Midlands Partnership NHS Foundation Trust

Home First – Stoke

Inspection report

Longton Cottage Hospital
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06 November 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Home First – Stoke is registered to provide personal care for people in their own home who are clinically safe for discharge and do not require an acute hospital bed. However, they may still require care services which were provided in the short term in their own home (where appropriate) or another community setting. Assessment for longer-term care and support needs was then undertaken in the most appropriate setting and at the right time for the person.

At this inspection Home First - Stoke were providing personal care for 111 people.

At the time of this inspection Home First – Stoke did not have a registered manager in post. Day to day management of the service was provided by an interim service manager. We were informed by the interim service manager that a decision had yet to be made regarding the registered manager position. 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 inspection activity started on 30 October 2018 and ended on 6 November 2018. This service has not been previously inspected.

People did not receive support at a time that suited their personal circumstances or individual preferences.

The provider was not meeting its requirements of registration with the Care Quality Commission as it did not have a registered manager in post at the time of this inspection.

People were safe as staff members had been trained and understood how to support people in a way that protected them from danger, harm and abuse. People had individual assessments of risk associated with their care and support. Staff members knew how to support people in a way that minimised the risks of harm associated with their care. The provider followed infection prevention and control guidance. The provider ensured that the equipment people used was in safe working order. When needed, people received help with their medicines from staff who were trained to safely support them. The provider undertook regular checks to ensure people received their medicines as directed.

The provider completed checks on staff before they started work to ensure they were safe to work with people. The provider had systems in place to address any unsafe staff practice which included disciplinary action or retraining if needed.

People received care from staff that had the skills and knowledge to meet their needs. New staff members received an induction to their role and were equipped with the skills they needed to work with people. Staff attended training that was relevant to those they supported and any additional training needed to meet

people's requirements was provided.

People had their rights protected by staff members who were aware of current guidance informing their practice. Staff received support and guidance from a management team who they found approachable.

People had positive relationships with the staff members who supported them. People's care and support needs and preferences were known by staff who assisted them in a way which was personal to them. People were involved in decisions about their care and had information they needed in a way they understood.

People had their privacy and dignity respected and information personal to them was treated confidentially. People had access to healthcare when needed and staff responded to any changes in needs promptly and consistently. People were supported to eat and drink sufficient amounts to maintain good health. People were given information in a way they could understand.

The provider completed regular quality checks to satisfy themselves that people were receiving appropriate support and care. People felt confident they were listened to and their views were valued. People and staff felt able to express their views and felt their opinions mattered. The provider had good links with community based facilities and worked in conjunction with other health care professionals to promote positive outcomes for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People did not receive their calls at a time that suited their individual preferences. People did not receive support from a consistent staff team.

People were protected from the risks of abuse by a staff team who knew how to recognise signs and knew what to do if they had concerns. People had individual assessments of risk associated with their care and staff members knew how to safely support people. People were supported to take their medicines by staff who were competent to do so. Processes were in place to investigate any incidents or accidents to minimise the risk of reoccurrence. Infection prevention and control measures were in place which staff members followed.

Is the service effective?

Good

The service was effective.

People had assessments of their needs completed which followed recognised best practice. People were assisted by staff members who were trained and supported to undertake their role. Staff members received regular support from the management team. People had their rights protected by staff members who were aware off and who followed current guidance. People had access to healthcare to maintain wellbeing. When needed, people received support with their diet and nutrition which took account of their personal preferences.

Is the service caring?

Good

The service was caring.

People had positive and good relationships with the staff who supported them. People had their privacy and dignity protected when they were assisted. People's diversity was respected by staff members. People were provided with information relating to their care in a way they understood. People's personal

information was kept confidential by the staff members supporting them.

Is the service responsive?

Good

The service was responsive.

People were involved in their assessments of care. People received care from staff members who knew their individual preferences. People and their relatives were encouraged to raise any issues. The management team had systems in place to address any concerns or complaints. People received appropriate end of life care that accounted for their individual preferences.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was no registered manager in post.

