Midlands Partnership NHS Foundation Trust

Home First – Newcastle

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

About the service
Home First- Newcastle is a short term service that provides support to people in their own homes upon discharge from hospital. At the time of our inspection, there were 57 people using the service.

People's experience of using this service
People felt safe as they were supported by a staff team that knew how to protect people from the risk of harm and abuse. There were enough members of staff to meet people's needs and people felt that staff were well trained.

Assessment documentation was completed in line with people's needs and this was reviewed by staff at the start, and throughout their care journey with the service.

People were given choice and were supported to make decisions about their own care needs; the systems and policies in the service supported this practice.

People's dignity and privacy was respected and people's independence was encouraged and promoted.

The service was well-led by a management team who were committed to providing high-quality care for people and promoting good outcomes.

The service met the characteristics of Good in all areas; more information is in the full report

Rating at last inspection
This was the first time the service had been inspected.

Why we inspected
This was a planned inspection based on the date that the service was registered with us.

Follow up
We will continue to monitor the service through intelligence and information we receive.

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

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Home First – Newcastle

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector and one 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 homes. It provides a service to older adults and/or younger disabled adults. Home First – Newcastle provides a short term service of up to 28 days. People receive support following a hospital stay or other event, with the aim of supporting them to regain their independence.

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

Notice of inspection
The inspection site visit activity started on 5 June 2019 and was announced. We gave the service four days' notice because the location provides a domiciliary care service and we needed to be sure that people's consent was gained for us to contact them for their feedback.

What we did
As part of our inspection planning we reviewed the information we held about the service. We looked at the Provider Information Return (PIR). This is information we ask the provider to send to us to give us key information about the service such as things they do well and any improvements they plan to make. We reviewed notifications that we had received. A notification is a document that tells us about events that had happened at the service, such as deaths and serious injuries which the provider is required to send to us by

law. We used all of this information to help us formulate our inspection plan.

During the inspection we visited the office location to see the registered manager and office staff and to review care records and policies and procedures. The expert by experience made telephone calls to people who use the service. We spoke with nine people who used the service and seven relatives. We spoke with two members of care staff, two locality coordinators and the registered manager. We looked at five care records, one staff file and other staff recruitment related documentation, medication administration records, accidents and incidents records, complaints and compliments and records that related to the management and running of the service, such as audits.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- People could be assured that there were sufficient numbers of staff to provide their care.
- The provider had introduced a 'control centre' into which referrals were received and care calls scheduled. Some people told us this model of working had reduced the continuity and consistency of care provided by the same staff members and we received mixed responses about the impact this had on people.
- One person told us, "I do get lots of different staff; they are all very good though and are very nice." Another person said, "I sometimes get the same care staff and then it all changes and I have to start to get to know the staff all over again." A relative told us, "There are a lot of different faces for my relative to get used to and this can be quite distressing for them."
- The registered manger was aware of the difficulties that people were experiencing and had taken actions to try and address these issues. The provider had resourced a new system to alleviate the issues that had been identified and this was currently being developed with staff.
- A member of staff told us, "We do get time to travel to calls and to spend with people."
- The provider had a robust recruitment process in place. Staff were subject to a Disclosure and Barring Service (DBS) check prior to commencing their employment. A DBS check helps employers make safe recruitment decisions.

Using medicines safely

- People told us they received their medicines in a safe way and on time. Where people required medicine that was time specific, care calls were scheduled in line with people's needs.
- PRN protocols were in place for 'as needed' medication. However, these were kept separately with the medication Standard Operating Procedures (SOP) and not with people's individual Medication Administration Records (MAR). We brought this to the attention of the registered manager who said they would address this straight away.
- Staff had received training in the safe administration of medicines. Staff were subject to spot competency checks as a means of sustaining and improving good practice.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very safe with all the staff."
- Staff had received safeguarding training and knew how to identify and report any concerns.
- A staff member told us, "We are working with vulnerable people so it is our job to protect people. I would report any concerns I had straight away to my line manager and share my concerns."

