

Staffordshire & Stoke-on-Trent Partnership NHS Trust







Living Independently Staffordshire - Moorlands

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	

Overall summary

We inspected the Living Independently Staffordshire - Moorlands service on 17 November 2015. The location was registered with us in December 2014 and had never been inspected by us.

The provider is a domiciliary care service, registered to provide personal care to people living their own homes. At the time of our inspection, 58 people received support with their personal needs from staff at the service.

Summary of findings

There was 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 and associated Regulations about how the service is run.

All the people we spoke with told us they felt safe and protected from harm. They were confident that staff would take action if they were at risk of harm. Staff understood what constituted abuse and knew what actions to take if abuse was suspected.

People had risk assessments and risk management plans in place to guide staff on how care was to be provided in order to prevent or minimise the risk of people coming to harm. People's care needs were planned and reviewed regularly to meet their needs. There were sufficient numbers of staff employed to meet people's needs.

People's needs were assessed before they started using the service to identify if they could be met by the provider. Staff had the knowledge and skills to care and support people.

Legal requirements of the Mental Capacity Act 2005 (MCA) were followed when people were unable to make certain decisions about their care. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.

People told us the staff supported them to eat and drink sufficient amounts if they needed support. Other health and social care professionals were involved when staff had concerns about people's health and wellbeing.

People were involved in the care planning process and in decisions about their care and treatment. They told us that staff were kind and treated them with dignity and respect.

Care was tailored to meet people's individual needs. Care plans detailed how people wished to be supported. There were systems in place to support people if they wished to complain or raise concerns about the service.

The provider had systems in place to regularly monitor the quality of services provided. The registered manager demonstrated good management and leadership of the service and understood their responsibilities. Staff felt supported to carry out their roles effectively.

Summary of findings

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.

People had risks assessments and management plans in place which staff followed to ensure that people received safe care. People told us they felt safe and felt that staff would take appropriate action if abuse was suspected. There were adequate numbers of staff to meet people's needs. People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were cared for by staff who knew them and had the skills and knowledge to provide care. Staff had an understanding of the Mental Capacity Act (2005). People were supported to eat and drink sufficient amounts to remain healthy and healthcare professionals were involved if the provider had concerns about people's health.

Good



Is the service caring?

The service was caring.

People told us that staff the staff who supported them were kind and caring. Staff knew people's personal preferences and provided care in line with these. People were treated with dignity and privacy was respect. People were supported to express their views about their care.

Good



Is the service responsive?

The service was responsive.

People were supported in the way they wished. People were supported to be independent. The provider had systems in place to respond to concerns and complaints about the service.

Good



Is the service well-led?

The service was well-led.

The provider had systems in place to monitor the quality of the service. The provider promoted an open culture and supported staff to carry on their roles effectively. The registered manager was available and staff told us they were approachable. They demonstrated good leadership and an understanding of their responsibilities.

Good



Living Independently Staffordshire - Moorlands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 was carried by one inspector on 17 November 2015 and was announced. We gave 48 hours' notice prior to the inspection because we needed to be sure that someone would be available.

We reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. We

reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding team and local commissioners of the service.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who used the service, five relatives, two support workers, two care coordinators, two professionals who worked in collaboration with the provider and the registered manager.

We looked at seven people's care records to help us identify if people received planned care and we reviewed records relating to the management of the service. These records helped us understand how the provider responded to and acted on issues related to the care and welfare of people. We looked at the various audits the provider carried to ensure that they provided quality services.

Is the service safe?

Our findings

People we spoke with told us they felt safe. They told us they knew the staff who came to provide them care and felt that staff would take appropriate action if they were at risk of harm. All the relatives of people who used the service, whom we spoke with, told us they felt their relatives were safe and that appropriate action would be taken if their relatives were at risk.

The staff we spoke with demonstrated a good knowledge of the signs of abuse. A staff member said, “We do look out for bruises which are out of the ordinary and would report back to the care coordinator if we found something unusual”. Another support worker said, “We look for marks and bruising and for signs of financial abuse, and report and document everything. We’ve got a number of social workers and they are our first port of call”. A professional we contacted said, “I feel that the support workers have a good understanding of safeguarding, they have demonstrated this by reporting to myself any concerns that they might have regarding the client, staff also report their concerns to the relevant co-ordinator and obviously the relevant paperwork is completed”.

