency were carried out to ensure skills and knowledge remained current.

The registered manager made regular quality visits to the properties, regular audits were undertaken and monthly reports were completed by unit managers. Detailed action plans were completed to address any issues identified.

Managers and key staff linked into partnership meetings, attended Skills for Care workshops and internally held good practice and development sessions every month.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The service had appropriate safeguarding and whistle-blowing systems, staff had regular training. Individual and general risk assessments were in place.

Staff recruitment systems were robust. Staff support visits were monitored via an electronic system which checked times and locations of visits.

There was an appropriate medication policy. Medicines training and staff observations were undertaken regularly to help ensure staff's competence remained up to standard.

Is the service effective?

Good

The service was effective.

Care and support files included a thorough assessment, detailed support plans and health action plans.

The service had a comprehensive induction programme, refresher training was undertaken regularly and bespoke training was offered to staff for their area of work. Supervisions and appraisals were undertaken.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

Next stage had champions for areas such as dignity and equality.

People who used the service were fully involved with planning and reviewing their care and support. The service supported access to advocacy services and involved family and friends

where appropriate.

The service produced a service user guide and had an appropriate statement of purpose.

Is the service responsive?

Good

The service was responsive.

Support plans included details of each individual's specific needs. Risk assessments were in place and updated as required. People's views were sought via regular meetings and twice-yearly questionnaires.

People were offered involvement in a range of activities and social engagement. People were given opportunities to access education, voluntary or paid work.

Complaints were dealt with in a timely and appropriate way. Next stage had a support mechanism of nurses in place to care for people nearing the end of life.

Is the service well-led?

Good

The service was well-led.

The culture of the organisation was important and all new staff were introduced to that culture on induction.

Staff had access support and counselling. Staff felt well supported by management and there were regular staff meetings.

The registered manager made regular quality visits to the properties, regular audits were undertaken.

Managers and key staff linked into partnership meetings

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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 service took place on 3 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Prior to our inspection we contacted the local authority commissioning team and the safeguarding team. This helped us to gain a balanced view of what people experienced accessing the service.

We looked at notifications received by CQC. We had received a provider information return form (PIR). This form asks the provider to give us some key information about what the service does well and what improvements they plan to make.

During the inspection we spoke with the registered manager, training manager, resourcing manager, a senior team coordinator, a unit manager and two support workers. We spoke with two people who used the service. We also contacted six health and social care professionals to gain their views. We received no negative feedback about the service.

We looked at records including three support plans, electronic staff personnel files, training records, health and safety records, audits and meeting minutes.

Good

Is the service safe?

Our findings

We saw the service's safeguarding file which included alerts, information about the safeguarding concern and actions taken. This evidenced appropriate and timely actions. The system was directly linked to the locality safeguarding board of each individual to help ensure continuity. The service had a whistle-blowing policy which had been reviewed in February 2018 and was appropriate. Staff we spoke with were aware of the safeguarding and whistle-blowing procedures and received training in safeguarding on induction and regular refresher courses. Staff demonstrated a good knowledge of safeguarding process and said they would not hesitate to report any safeguarding concerns or poor practice witnessed.

A health and social care professional we contacted said, "The staff have fed back to me concerns about some of my [person's] visitors checking in regards to [person's] safeguarding". This demonstrated the staff's attention to people's safety when in their service.

The service strove to keep people safe, whilst supporting them to retain as much independence as possible. Individual risk assessments were in place and covered areas such as drug and alcohol misuse, anger management, smoking, medicines management, health issues, nutrition and hydration. There were personal emergency evacuation plans (PEEPs) for each person in the property, which were regularly checked and updated. These outlined the level of assistance each person would require in the event of an emergency.

Each property had risk assessments around health and safety, environment, fire safety and general issues. There was a health and safety file which included a fire risk assessment, fire equipment maintenance certificate, fire instructions and records of weekly fire alarm and means of escape tests. These records were complete and up to date in the property we visited.

We saw that fridge temperatures were taken regularly to help ensure the safe storage of food. We saw cleaning records including regular cleaning of showerheads and weekly environmental checks carried out in each individual flat. There was a first aid box which was checked on a monthly basis. Records were complete and up to date. Staff undertook health and safety training every two years to help ensure people were kept safe.

