

Mid Warwickshire Society For Mentally Handicapped Children And Adults

Way Ahead Support Services

Inspection report

Unit 4 Jephson Court
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Tel: 01926622980

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20 December 2019

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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

About the service

Way Ahead Support Services is a supported living service. This is where people live in their own homes and receive care and/or support in order to promote their independence. Three properties were owned by the provider, but people's care and housing were provided under separate contractual agreements. One of these properties was a shared bungalow and the other two properties were self-contained flats.

All properties were close to local amenities and people were supported to be part of their local community and live as independently as possible. CQC does not regulate premises used for supported living. This inspection looked at people's personal care and support only. At the time of our inspection, 17 people received personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also considered any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People felt protected from the risk of abuse because they were supported by kind and caring staff. Staff understood their responsibility to keep people safe and to report any concerns they might have about a person's welfare.

People were encouraged to pursue hobbies and activities of interest to them and were encouraged to maintain relationships with people who were important to them to reduce isolation and loneliness. Where a person's needs changed suddenly, the provider was extremely flexible in adapting the staffing levels to ensure people had the care and support they needed.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Risks to people's health and wellbeing had been identified, assessed and monitored. Records provided staff with information about people's individual risk's and what staff needed to do to minimise these risks. Medicines were managed and administered safely, and people told us they received their medicines as they should. Staff understood their responsibility to follow good infection control practices and encouraged this with the people they supported.

People told us they received support in line with their assessed needs and records confirmed there were enough staff to meet these needs. People were supported to express their views and were involved in making decisions about their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The providers policies and systems in the service supported this practice

Staff received training in order to complete their role well and had the right skills to support people in the way people preferred. People's care and support had been planned in partnership with them and where appropriate, their families. Records showed referrals had been made to other healthcare professionals when necessary to ensure people remained well.

People told us they had enough to eat and drink, and staff respected their choices. Care plans promoted a healthy diet and included information about people's nutrition and hydration risks and preferences.

The provider had systems and processes in place to monitor and improve the quality of care provided. We found some care records had not been updated in a timely way, but a plan was in place to review this following our inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 29 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Way Ahead Support Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in three 'supported living' settings and those living in their own homes, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 16 December 2019 and ended on 20 December 2019. We visited the office location on 17 and 20 December 2019

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with three members of care staff, a team leader, the registered manager, the office personal assistant, the compliance officer and the nominated individual who was also the Chief Executive. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of data and records. This included three people's care records and three people's medication records. We also reviewed a variety of records relating to the management of the service such as quality assurance, training and recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us staff protected them from the risk of abuse and confirmed they felt safe. Comments included, "I am quite safe here. I am never worried" and, "Staff are nice to me. I am safe with them."
- Staff received training and understood their responsibilities to protect people from the risk of abuse and were confident safeguarding concerns would be dealt with appropriately. One staff member told us, "Safeguarding is making sure my clients are protected in every single way possible. If there were ever any issues I would report it and make sure it was known by the company. If nothing was done I would have no problem informing external agencies, but I know the manager would deal with it properly here."
- The provider had systems in place to manage and respond to any safeguarding concerns. The registered manager understood their safeguarding responsibilities and had made referrals to the local authority and informed us, (CQC) where necessary.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been identified, assessed and monitored to ensure people received safe care and treatment. For example, one person was assessed as high risk of falls and required special equipment to mitigate this risk. There was detailed guidance within this person's care records to instruct staff how to use this equipment and how to mitigate this person's risk of falls.
- Some people had specific health conditions which posed additional risks to their health. For example, one person had a diagnosis of epilepsy. Risks related to this person's epilepsy had been discussed with their healthcare professional and guidance was provided to staff about how to mitigate these risks. This included how to respond in an emergency situation such as a prolonged seizure.
- Staff gave people information about keeping themselves safe at home. One person told us, "[Staff member] talks to me about safety. Like to make sure my doors are all locked. They [staff] give me reassurance that nobody can get in."