Assessing risk, safety monitoring and management

- People had risk assessments in place that were reviewed as people's needs changed.

● Staff used the risk assessments to support people and to reduce the risk of avoidable harm.
● Staff knew people well and could tell us about the actions they took to mitigate risks and keep people safe.

Preventing and controlling infection
● People were protected from the risk of the spread of infection and told us that staff wore gloves and aprons when supporting them.
● Staff confirmed that they had access to Personal Protective Equipment (PPE) and we observed a member of staff visiting the office for more supplies during our inspection.

Learning lessons when things go wrong
● The registered manager had responded to feedback from people and staff in relation to the call centre model that had been implemented by the provider. Locality coordinator staff were made part of the control centre team so they could utilise their own knowledge about people and staff in an effort to reduce some of the difficulties people and staff were experiencing.
● The registered manager analysed accidents and incidents to identify patterns and trends. Actions were taken to avoid the likelihood of reoccurrence.

Good

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The new control centre model meant some people did not always receive consistent support from staff due to the way the control centre was developed. The provider was aware of this issue and this model was under review.
- People told us they were confident that staff would make the relevant and necessary referrals to other agencies or healthcare professionals as required. One person said, "If there is anything that staff can't help me with, they [staff] will always contact someone else for me, such as the district nurse."
- A relative said, "The physiotherapist has been coming to check on [relative's name] and reassured them about their mobility."
- Staff told us they felt they worked well together and would communicate effectively between each other to keep up-to-date with changes in people's care and support needs.

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

- Pre-assessments were completed prior to the service commencing. This meant that the registered manager could ensure that the service could meet the needs of people.
- Staff reviewed the needs of people on a regular basis and the support people received was modified in line with their changing needs.
- The registered manager promoted the use of champions. This enabled staff to develop their own skills in a particular area of expertise and share good practice with other staff members. The registered manager told us that this was being developed with staff to include dementia and dignity in care champions.

Staff support: induction, training, skills and experience

- People told us they felt staff were well trained. One person said, "I think the staff are well trained. They have supported me to gain my independence." A relative told us, "I think the staff are very well skilled; they are really good at what they do."
- Staff were provided with sufficient training to enable them to deliver effective care and support for people. The registered manager kept a detailed record of staff training requirements.
- Staff received regular supervisions to enable them to discuss their practice and individual training and development needs.

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

- People who required support with food and drink had their dietary requirements met.
- People told us they were given choice at mealtimes.

● A staff member told us, "We encourage people to make their own food if they can, with our supervision. I always give people a choice at meal times and ask them what they would like. I record everything people eat and drink." This supported what people had told us.

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 with appropriate legal authority.

● We checked whether the service was working within the principles of the MCA. People had mental capacity assessments in place as required and staff understood their responsibilities and worked to the principles of the MCA.

Good

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.

Good: 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 were happy with the care they received and felt they were cared for in a kind and compassionate way. Comments we received included, "This has been a good bridge from hospital to home for me. The staff have been great over the time I have had them", "Everyone has been so nice and kind to me; they [staff] are wonderful and I enjoy their company", and "I'm so pleased; all the staff have looked after me so well."
- Relatives we spoke with confirmed what people had told us.
- People had their diverse needs met and the provider had a policy for Equality, Diversity and Human Rights (EDHR) in place to help support an inclusive practice amongst staff. The registered manager took into consideration people's protected characteristics under the Equality Act 2010, such as race and religion or belief.

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

- People were subject to incremental reviews throughout their care journey to enable people and staff to set achievable goals.
- People and their relatives told us that they had developed good working relationships with staff and they were supported to express their views, wishes and feelings.
- The registered manager issued people with a quality survey when their support came to an end. The surveys we saw evidenced a high level of satisfaction.