We looked at the electronic staff records which demonstrated a safe recruitment and selection programme. Each potential employee was required to complete an initial online application and telephone pre-screen prior to completing a more detailed application and attending an interview. The service felt this helped ensure new employees displayed the required value base. Gaps in employment were thoroughly investigated and a minimum of two professional references were required. Each person was subject to a Disclosure and Barring Service (DBS) check. A DBS check helps ensure people are suitable to work with vulnerable adults.

Staff support visits to people who used the service were monitored via an electronic system which tracked and monitored times and locations of visits. Emergency buttons allowed staff to call for additional support if

required.

There was an appropriate and up to date medication policy which included storage and administration, controlled drugs, PRN medicines and the audit system. The service had a medicines errors log which outlined what the error was and actions taken to address the issue. Medicines training and staff observations were undertaken on induction, then at least annually to help ensure staff's competence remained up to standard. A health and social care professional told us, "My [person] is supported with medication by staff, [person] was on one occasion recently very drunk and they determined that it was not safe to give [person] the medication". This showed the service's commitment to ensuring people's safety and well-being.

Policies and procedures were regularly reviewed and included any changes to legislation. The service had a business continuity plan in place which outlined how they would continue to support people in the event of an emergency, such as the loss vital services such as gas or electricity. The registered manager was trained in how to apply each stage of the plan to ensure maintenance of support throughout.

Good

Is the service effective?

Our findings

One health and social care professional we contacted told us they placed a person with very complex mental health and social care needs with the service. They said, "[Unit manager] and the staff have been proactive in working with me to understand [person's] needs, to offer appropriate support and to update me of progress/issues/to agree plans moving forward. My [person] was in a previous supported accommodation which broke down, [person] is much more settled at [Next Stage location] and it has helped [person's] mental health to improve. I have no concerns to raise and am pleased with [person's] support at [Next Stage location]."

We looked at care and support files for three people who used the service. There was a thorough assessment for each individual. The assessment involved a multi-disciplinary approach with the registered manager, local authority and other agencies involved with the individual to help ensure the correct provision could be offered. The registered manager felt this helped ensure the transition to Next Stage was smooth. Prior to accepting a placement, the service determined whether the individual's needs could be met by the staff team. One health and social care professional we contacted said, "A thorough assessment was carried out, the registered manager travelled to be at the meeting and assess the person. They looked at risks and care needs, went to see the person and their significant family member, didn't rush and listened. They were really helpful".

The care records included detailed support plans, health action plans and a weekly engagement record. Support plans were written by or with the person who used the service and signed by them and included promoting independence. Plans were monitored with the individual to review their progress and to look at ways to empower people with choices and expectations. A recovery star programme tracker, which was a way of looking at progress made, goals and achievements, was completed. There was a record of professional involvement and correspondence. All the records we looked at were complete and up to date.

Information was available in various forms to make it accessible and inclusive for all. We saw that people's preferred methods of communication were documented and staff ensured that these were adhered to.

When people who used the service were in a transition period, to either move to another support provision or to full independence, staff were fully involved. This helped ensure the transition was seamless and to continually monitor whether the individual was happy with the progress of the transition.

The service had a thorough induction programme, which included a three day induction to the company, looking at the organisation values and structure. The key policies and procedures were presented and the training was tailored to the service, with the topics being based on standards set by the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. Knowledge and skills were checked out through questions and answers and observations within the workplace. Staff shadowed in areas they were to support to help build up relationships and knowledge of people they would support. The induction was personalised to each individual, depending on their existing qualifications, training needs and experience.

Refresher training for mandatory subjects was undertaken by all staff on a regular basis to help ensure their knowledge and skills remained current and relevant. There was also bespoke training offered to staff for areas they may encounter in their specific area of the service. Staff were brought in when changes to legislation or practice occurred, for example, the new data protection rules. We saw the training matrix which evidenced a good standard of mandatory and supplementary training for all staff.

We spoke with the training manager who was enthusiastic and motivated and told us that there were lots of conversations and communication with the management. They said, "Next Stage is a good place to be, they are moving on and developing with regard to training". Staff we spoke with were positive about having lots of training and development opportunities.