People had risk assessments and management plans in place to ensure they received appropriate care which protected them from the risk of harm. One relative told us their relative who used the service had fallen a few times and the service had arranged for an alarm to be installed which would alert an emergency service should their relative fall. The relative said, “They’ve [person who used the service] has now got a care line which monitors them in case they fall. They [the service] said they would get all these people in to make it safe for [person who used the service]. They’ve done a good job”.

The registered manager told us they worked closely with other healthcare professionals such as district nurse, physiotherapists and Occupational Therapists (OT) to devise risk management plans when risks were identified. One of the professionals we contacted told us, “I often get calls from staff undertaking first visits, requesting that OT involvement is required as soon as possible; which we will respond to straight away”. We saw that other health care professionals worked in the same environment and there was evidence of joint working between these professionals

and the provider. The records we reviewed showed that other professionals had been involved in assessing people’s risks and devising risk management plans, which the support workers followed.

There were sufficient numbers of adequately trained staff to provide care and support. People told us that staff did not rush when staff supported them with their personal care. People told us that support workers were on time most of the time and notified them if they were delayed. One person said, “The staff come on time”. One relative commented, “They been very regular”. And another relative said, “They [support workers] always arrive on time”.

The registered manager told us the service ensured that a small number of regular staff went to people’s homes to provide care. They told us support staff were allocated based on geographical areas and a care coordinator was responsible for each area. They said, “It is about consistency. We try to keep them [support workers] as close to home as possible”. This helped minimise late calls and time spent travelling. The provider operated an ‘on-call’ system whereby support could be provided to support workers normal working out of hours and in the weekends.

The provider had recruited additional support staff. The recruitment records which we reviewed showed that recruitment checks were in place to ensure staff were suitable to work at the service. Disclosure and Barring Service (DBS) checks were carried out for all the staff. The DBS is a national agency that keeps records of criminal convictions. The provider also requested and checked references of the staffs’ characters and their suitability to work with the people who used the service.

People’s medicines were managed safely. People told us they were supported to administer their medicines independently. A relative we spoke with said, “Basically they [person who used the service] are getting the right medication at the right time”. Staff supported people to have their medicines from monitored dosage systems (blister packs) to minimise the risk of errors. Records showed that staff had all received training in medicines management.

The care coordinators carried out regular audits of Medicine Administration Records (MAR) to ensure that people received their medicines as prescribed. The provider had medicines administration protocols which all

Is the service safe?

staff we spoke with told us they were aware of and followed. The provider was in the process of reviewing their medicines policy to ensure consistencies in medicine administration procedures throughout the Trust.

Is the service effective?

Our findings

All the people we spoke with told us they felt that all the staff who provide them with care and support had the necessary skills to meet their needs. Relatives we spoke with told us they were confident that staff who provided care had received the necessary training and had skills to provide care. People told us that staff communicated effectively with them. Staff told us they had received training on how to interact and provide care to people who lived with dementia. A support worker said, “We’ve had training in dementia care, to go along with what they [person who lived with dementia] are saying rather than say to them they are not right”. This showed that staff were trained to care and support people who lived with dementia, effectively”.

Staff we spoke with told us they knew the people they cared for well and understood their care needs. The information support staff gave us about people’s specific care needs and the support people required matched what people told us and what we saw in their records. Staff told us they were encouraged to work in collaboration with other healthcare professionals who were situated in the same building as them and this enabled them to acquire additional skills to provide effective care. One support worker said, “I was asked if there were any areas I would like to learn more about and if there were other sides of things I was struggling with. I said I needed to learn more about the physiotherapy side of things, so the care coordinator had me shadowing with the physiotherapist and put me on calls for people who needed physiotherapy assistance; I’ve now picked up physiotherapy”. This showed that staff were supported to develop knowledge and skills required to provide effective care.

Newly recruited staff received an induction before they could go to support people independently. The registered manager told us all newly recruited staff were expected to complete the Care Certificate, the provider’s mandatory training and to work with a buddy before they start working in the community. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. A newly recruited support worker said, “I was shadowing more experienced staff for nearly two months. The other support workers took me under their wings. I enjoyed the training”.

We checked staff training records and saw that all staff had received training applicable to their role and others were encouraged to undertake additional training that were relevant to their roles.

People told us that the support workers who supported them did not restrict them in anyway but encouraged them to make choices about what they wished to do. Staff we spoke with had an understanding of the MCA 2005. Staff told us they notified the social workers within the service if they had any concerns about a person’s ability to make decisions about their care and safety. A support worker said, “When a person can’t make decisions for themselves, we inform the social worker and the social workers speaks to the persons family and does assessments. We just feedback the information as quickly as possible. I’ve never come across a situation whereby someone was prevented from going out”. This showed that staff had an understanding of the act and took appropriate action when people could not make decisions for themselves.