The provider had systems in place to monitor the quality of care provided and to drive improvements if needed. People and staff members found the management team approachable and supportive. The provider had good links with the local community and facilities.

Home First – Stoke

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection activity started on 30 October 2018 and ended on 6 November 2018. It included telephone interviews with people who used the service and their relatives. We visited the office location on 31 October 2018 and again on the 6 November 2018, to meet with the interim service manager and to review care records, policies and procedures. This service has not been previously inspected.

This was an announced comprehensive inspection completed by one inspector and an expert by experience. An expert-by-experience is a person who had personal experience of using or caring for someone who uses this type of care service.

The provider was given 48 hours' notice because the location is registered to provide personal care for people in their own homes and we needed to be sure that someone would be in.

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We spoke with five people, seven relatives, the interim service manager, two nurses five carers and one care coordinator. We looked at the care and support plans for five people including assessments of risk and guidance for the use of medicines. We looked at records of quality checks and incident and accident reports.

We further confirmed the recruitment details of three staff members.

Requires Improvement

Is the service safe?

Our findings

People told us that they did not know when staff members would arrive or who would be coming out to support them. One person told us that they had been given a time frame of between 07:00 and 11:00 in the morning for staff to arrive and assist them. They went on to say that someone always arrived between those times but these did not suit their individual needs or preferences. One relative told us they understood that staff members would arrive between set times but this was not convenient to their relative. They went on to say that their family member would often be sat in their night clothes for several hours waiting for assistance.

We spoke with the interim service manager about the people's concerns. They understood the concerns and explained that that they knew about the level of dissatisfaction people were expressing and that they were working to address them. They stated that with the nature of the service they provided it was difficult to give people set times as there were constant changes to the amount of people they supported each day which meant they could not provide specific times. They had made changes and sent out daily rotas to staff members which allowed them to schedule their calls. They went on to tell us that people with time specific needs, for example specific types of medicines were given priority time slots.

Most of those that we spoke with told us that they did not know who would be supporting at any given time as they were not provided with a schedule of support. However, everyone we spoke with was complementary about the staff supporting them and found that they were knowledgeable and skilled to support them with their needs. The interim service manager told us that they were making several changes to the areas that staff members would be working in and that this would increase consistency for people receiving support.

People were protected from the risks of abuse and ill-treatment whilst receiving care and support from Home First - Stoke. Everyone we spoke with told us they felt safe and protected when receiving care and support. One person told us, "I feel very safe when they (staff) are here. They are all very good and I trust them." The staff members we spoke with told us they had received training and knew how to recognise the signs of abuse and ill treatment. One staff members said, "I know I can report anything that concerns me and it will be taken seriously. We all have the details of who to report concerns to if we need them." The provider had systems in place to identify and respond to any concerns or allegations which included contact with the local authority to keep people safe. However, up to the date of this inspection they had not needed to make any such referrals or alerts. We saw there was information available to people, relatives and staff members on what to do and who to contact if they ever had any concerns.

People told us they were safely supported when receiving care and assistance from Home First - Stoke. One person said, "They (staff) stand close to me and support me when I move around. I feel very safe." A relative told us that their family member experienced difficulty with one specific piece of equipment. Home First – stoke arranged for an alternative method of transfers for this person and revised their assessments for all staff to support this person in a way they felt safer and more comfortable.

Staff members we spoke with told us that before they went out to support someone in their own home an assessment of the support they needed and the environment within which they lived was completed. This provided them with the information that they needed to keep people safe whilst at home. Staff members had received training on how to safely support people. This included moving and handling and environmental risk assessments involving people living at home. For example, the provider undertook assessments to identify the risk of fire and what equipment was needed to minimise the risk of harm, like a smoke alarm. When it was needed, and with the person's agreement Home First – Stoke referred people onto the Fire and Rescue Service for advice on keeping themselves safe in their home.