There was a supervision policy in place, which was appropriate and up to date. We saw supervision records which included issues from the previous supervision, training, staffing issues, responsibilities, concerns, support, complaints and compliments, safeguarding, health and safety, Medicines Administration Records (MARs), targets, feedback and any other issues. Agreed actions from supervisions were documented and addressed in a timely way. Staff also had annual appraisals where they had the opportunity to reflect on the previous year and look at training and development needs for the coming year.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The policy and procedure for MCA had been reviewed in May 2018 was up to date and appropriate. It included guidance around DoLS, Court of Protection and Best Interests decision making. Mental capacity was considered for each individual and all those currently using the service had capacity, though for some it could fluctuate. Staff were aware of this and ensured they took this into consideration when involving people in decision making. Consent was sought when support was required for areas such as medication, finance and sharing of information. We saw that the service made efforts to ensure people had as much involvement as possible in all decisions about their care and support.

Good

Is the service caring?

Our findings

A person who used the service said, "The service is 100% excellent. They help me with everything including taking medicines. The staff are all good, all the same, they do a good job". Another person told us, "Staff help me with all sorts; cooking, cleaning; shopping. They keep me distracted from feeling too stressed. The staff are really nice and friendly and look after you".

One staff member we spoke with said of the job, "I love it, every day is different. I like seeing people progress". Another told us, "It's amazing, the best work environment I have ever worked in. I like the person-centred side, getting to know people and supporting them to better their lives. It is so evident here that it works".

A health and social care professional said, "It is the first time I have used the service, which was suggested by colleagues and I have to say everyone has been very nice to work with. My service user is challenging to work with and has a history of challenging behaviour and failed placements. The service was willing to give them a chance". Another professional told us, "The team tried really hard using different ways to engage. The communication has been good and regular reviews are carried out. Staff always accompany the person to external reviews and provide information as they see this as part of their role".

The service tried to ensure new staff displayed the values they required via the interview process. They used the induction programme to try to embed the culture and principles of the company, with dignity being an important area within this. Next stage had dignity champions in the company who ensured they kept up with current good practice and disseminated any new information to other staff. We asked about whether staff respected people's privacy and dignity. One person who used the service said, "Yes, they are not intrusive, they are respectful". Another person we spoke with agreed that dignity and privacy were always respected.

Equality was also a key area within the service's values and there was an equality champion who had responsibilities in relation to promoting respect for equality and diversity. In conversations with staff it was clear that they embraced the principles of equality and diversity with regard to people who used the service and in a wider context.

We saw evidence that people who used the service were fully involved with planning and reviewing their care and support. They also had the opportunity to be involved in staff recruitment and were encouraged to suggest how and to what extent they wanted to be involved. For example, they could contribute to interview questions, put forward scenarios for the interviewee to discuss or be on the interview panel.

The service actively supported and encouraged access to advocacy services if people who used the service felt they needed this. Family were involved, if people who used the service wished them to be and consented to their involvement. The service also made efforts to support family members and ensure relationships that were important to people who used the service were fully supported, which we saw evidence of within the care files we looked at.

We saw minutes of residents' forums where people who used the service were given the opportunity to make suggestions, raise concerns or lead discussions. An action plan was devised from these meetings to ensure any issues were addressed with actions, for example, new activities that people put forward were implemented.

The service produced a service user guide, which included the aims and objectives of the service. It also outlined the service provision and staffing arrangements. There was information about health care, confidentiality, equal opportunities and religious observance. The complaints procedure was set out clearly, with contact details for the Care Quality Commission (CQC) included. There was an appropriate statement of purpose which included the above information, a summary of the service and details of the management structure.

There was an appropriate policy and procedure with regard to confidentiality and data protection. Records were held securely in locked cabinets.

Good

Is the service responsive?

Our findings

Support plans included details of each individual's specific needs, interests, preferences and aspirations. There was information about people's background history and things that were important to each individual. These plans were reviewed at regular intervals to ensure people's information remained current and their progress towards their goals could be regularly monitored. One health and social care professional told us, "Risk assessments are regularly updated and the service are responsive to change and react appropriately".

The views of people who used the service were sought via regular meetings and twice-yearly questionnaires to ascertain their satisfaction with the progress they were making within the service. Every few months there were 'open door surgeries' with the senior manager as well as service user forums. This gave people who used the service the opportunity to engage with the management and put forward their views. The service also sought feedback from family and significant others. The service told us this feedback was used to drive improvement to service delivery.

