

Northumberland County Council

North STSS (Short Term Support Service) Alnwick

Inspection report

Alnwick Community Fire Station
Blackthorn Close, Lionheart Enterprise Park
Alnwick
Northumberland
NE66 2ER

Tel: 01670623925

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24 November 2023

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Ratings

Overall rating for this service	Outstanding ☆
Is the service safe?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service

North Short Term Support Service (STSS) – Alnwick is a domiciliary care agency, with a focus on reablement care, providing personal care to people in their own homes. At the time of our inspection there were 25 people using the service.

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

People were at the forefront of their care. Care was exceptionally personalised with people being supported to achieve their goals. Staff were passionate about providing the best care possible to people.

The provider was championing projects to help people's reablement and alleviate pressure on the local healthcare systems. People were being supported whilst in hospital to help maintain their independence and skills, so they required less support on returning to the community.

The management team were constantly working to improve the service. Staff at all levels collaborated well to achieve excellent outcomes for people. Health and social care professionals praised the service's management. Quality assurance checks were carried out to ensure people received good quality care. Lessons had been learnt from incidents.

The provider was committed to continuous improvements to the service. Often through effective partnership working with local healthcare, social and voluntary groups. Even the smallest pieces of feedback from staff and people was acted on.

People experienced good quality, consistent and safe care from reablement staff. Comments from people and their relatives were overwhelmingly positive. For example, one person said "When you're feeling so dreadful it just gives you the boost you need to have such kind lovely people helping, they were simply amazing."

People were safe from the risk of abuse. Risks were assessed and regularly reviewed when people's needs changed. People were supported in positive risk taking as part of their reablement.

Medicines were managed safely. The provider employed sufficient staff, who were trained appropriately and recruited safely. The provider championed staff training over and above the care certificate standard, with staff undertaking enhanced training in falls prevention.

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 outstanding (published 1 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for North STSS on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was exceptionally well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Outstanding ☆</p>

North STSS (Short Term Support Service) Alnwick

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service aims to re-able people following hospital stays and is usually involved in a persons care for a short length of time, between 1 and 6 weeks.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service notice of the inspection. This was because the service is small and we wanted to ensure the management team would be available.

Inspection activity started on 9 November 2023 and ended on 6 December 2023. We visited the location's office/service on 24 November 2023.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people and 3 relatives about their experience of the care provided. We spoke with 2 reablement workers by telephone and interviewed 7 staff by email. The registered manager was unavailable at the time of the inspection, so we spoke with the covering manager (a registered manager in a neighbouring team) and the regional manager.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. The provider had policies in place to help keep people safe from abuse.
- One relative said, "[Staff] make us both feel safe with their kindness, [staff] are lovely caring people." A person said, "Do I feel safe? Yes, yes, yes but why, I cannot put into words. [The service] are just extremely good at what they do."
- There had been no recent safeguarding concerns, processes were in place to identify, investigate and resolve issues should they arise. Staff and managers were confident in their knowledge of safeguarding procedures. The safeguarding policy was accessible to all staff. Staff had completed safeguarding training.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks were assessed, and actions were put in place to keep people safe. Care plans included information about how risks to people and staff should be managed.
- People were encouraged in positive risk taking, while working on their reablement goals.
- People were protected from the risk of infection. Processes were in place to ensure staff were following infection control guidance.

Staffing and recruitment

- There were sufficient numbers of suitably trained staff. People commented on staff being reliable and not being rushed. One person said, "I would say that if anything [staff] spend longer than the allocated time." Another person commented, "[Staff] spend a good amount of time here and do not rush me or rush to leave."
- The provider operated safe recruitment processes.

Using medicines safely

- Medicines were managed safely. At the time of the inspection there were no people receiving medicines administered by the staff.
- Medicines processes were in place and used when people needed help with their medicines. Previous medicines records showed the service adhered to best practice guidance.
- Records for 'as required' medicines had been identified as needing an update by the provider. The provider was working with a medicines specialist to improve in this area.

Learning lessons when things go wrong

- The provider had learned lessons when things went wrong. Lessons had been learnt from lots of events, including positive events. Staff were encouraged to reflect on their performance.

- Lessons learnt were shared across the provider's other services.