We saw people had individual assessments of risk associated with their personal circumstances which included diet and nutrition, mobility and skin integrity. When it was required people were referred to specialist health care providers to support them with specific needs for example, wound care. Staff members we spoke with told us they were aware of such risks and knew what to do to minimise the potential for harm. For example, one staff member told us about someone who had fallen when on their own. However, the staff members who had supported them that morning had ensured that the person had their emergency contact devise with them and could summon assistance.

Home First - Stoke had systems in place to ensure any equipment used was safe and suitable for those they supported. For example, any mobility equipment or equipment supplied to support people under went regular safety checks to ensure that they were in good and safe working order. Staff members told us that they had been training in the safe use of equipment and their competence checked before they could support people.

People told us that staff members followed safe and effective infection prevention and control procedures when assisting them with their personal care. One person said, "They (staff) use gloves when they need to." Staff members were knowledgeable about the risks of communicable illnesses and what to do to minimise the risks to people. One staff member gave us an example of someone who had a specific condition. They could tell us how they supported them whilst following best practice to keep this person, and themselves, safe from the risk of infection.

The provider followed safe recruitment processes when employing new staff members. As part of their recruitment process the provider completed a check with the Disclosure and Barring Service (DBS). The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with others. In addition, the provider gained references regarding the suitability of prospective employees. The provider used this information to assist them in making safe recruitment decisions. The provider had systems in place to address any unsafe staff behaviour. This included re-training and disciplinary action if required.

People received help with their medicines by trained and competent staff members. When people could manage their own medicines themselves this was encouraged by the provider to maintain their independence. We looked at a sample of people's medicine administration records (MAR). We saw the information needed to safely support people with their medicines was contained on these records. This information included, what the medicine was, the dosage, the time and the method of administration. When "as required" medicines were prescribed there was clear guidance for staff members to follow. These included maximum dosages per 24 hour period to safeguard people from accidental overdose.

The provider had systems in place to monitor the quality of medicine recording and completed checks that records were accurate and up to date. When improvements were identified the manager had systems in place to make the necessary changes. For example, following the identification of a medicine error the

interim service manager worked with senior staff members, and the staff member concerned. This was to ensure that the person was safe and then to look at lessons learnt. They did this exercise to identify any learning and any means to prevent reoccurrence.

Good

Is the service effective?

Our findings

People told us that their individual needs had been assessed prior to Home First – Stoke commencing their support. One person told us that they had received an assessment prior to leaving hospital and when at home a member of staff came out to visit them and planned their care with them. They went on to tell us, "One of the things they were keen to do was to see how I was and how I was getting on. They explained that when they stop supporting me they will arrange for others to take over and continue to support me." The care and support plans we looked at reflected best practice regarding health and social care support. We looked at a number of clinical assessments including individuals risk of malnutrition and the risk of developing pressure ulcers. The assessments we had sight off were clear and appropriately scored resulting in people receiving the right support based on their individual needs.

People received care and support from a staff team that were trained and knowledgeable. One person said, "The carers are superb." One relative told us, "They (staff) are a Godsend." The staff members we spoke with told us they had received the training they needed before supporting people. One staff member said, "Before I went out I completed a load of training including infection prevention and control, food hygiene and moving and handling. We had a mixture of computer based learning and class room learning where we were taught more practical skills like how to safely support someone to move around." Staff members also completed a number of shadow shifts with more experienced staff members before they worked independently. This was to increase individual staff members confidence and to assess their progress and to make sure they were competent to work with people.

Staff members new to care were supported to complete the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if staff members are new to care.

Staff members we spoke with felt supported in their role by the management team. One staff member told us they received regular supervisions sessions with a senior staff member. A supervision is a one on one meeting with a staff member and a line manager to discuss elements of their work and performance. Staff members told us that they used supervisions to discuss aspects of their work which were going well and those which could be improved. All those we spoke with told us that they found this to be a positive and supportive practice.

Not everyone we spoke with received assistance with their meal preparations from Home First - Stoke. However, those that did told us that they were supported appropriately and were offered choices of things that they liked. One person said, "I used to get help with preparing my meals. Now I have made quite a bit of recovery I only need to be kept an eye on and they (staff) just support and encourage me with my meals." When concerns were identified regarding people's diet and nutrition these were passed to other healthcare professionals for action if it was required. For example, to a dietician or GP.