Staffing and recruitment

- The providers recruitment process prevented unsuitable staff from working with vulnerable adults. This included pre-employment checks such as an enhanced Disclosure and Barring Service [DBS] and satisfactory references.
- Records confirmed there were enough staff to keep people safe. People told us they received support in line with their assessed needs. One person told us, "The staff are always there when they are supposed to be."
- A system was in place to ensure people received care when they should. In periods of staff short term sickness, the management team covered care calls.

- The provider offered an on-call system for staff if they required any emergency advice out of hours.

Using medicines safely

- Some people needed support to take their medicines. Where this was an identified care need, records demonstrated people received their medications as per their individual prescription.
- The registered manager ensured people's medicine was administered by trained and competent staff. One member of staff told us, "Medication training is quite intense. We have a training course and then you have to do a module on medication from a workbook and on top of that we have observations. The management come regularly to observe us regardless of whether you are experienced." Records confirmed this practice.
- Medicines were administered in line with people's personal preferences and one person told us they were confident their medicine was administered safely. They said, "Staff help me with medicines and they know how I like to take them. I don't think there are any problems with that."

Preventing and controlling infection

- Staff understood their responsibility to follow and promote good infection control practices. One staff member told us, "It is important to follow good infection control because cross contamination is a problem. We move from house to house and it is important we don't spread germs from one person to another."
- Staff encouraged people to follow good infection control practices but respected they were in people's homes and they had the right to refuse. One staff member told us, "We talk through safe practices. We educate but we can't enforce it as it is not our home."
- Staff confirmed there was enough personal protective equipment, such as aprons and gloves to protect themselves and others from infection.

Learning lessons when things go wrong

- Staff understood their responsibility to report accidents, incidents and near misses. These were reviewed, and action was taken to avoid reoccurrence. For example, one staff member had made a medication error and action was taken for this staff member to undergo further training before they administered medication again.
- The registered manager analysed accidents and incidents to identify any recurrent patterns or trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, preferences and level of support had been assessed before they received support from the service. This enabled the provider to make an informed judgement as to whether they could meet each person's varying needs.
- Assessments were used to develop people's individual care plans and were reflective of the Equality Act 2010 as they considered people's protected characteristics. For example, people were asked if they required any support with any cultural or religious needs.