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 our last inspection we rated this key question outstanding. The rating for this key question has remained outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- There was an exceptionally positive, open and inclusive culture at the service. Staff were proud to work for the service and of the goals they had helped people achieve. A staff member commented, "I am proud overall for every client, seeing the improvement in them at each call, even the smallest of things. One lady has got to the point of not needing any help this morning which is a massive improvement on where she was."
- The provider had outstanding systems to provide person-centred care that achieved good outcomes for people. Feedback from people and relatives was overwhelmingly positive.
- Every person and relative we spoke to praised the positive impact the service had on their lives. One person said, "It just takes away the worry for me now. I know I am being looked after by kind professional people. I am getting more confident in myself too because of them. They are very flexible; they are just marvellous, they really are. They are indispensable and I could not do without them." Another person said, "When you're feeling so dreadful it just gives you the boost you need to have such kind lovely people helping, they were simply amazing."
- The management team had formed strong bonds with local health services, social and voluntary groups. This meant people were supported to access the most suitable services for them, resulting in improvements in their health and wellbeing.
- The management team were building on the person-centred culture to maximise staff expertise and support people to gain even greater independence. Staff were working with people before they had been discharged from hospital to help reduce their decline. This meant people maintained some independent living skills during their hospital stays and required less long-term support following a hospital stay. This helped pressure on the adult social care system across the county.
- The management team had joined a development team for the Northumbria Healthcare Trust Community Falls Strategy which is working to support falls prevention and management across other healthcare services in the county. This will have a positive impact on the population of Northumberland.
- The service had received many compliments and no complaints. One relative said, "Thank you to everyone who has helped [Person] make such a remarkable recovery. [Person] still has a long way to go to get [their] balance back but [the service's] support, expertise and encouragement certainly set [Person] on the right path."
- Healthcare professionals said the service was very successful in achieving the right outcomes for people. One professional said, "STSS service is valued by both clients and their carers alike and has proved to have a positive impact on improving their lives. Ongoing pressures within the NHS and the increasing need for

hospital beds has resulted in people being discharged home in a speedier manner and having the support of the STSS service has made a great deal of difference."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had a fully integrated management structure that proactively monitored the quality of care provided to ensure care was of high quality. Contingency plans were in place to support the service and continue the excellent standard of care when the manager was unavailable. The provider had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the service.
- The managers used national best practice guidelines and professional standards to complete quality audits, including NICE standards for reablement. The management team had directly aligned those standards to their own audit framework.
- The provider identified occupational therapy students were not always getting the opportunity to work with people in the community. In response, they developed a placement option for occupational therapy students. Students experience person-centred reablement support and are given the opportunity to develop their skills in the community. One student commented, "The team at Alnwick are so approachable, helpful and knowledgeable that it did not take me long to feel like I belonged."
- The provider was rolling out a 'Home Safe Support Team' (HSST) who will support people when they are discharged from hospital. For example, they may ensure there is food in the house on discharge or provide transport to help with a timely discharge instead of late at night. The HSST will help prevent unnecessary admissions to residential care settings and the need for longer term rehabilitation when possible.
- The HSST will also be able to provide accommodation as an intermediate step from hospital to home, or when a person's home may need adapting to suit their needs on discharge from hospital. This means people who are fit for discharge from hospital but are waiting for adaptations at home can release a hospital bed sooner, benefiting the local care systems.
- Effective quality assurance processes were in place. The provider reviewed their performance against key performance indicators. Performance exceeded expectations.
- The management team were continuously improving the service based on feedback from people, staff and external professionals working with the service. The provider had developed a relationship with the fire service so staff could take breaks in the safety and warmth of local fire stations, instead of needing to drive long distances home between calls.
- The provider was about to pilot the use of digital and technology-based support for people, including voice-activated devices and self-support videos.
- Staff said they felt supported and valued by the management team. One staff member said, "There is always a manager in the office or that can be contacted by email or phone, and they do respond quickly". Another staff member said, "Can I just say that I have never worked within a team that work so well together and help each other out. Also, management are very approachable when I have issues in work and out."
- The provider had a '2 minutes of your time' survey which they regularly sent to people. They included a freepost envelope or surveyed people over the phone. The results were very positive and suggestions had been acted on swiftly, forming part of the continuous improvement plan for the service. One person commented, "Just wonderful wonderful people from the manager to those on the ground."
- When surveyed, reablement workers identified they would like to develop further skills. The provider rolled out a competencies process for equipment in response, which has supported the need for specialist equipment being identified earlier. This has benefited people's reablement.
- The provider changed their induction process from a generic process across all of their services, to a service specific induction. This meant new staff learn the specific needs of their clients, and receive specific

training, obtaining the skills and knowledge to support their clients more quickly. They also build up a relationship with their clients helping develop an atmosphere of trust and safety. One person said, "I was so very relieved to have their help as it is calming, and their knowledge and influence was apparent the moment they stepped through the door".

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 provider fully embraced their responsibilities under duty of candour. There had been no recent duty of candour incidents. The management team were aware of the action required should an incident occur.