We saw detailed communications between staff members, the management team and other healthcare

professionals involved in people's care and support. When it was required Home First – Stoke coordinated services to ensure people received a joined-up approach to their care. One person said, "Now I have made a recovery I have been referred for rehabilitation which [staff member's name] has arranged for me. It is a big help." The care and support plans that we looked at reflected these conversations and any advice given to maintain people's well-being.

We looked at how people were supported to make choices and decisions about their care and support. 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. We checked whether the service was working within the principles of the MCA. People had individual assessments of their capacity and when there were concerns regarding people's ability to make decisions appropriate referrals were made to partner agencies for further assessment and support. All those we spoke with told us that they made the decisions regarding the care and support that they received from Home First – Stoke. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Good

Is the service caring?

Our findings

People were supported by a kind and compassionate staff team. Everyone we spoke with provided us with positive examples of kind and caring interactions with members of the Home First – Stoke team. People we spoke with described the staff members supporting them as, "Caring" and "Lovely." One relative said, "They (staff) have been absolutely brilliant with [relative's name] and have been brilliant with me too. They always keep me informed with progress and they give [relative's name] lots of attention." Another relative told us, "The carers are top class, I can't fault them. I have told the team themselves that they are top notch."

Staff members we spoke with talked about those they supported with kindness and compassion. One staff member said, "This is why I came into nursing. It's what it should be and I feel it makes a difference to those we support. Its lovely seeing people improve and, although they then move on, we feel that we have made a real difference in the short time that we are with them."

People and relatives told us that they were given information and guidance on the care and support they received in a way they found accessible and understood. If it was required Home First - Stoke referred people onto additional support services for example, advocacy agencies.

People had their privacy and dignity respected by the staff members supporting them. One relative said, "They (staff) always come in and talk with [relative's name] and ask them what they want. They always close the door to keep everything private." They went on to say that the staff always show a great deal of compassion and care. Information confidential to people was only accessed by those with authority to do so. We saw information relating to people was stored securely.

As part of the care assessment making process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The care and support plans we saw clearly recorded people's protected characteristics and the staff members we spoke with could tell us about the individuals they assisted. In addition, the provider had made arrangements to support staff members. For example, areas of worship were made available should staff members wish to access them during the working day.

People and relatives told us that they were supported to develop their independence following stays in hospital. One person told us that as they regained their independence the level of support they required reduced. Others we spoke with told us that they were referred for rehabilitative services as part of Home First – Stokes support. One person told us that this had greatly helped them to recover and remain independent.

Good

Is the service responsive?

Our findings

People, and when needed relatives, felt that they were involved in the planning of their care and support. One person said, "My needs are quite simple really and I don't need a lot of support. However, the help I get is just what I want. This was agreed when (Home First – Stoke) started." People told us, and we saw, that their care and support plans were individual and reflected their personal needs and preferences. The information contained in these plans was functional and adequate to the care people required. The interim service manager told us that they recognised that the plans could contain more information regarding the person's life so far. However, they were only providing a very short-term care intervention and the care and support plans reflected people's strengths, levels of independence and quality of life was considered.

People's preferences and choices for their end of life care was clearly recorded and communicated to those supporting them. These assessments included the person's preference for where they wish to die, their protected equality characteristics, spiritual and cultural needs. One staff member told us about someone they had recently supported. As part of the assessment process they worked along-side community based spiritual leaders and specialist services to ensure the wishes of the person were met at the end of their life.

People we spoke with told us that staff members were knowledgeable about their needs and provided them with a good level of consistency regarding the support provided. Staff members told us they had the opportunity to read people's care and support plans which informed them about the needs of those they were assisting.

People told us they had information presented in a way that they found accessible and in a format, that they could easily comprehend. Home First – Stoke had implemented, and were following, the accessible information standards. The Accessible Information Standards sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. People had an assessment of their communication needs and when it was required information was presented in a way people found accessible, for example large print.