People who used the service were offered involvement in a range of activities and social engagement. This included shopping, visiting a garden centre, celebrating occasions such as birthdays and calendar events and following their own individual interests. Group activities were on offer to encourage people to mix with others with similar experiences. This helped prevent social isolation. One person who used the service told us, "My therapy is going well. I wouldn't have done it without [staff name]. She was really good and helped me". A health and social care professional told us, "The staff have encouraged [person] to engage in social cooking which [person] has enjoyed".

People were given opportunities to access education, voluntary or paid work. At the property we visited the staff had good relationships with local businesses, including a charity shop and a café, where some hours of work had been offered to people who used the service.

There was an appropriate and up to date complaints policy and procedure in place. The complaints system was given to all people who used the service and they received regular reminders of the process through manager visits, newsletters and support workers. This helped ensure they were aware of who to speak to. There was also an e mail address that people who used the service could use to raise any concerns or issues. People who used the service that we spoke with told us they had no complaints.

We saw the monthly complaints tracker which included information about the two recent complaints, responses and resolutions. We saw that the service held discussions following each complaint to look at whether the person involved was happy with the outcome. The service looked at lessons learned from all complaints.

We saw compliments received from other professionals by the service. For example, "Please can you share with your team from [address] that I have really appreciated your careful planning and support with this package over the past couple of years. The transition was handled sensitively but assertively and the team

have remained professional and dedicated throughout some difficult episodes."

Next stage worked with some individuals who were at risk of experiencing end of life earlier than most. The service had a support mechanism of nurses in place to support the person if those needs were required for people who used the service, staff and family.

Good

Is the service well-led?

Our findings

There was a registered manager in place at the service. 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.

All registered managers within the company were supported in their roles by an internal coach to offer guidance and support. Managers undertook management induction standards, followed the level 5 National Vocational Qualification (NVQ) framework and attended monthly development and good practice sessions.

The culture of the organisation was important and all new staff were introduced to that culture on induction to help them understand how it was disseminated throughout the company. All the staff we spoke with were aware of the values of the company and embraced those values within their work.

A health and social care professional commented, "I think [unit manager] and your team are doing an amazing job, I'm really impressed". One staff member told us, "[The service] are very creative and take good ideas on board. There is not a lot of red tape, they are very open and good at responding. They encourage challenge about ideas". Over the last year the company had invested in a new IT system to be able to support new technologies that would make a positive impact on the work of the service.

Staff had access to internal and external support and counselling. There were regular supervision and appraisals and these gave staff the opportunity to discuss work issues, put forward suggestions and identify and training or development needs. We asked staff if they were well supported by management. One told us, "Human Resources support is regular and very useful. We are listened to, it is a good place to be, they [the service] are moving on and developing." Another staff member said, "The support needed is given, there is an open-door policy and [registered manager] will see you there and then. [Registered manager] will make the effort to always get back to you with a response". Another staff member said, "We are supported fantastically. [Management] couldn't do any more".

We saw minutes of various regular meetings, with senior staff and operational staff. Staff told us they were involved in setting the agenda. Discussions included actions from the previous meeting, supervision, training and other issues.

We saw documentation of visits to the properties by the registered manager. The registered manager told us he tried to talk to at least two people who used the service per month to ascertain their views of the service delivery. The records evidenced these discussions in which people were supported to talk about their involvement in care planning, activities, complaints procedure, support and whether they wanted more from this support.

Unit managers sent monthly reports to the registered manager and these were sent on to the head of service. The reports included incidents, safeguardings, recruitment, training, complaints and compliments.

These areas were checked by quality assurance both internally and externally and action plans for improvements were produced to drive forward change, for example, recruitment systems had been streamlined to make them more efficient.

Managers and key staff linked into partnership meetings, attended Skills for Care workshops and internally held good practice and development sessions every month to ensure that the provision was reviewed and challenged to ensure continual improvement. The service had good relationships with local businesses and colleges. This enabled them to arrange work and education opportunities for people who used the service.

Regular observations of staff competency were carried out and we saw documentation to evidence these checks. Information from observations were used to inform staff supervisions to acknowledge good practice and address any shortfalls. This would help ensure people who used the service were supported by staff whose skills and knowledge were of a good standard.

We saw records of audits of service user folders where any issues were identified and addressed with appropriate actions. Quality management audits were also undertaken regularly and included private and communal areas within the environment, privacy and dignity, dining, care procedures and 'out of the home'. Detailed action plans were completed to help ensure regular improvement to service delivery.