Records showed that when people lacked the capacity to make certain decisions, staff involved social workers to carry out mental capacity and best interest assessments. 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 were supported to have adequate amounts of food and drink. People told us that staff supported them to choose what they would like to eat and drink based on available choices and also supported them to buy food and drink when they were running out of these. Relatives told us they had no concerns about how staff supported people to eat and drink sufficient amounts. One relative said, “[Person who used the service] is ok with food and drink. I usually leave something out for them and I know they are having it”. Another relative said, “The girls [support workers] do them [person who used the service] a cup of tea and cereal in the morning and we monitor what’s going out of their fridge”.

Staff told us they sometimes supported people to make snack. They said they also ensured that those who were not able to walk independently always had food and a

Is the service effective?

drink at close proximity before they left the property so that these people could help themselves. A staff member said, "Occasionally, I have prepared food for [person who used the service]. Sometimes if you say, I'll make you a sandwich; it's a way of ensuring they have something to eat". Records showed that the food and drink intake of people who had been identified as being at risk of malnutrition was recorded and concerns were fed back to health care professionals.

People's relatives told us that staff contacted other health care professionals when there were concerns. A relative said, "I informed staff that [person who used the service] had problems with their ears and the staff arranged an appointment". The registered manager said, "We have community district nurses and intermediate nurses who are based upstairs so we work together". A professional we

contacted told us, "We have a very open door policy on our team as we share the building with other social care teams and we work very closely with them, this will then mean joint visits with another teams social worker OT to get the best outcomes, this again works very well. Support workers also contact us regularly throughout the time the client spends on enablement as things change; they are there daily and are the people clients trust". Another professional said, "Staff involve myself and relevant therapist by either ringing our mobiles or office phones; coming into the office or writing accurate information/requests in the yellow file. Staff are very good at alerting us to any issues". This showed that people were supported to have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Our findings

All the people we spoke with told us the service was good and staff were kind and caring. One person said, “I’m happy with everything”; another person said, “I’m definitely happy with them [staff]” and another person said, “I’ve been very happy with them. I’m getting much better now”. All the relatives we spoke with confirmed they were pleased with the service provided and they felt their relatives were also happy with the care they received. One relative said, “We are generally happy with the service. They sit and have a chat with them [person who used the service]”. Another relative commented, “They seem very, very kind and [person who used the service] looks forward to them coming”; and another said, “Mum seems quite happy. We ask her if she is happy and she says, oh, Yes”. A support worker said, “I try to understand how they feel, I chat with them and build a picture of them in your head”. Another staff member told us they sometimes helped people with basic shopping if the people were unable to go out of their homes without assistance and needed something urgently.

People told us that staff kept them informed about the care they received and staff took time to explain things to them. Relatives also confirmed that they were kept informed and involved in people’s care. A relative said, “They [support staff] tell us what they’ve done. There’s a book in the house where they write every day”. Staff told us they were always led by the wishes of the person. The registered manager told us that once a referral was received, a care coordinator met with the referred person to plan how they wished for their care to be delivered. Records also showed that a care plan was devised with people before they started receiving care and support.

People told us they were treated with dignity and respect. Staff told us that always knocked and sought permission

before going into people’s homes. They told us they ensured that bedroom and bath room doors were closed when they supported people with their personal hygiene. A support staff we spoke with said, “When I deliver care to a person of the opposite sex, I talk with them and listen to their needs; I always make sure they are covered because I understand there is an embarrassment element”. Another support staff said, “If someone can complete their own personal care, we stand back and give them their own privacy. Some callers don’t want male support workers, so we respect that”. The registered manager said, “Staff have to put their phones in silence when they are in people’s homes. It is about respecting the person in their homes. We always say to our staff: You are a guest in people’s home, so make sure you respect their home. They always have to knock and inform they are coming in before they can go in”. This showed that people’s dignity and preferences were respected

Relatives we spoke with told us the support workers ensured that people were clean and dressed appropriately. A relative said, “They [person who used the service] were not changing their clothes in the morning but the support workers have helped us with this. We haven’t got to be there every day in the morning to make sure they [person who used the service] do this and have their medicines. It’s made a massive difference”.

Relatives told us that staff encouraged people to do things for themselves. One relative said, “We’ve seen them [staff] encouraging them, [person who used the service] to dress themselves up”. Staff told us they ensured that people’s independence was maintained as much as possible. They told us they supported or supervised people to prepare snacks for themselves if the people wanted to do so. This showed that people were supported to be independent.