People felt comfortable to raise any concerns or complaints with the management team or with staff members if they felt it was needed. People told us that they had the information that they needed should they wish to raise a concern or pass on a compliment. The provider had systems in place to investigate and feedback any concerns or complaints raised with them.

Requires Improvement

Is the service well-led?

Our findings

As part of Home First – Stoke's registration with us it is a requirement that they have 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. At this inspection Home First – Stoke did not have a registered manager in post. Just prior to our inspection the previous manager had resigned their position before their application to become a registered manager had been completed. The provider was yet to decide about the future recruitment of this position. However, they had made arranged for the day to day management to be completed by an interim service manager.

The interim service manager understood the requirements of the registered manager's registration with the Care Quality Commission and acted in their absence to meet these requirements. The provider had appropriately submitted the required notifications to the Care Quality Commission (CQC). The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

People we spoke with told us that they knew how to get in touch with the office should they need to. However, when we attempted to contact Home First – Stoke we had trouble accessing the correct phone number and their website did not display a point of contact which people and other members of the public could use to make contact. However, by the conclusion of this inspection site visits the provider had acted and a relevant contact telephone number was accessible to those using the internet. Others we spoke with told us the contact numbers were provided when they first started to receive support from Home First – Stoke.

The provider had systems in place to gain the views and opinions of people who received care and support and those of their relatives. Home First – Stoke was a short-term care intervention for those leaving hospital. People were asked their views on the conclusion of the support that they received from them. These questionnaires asked people for their views on the service they received, what they did well and what they needed to change. In addition, the provider gained feedback from people and families regarding the care they had received as part of a service user experience exercise. As this is a relatively new service the results of people's opinions were still being gathered as part of an ongoing process. However, the provider had systems in place to act on feedback. For example, after it was recognised that call times did not support individual needs daily rotas were introduced to create greater continuity. This was a recent change and its effectiveness was yet to be assessed.

The management team undertook quality checks to identify any issues that need addressing and to drive improvements. These included checks of people's individual care and support plans and the accessibility of information available to people. For example, they asked specific questions if consent had been given and did the person understand the information regarding Home First – Stoke and the support they were providing. Following these checks the provider and management team completed an action plan to address

any areas they had identified as underperforming in. People received support from a provider that had effective systems in place to identify and drive change.

Staff members we spoke with told us they believed that Home First – Stoke operated an open and transparent culture. They went on to say that they received feedback on things that were going well and on how they could improve. Senior members of staff undertook regular "spot checks" with staff members. This was where senior staff member would arrive at a care call and work alongside the staff member. Following this the staff member would receive feedback on how the call went and if there were any improvements that were needed. Staff members we spoke with told us that they found this to be a positive experience and a way of maintaining good standards of care.

The provider had systems in place to record and investigate any incidents, accidents or near misses. We looked at their recording processes for such incidents. The management team analysed significant event to identify learning and what needed to be done to minimise the risk of harm and reoccurrence. For example, one staff member told us that following one person worsening skin condition a review took place. They identified communication needed to be improved between all those providing care and support for this person. As a result, greater levels of communication were established with other healthcare professionals involved in the person's care.

Staff members told us that they had good communication with their colleagues and the management team and received regular updates on the service they provided. Staff members attended team meetings appropriate to the role they performed. Staff members told us that this was a time where they could discuss their roll, seek support from colleagues and identify any improvements or changes. One staff member told us, "I do feel part of a team and I think my suggestion is just as valued as the next person."

The interim service manager kept themselves up to date with developments in adult social care. They told us that they received regular newsletters and information bulletins from organisations such as the Nursing and Midwifery Council, The Care Quality Commission and from the Health and Safety Executive. They also received safety alerts that they acted on to keep people safe, for example, the need to keep blood glucose monitors warn as they were affected by cold temperatures. In addition, they consulted with colleagues from other similar services to share information and experiences of good care practices.

The provider had established working links with the local community. These included, GP and specialist health professionals and local spiritual groups and charity organisations.