Staff support: induction, training, skills and experience

- Staff completed an induction when they started to work at the service. This included working alongside experienced members of staff in order for them to understand each person's specific needs and routines.
- For staff new to care, the induction included training to achieve the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care. Other experienced staff had completed other nationally recognised qualifications such as a national vocation qualification (NVQ) in health and social care.
- Records demonstrated most staff were up to date with the provider's mandatory training which included topics such as safeguarding, manual handling and basic first aid. One staff member told us, "We are always doing training and I would say it is good."
- Staff received additional training to support people with their specific health conditions. The registered manager told us they were always looking for ways to build on their current training programme and had planned to offer positive behaviour support training to their staff in the new year to enhance staff knowledge further.
- Staff felt supported in their roles and were able to discuss their development and training needs through individual and team meetings. One staff member told us, "We have supervision meetings which are very useful. We can open up and offload. If we want extra training, we can ask for it and they will arrange it for us."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff promoted a healthy diet and care plans included information about people's nutrition and hydration risks and preferences. For example, one person required a soft bite sized diet and guidance was provided to assist the person to peel skin from a cucumber and remove seeds from tomatoes.
- People told us staff respected their food choices and made sure they had enough to eat and drink. One person told us, "Staff help me prepare tea. I choose what I eat. I like to pick casserole or chicken and they [staff] cook it for me fine."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed people had access to a range of healthcare professionals such as their GP, occupational therapist or psychiatrist when this was needed. People were also supported to attend annual healthcare reviews such as for epilepsy.
- Each person had a specific hospital passport which contained important information to give the emergency services or hospital staff. This document ensured healthcare professionals had the information they needed to best support people in an emergency situation.
- The provider empowered people to take responsibility for their own health and wellbeing. For example, first aid training was provided to people, so they knew what to do in an emergency and how to call an ambulance.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People and relatives told us people were able to make day to day decisions about their life. Comments included, "I can do whatever I want to do. I can go to the shop if I want" and, "The staff do the things that [person] wants to do. It is [person's] choice."
- Staff told us they worked with the principles of the MCA. One staff member told us, "It is important I empower people to make their own choices. For instance, we give people the power to decide what to wear, what to do and how they want to do. We are here just to support them to do what they want to do. They are living their life and we are not there to control them. As soon as we do that then it is abuse."
- At the time of our inspection most people had capacity to consent to their care and treatment. Where a person's capacity to make a specific decision was questioned, a capacity assessment had been complete.
- One person had requested staff not to be present at all times in their home, however, due to their specific health condition, this staffing level was necessary to keep them safe. The registered manager was supporting this person to make the decision whether they wished for assistive technology (a rehabilitative device) to be in place instead, whilst ensuring their safety was maintained.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring. Comments included, "Staff are nice. They listen to you. They couldn't be better", "I care about [staff member] and they care about me" and, "Staff are very nice. They look after me."
- Relatives also provided positive feedback about the care their loved one received. Comments included, "They are very good. They are kind, courteous and considerate" and, "I am very happy with the care [person] gets. Staff have made their life as good as it can possibly be."
- Staff enjoyed working at the service and spoke with compassion about the people they supported. One staff member told us, "I am very passionate about my job. To empower someone and support them to be part of their local community where they are accepted as an individual gives me a lot of job satisfaction."
- During our inspection visit, some people chose to speak to us at the office with their allocated staff member. We saw warm and friendly interactions and people clearly felt comfortable in the presence of the staff and management team.
- The provider had a policy in place to promote equality and diversity and staff understood the importance of treating everyone equally. One member of staff told us, "As an organisation they treat me as an individual and I treat my clients as individuals, no matter what their background or preferences are. We are a team and we celebrate differences in people."
- People's felt valued and their differences were respected. Staff supported people to celebrate their birthdays and the provider arranged special social gatherings to celebrate important events such as Christmas and Easter which people looked forward to.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and were involved in making decisions about their care. People were asked to comment on how they felt about the support they received and whether any changes were required at the end of each care call.
- Referrals had been made to advocacy services when people had asked for additional support to make decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's independence. One staff member told us, "We make sure people are involved as much as possible and our job is to make people see they can do things and reach their potential. Why would I just go in and make a cup of tea for a person when they are able to do this themselves. I am not there to take those skills away from them."
- Staff respected people's right to privacy. One relative told us, "When I go to visit the staff get up and give us

privacy to sit and talk."

- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider worked in partnership with funding authorities to ensure people received the right amount of care and support to be able to live as independently and safely as possible.
- Where a person's needs changed, the provider was extremely flexible in adapting the staffing levels to ensure people had the care and support they needed. For example, a person's health had recently declined, and staff stayed with the person and ensured they had a smooth transition into hospital outside of their care hours. We discussed this with the registered manager who told us, "People are at the heart of what we do here. If that means staying with them outside their care hours, then that is what we do."
- People and where necessary, their families, had been involved in the planning of their care and told us they were able to live their life in the way they wanted. One relative told us, "[Person] is always out and about. They use the hours they are funded for well and fill the time with the things [person] likes to do."
- People's care plans were personalised and provided information to staff on how to support people in the way they wanted. For example, one person liked to have certain items with them in the bath and these were clearly recorded so staff knew this was important to this person.
- People had a core team of staff who supported them regularly which enabled staff to know people well. This included a designated 'keyworker' who took a lead role in ensuring each person's needs were met.
- Staff knew people's goals and ambitions and supported them to achieve these. For example, one person told us how they had been supported to take part in a local theatre production and what this had meant to them and their self-esteem.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's preferred method of communication and described how staff should engage with people to ensure they provided responsive care. For example, some people used 'Makaton' which is a programme of using symbols, signs and speech to enable people to communicate. This was clearly recorded in people's care plans and staff understood what the different signs meant.
- Information was provided to people in a format people could understand. We saw examples of different documents in easy read and pictorial form to aid peoples understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service encouraged people to maintain their hobbies and interests. People and relatives told us about a variety of person-centred activities people regularly took part in. One person had been supported by staff to maintain their interest in art and some of their artwork had been proudly displayed in a local art gallery. Other people were part of a gardening club where they were responsible for preparing soil, sowing seeds and caring for the plants. Some of the produce had been entered into an 'annual allotment show' and some of the produce had won first prize. One person said, "I enjoyed watching the seeds grow and harvesting the vegetables."
- People were encouraged to maintain relationships with people who were important to them. One relative told us how they had moved away from the area, but staff still promoted their relationship with their family member and had even supported the person to visit them despite living some distance away.
- People took part in a variety of community social events such as attending the local social club and church groups with other likeminded people which provided opportunities to forge new friendships. The provider also arranged a variety of social events to reduce loneliness and isolation. For example, a summer charity event was arranged to celebrate a fundraiser cycling achievement.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and was given to each person using the service. People told us they knew how to complain and felt comfortable to do so.
- There had been one formal complaint within the 12 months prior to our inspection which had been fully investigated and action taken to resolve any issues identified.