Respecting and promoting people's privacy, dignity and independence

- People had their dignity upheld and privacy respected.
- One person said, "The support I receive is all completed with dignity." Relatives we spoke with confirmed what people told us and comments we received included, "They [staff] knock before they come in and they are all chatty. They make sure [relative's name] is covered at all times and they close doors for privacy" and "They [staff] make sure they close the doors and everything is done privately for [relative's name]."
- Staff demonstrated the ethos of the service by encouraging people to be as independent as possible. One person told us, "At first, staff were coming to see me twice a day but now it is already down to just one call a day."

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns
- The provider had a complaints policy in place.
- The service had received a number of complaints in relation to the introduction of the control centre and we saw these were dealt with at a local and wider provider level.
- The provider worked alongside the Patient Advice and Liaison Service (PALS) within the National Health Service (NHS) to address any complaints and concerns.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
- Care plans were written by hospital staff prior to people using the service. Plans covered people's basic wishes and preferences and the registered manager acknowledged the need for the patient profiles to be of a better quality to provide more personalised information, telling us, "There is an on-going review of the quality of the patient profiles at present."
- Care plans were specific to each individual dependent on need.
- People were involved in setting their own goals and people were continually assessed to determine their long term plan of care and support as needed.
- A member of staff told us, "I always read the care plans and then I talk to people to find out more about them."
- The registered manager made reasonable adjustments for people who had communication needs in line with the Accessible Information Standards (AIS). For example, referrals were made to the sensory team within the health trust if people were identified as requiring support with communication.

End of life care and support
- The service worked closely with the palliative care team to support people, where necessary at the end of their life.
- Staff received palliative care training to develop and enhance their skills and practice.

Good

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had seen a decline in staff numbers since the implementation of the control centre. The registered manager told us, "We need to be creative in what shifts we are giving to people in order to continually meet the needs of people." This had been brought to the provider's attention and a senior member of the management team for the service was due to spend a day with the Newcastle team to try and rectify the issues the service was experiencing.
- Locality coordinators were delegated managerial tasks and had a good oversight of the day-to-day running of the service.
- Care staff spoke highly of the team of coordinators by whom they were line managed. One staff member said, "They [coordinator] always takes time to listen to me." Another staff member said, "[Coordinator's name] gives me lots of support; we can approach the coordinators at any time."
- There were systems in place to monitor the safety and the effectiveness of the service. Audits were completed regularly and we saw evidence of this.
- The registered manager understood their registration requirements. Notifications had been sent to us, as required by law.

Continuous learning and improving care

- The registered manager had looked at ways at reducing some of the issues and risk that had been identified following the implementation of the control centre. The registered manager told us, "By putting two of my coordinator staff into the control centre, we have got some consistency back as the coordinators know our staff and staff know people."
- The registered manager kept up-to-date with changes in the health and social care sector and shared best practice initiatives to drive improvement through the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager adopted the provider's values and was dedicated to providing a high quality and person-centred service for people. The registered manager said, "I want to make sure people have a safe and quality service and I will challenge any practice that is not reflective of this."
- The registered manager understood their responsibilities under the Duty of Candour, that is to be honest with people when things go wrong. The registered manager said, "We have not had to formally respond to anyone under the Duty of Candour but we would say sorry to people and investigate what went wrong where needed."

● People we spoke with did not feel that they used the service long enough to get to know the registered manager, however, staff we spoke with felt that they received a high level of support from the registered manager. Comments we received included, "They are brilliant; I could 100% guarantee that if I had an issue, they would listen", and "They [registered manager] are very good and they are exceptionally receptive and responsive."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People were issued with surveys to enable the registered manager to assess the quality and success of the service.

● Staff had team meetings on a monthly basis and information was shared between the managers and staff through a weekly memo in order to increase the effectiveness of the service.

● The diverse needs of staff were taken into consideration. For example, staff had previously been given time away from work to observe their cultural practices.

Working in partnership with others

● The registered manager held progress meetings with the relevant clinical and assessment teams to discuss the progress of the people using the service.

● The service had developed links with the local job centre in a bid to recruit more care staff for the service.