Is the service responsive?

Our findings

People were supported to receive care in the way they wished. One relative told us they had expressed concerns to the support workers that they didn't feel the initial agreed visit time to support their relative was suitable as they felt the time was a bit late. The relative said, "Now it's a better time because they [support staff] are getting to them [person who used the service] before they get out of bed". This showed that the service was flexible and provided care in a way that met the person's needs.

People received a comprehensive assessment of their health and social care needs to identify what areas of personal care they needed support with and how they wished to be supported. Relatives we spoke with and records confirmed this. We saw that care plans were reviewed and updated as people's needs changed. A support worker said, "You are assessing all the time. Basically feedback from them helps me understand them better. Listening to people and knowing what they want and like is a big part of this job".

People received assessments from an OT to identify equipment that could be provided to support people to be as independent as possible. Support staff told us that they referred people to the OT department for the assessments. A support worker said, "Let's say I'm to assist a person with washing and dressing; I get everything together, I offer them a flannel and prompt them to do as much for themselves as possible. I then assist them with washing their back and their legs. You just observe what they can do for themselves and if they need any equipment, I feedback to the OT".

Another support worker said, "We have someone who takes people out and gets them back taking buses". The service worked closely with OT's who were also based in the same building. An OT we spoke with said, "When I visit a client I will explain about the process of goal setting with them to gain the best possible outcomes of our time with them". This showed that the service made sure that people received assessments and support with obtaining equipment they need to stay independent.

People told us that they had not had any reasons to make a formal complaint about the provider recently. People said they would not hesitate to raise any concerns with the registered manager. They told us they were confident their concerns would be dealt with appropriately. A relative said, "If I had any concerns, I would ring the care coordinator. I'm Ok with doing that."

The provider had a complaints policy and procedure. The registered manager said, "We haven't had any formal complaints about the service. If someone had a grumble, we address that here. I telephone them and have a discussion with them about the concern. We encourage staff to discuss with service users if there will be any changes in their care. This helps prevent any complaints being made". The registered manager told us a relative had contacted them to about a concern relating to their care but had not wished to make a formal complaint. They said, "I did ring the relative back and we had a discussion about the concern. We [The service] went the extra mile to support the service user and their family and they really appreciated it". This showed that the provider had effective systems in place for dealing with concerns and complaints.

Is the service well-led?

Our findings

People who used the service and their relatives told us they felt comfortable ringing the office to express their concerns. Staff told us the registered manager was approachable and supported them to carry out their roles effectively. A staff member told us they would not hesitate to raise any concerns with them and were confident their concerns will be dealt with appropriately. All staff knew what whistleblowing was and how to do this if they felt that the provider was not responding to concerns relating to the service and people were at risk of harm. Staff told us and we saw records that they received supervisions and had regular staff meetings to share information, concerns and discuss areas for improvement. A support worker said, “I had supervision recently and I was asked if there were areas they would like to learn more about and if there were other things I was struggling with”. This showed that the provider encouraged open communication with staff in order to support them to fulfil their roles effectively.

The registered manager notified us of incidents which they were required to do. They said, “I know what I need to do and my care coordinators are fully aware and briefed around CQC notifications”. Providers are required to notify us of all serious incidents which occur to people who use the service when care is being provided.

The manager shared with us some of the challenges the service faced and what the provider was putting in place to ensure the smooth running of the service. They told us that one of the challenges had been the pay scale/ banding for

some of the support workers in relation to their roles and responsibilities and that the provider was reviewing this. Another challenge had been around ensuring that there were adequate numbers staffs on the right pay scale to provide timely care. The registered manager said, “I’m doing all I can to get them all under [Pay banding scale] and working closer to home”. This showed that the registered manager understood key challenges and demonstrated good leadership and management skills to ensure the smooth running of the service in spite of the ongoing challenges.

The provider had systems in place to keep under review the day-to-day performance of the service. The registered manager said, “We have a conference call every morning to look at the health economy, we review the service users that are ready for discharge and what services they require”. This ensured that appropriate services were provided to the right people at the right time.

The provider had effective systems in place monitor the quality of services provided and to ensure that lessons were learnt following incidents. The registered manager told us, and we saw that audits of care records took place. There were action plans in place when concerns were identified following audits. We saw records that staff meetings took place regularly to discuss concerns, set actions and to share the visions of the Trust. Records showed that the provider carried out service user surveys to evaluate the quality of services provided and had action plans in place when concerns were identified.