End of life care and support

- At the time of the inspection there was no end of life care being provided. However, the service had recently supported two people at this stage of their life. The nominated individual told us, "It has been an incredibly tough year for Way Ahead Support Services. We lost three of our individuals which we were all deeply affected by." As a result, the provider set up internal bereavement support sessions for people and staff, as well as supporting some people to receive external support. One staff member told us, "Having someone to talk to is so important. The support around this has been invaluable."
- Way Ahead Support Services were asked to speak at the funeral of one person. The registered manager told us this was a privilege and read, "They say that I have special needs and while that's partly true, the needs that matter most to me are the same ones you have too." The registered manager explained these words were important as they demonstrated equality.
- This had encouraged other people to want to engage with their end of life plan and a new easy read document had been produced to further help people engage with their plan. The service liaised with other healthcare professionals to ensure people received the right care and support at this difficult time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Way Ahead Support Services was originally founded in 1966 due to limited provision in the local area for people with a learning disability and autism. As the service expanded, the supported living part of the service was subsequently registered in 2017, however the service had been in operation for many years prior to this.
- People and relatives told us the service was well-led. Comments included, "I feel comfortable to talk to the manager if there is a problem" and, "There is a wonderful CEO who deals with running of scheme. They do an excellent job."
- Staff enjoyed working at the service and told us they worked as a team to achieve good outcomes for people. One staff member told us, "The management team are really there for the clients. We work together as a team and they respect that we might know people best as we are the ones supporting them each day. They listen to us and respect our views."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager worked in a transparent and open way. When incidents occurred, they ensured relevant external agencies and families were informed in line with the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes were in place to regularly check the quality of the service provided. This included checks on people's health care requirements, finance, medication and documentation. Where improvements were identified, action had been taken or was planned.
- However, we found some records had not always been updated in a timely way. For example, some medication care plans contained out of date information and some risk assessments contained duplicated information. We discussed this with the registered manager who assured us the care plans in peoples homes were up to date. Following our inspection, a complete review every person's file was planned to ensure care plans were condensed and contained only up to date information.
- Regular staff observations were completed to ensure they were interacting with people in line with the provider's expectations. This included how staff communicated with people and whether the person was happy with the way the staff member supported them.
- The registered manager understood their regulatory responsibilities. They had provided us (CQC) with notifications about important events and incidents that occurred in the service. The rating was also clearly

displayed at the service and on their website.

- The nominated individual acknowledged the challenges for the registered manager of managing a 'stand-alone' service because they did not have access to other departments or other managers for support or advice. However, the registered manager kept up to date with the latest good practice recommendations by forming links with other providers within the local area and had attended local provider forums. They also helped chair a registered manager support group within the local area which was designed to support and share good practice ideas to aid the services continuous development.
- The provider was committed to continually improving the service and had recognised some of their policies were outdated. An external company had been sourced to implement new policies to ensure the service was working in line with current best practice guidelines and legislation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were encouraged to share their views and provide feedback about the service during day to day care and support visit reviews.
- Surveys were also sent out to gain feedback and the ones returned were mostly positive. Any suggested areas for improvement had been discussed and complete. For example, one relative had requested staff to support a person to decorate their flat which had been done.
- Staff at all levels were involved in the running of the service. This included regular meetings for staff, team leaders, senior management members and trustees. Decisions made at these meetings had the primary focus of improving outcomes for people using the service.