

# Midlands Partnership NHS Foundation Trust

## Home First – Cannock

### Inspection report

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19 June 2019

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Home First - Cannock is a domiciliary care service providing personal care to 35 people aged 65 and over at the time of the inspection. The number of people being supported varied from day to day due to people being discharged from hospital or people no longer needing the support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were kept safe as staff understood their safeguarding responsibilities and plans were in place to mitigate risks to people. We have made a recommendation about staff knowing to report their concerns to the local safeguarding authority. People were supported to have their prescribed medicines. We have made a recommendation about 'as and when required' medicines. Lessons were learned when things had gone wrong and action was taken to protect people. There enough safely-recruited staff to support people safely, with recruitment ongoing. People were protected from the risk of cross infection as staff used appropriate protective clothing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had access to a range of other health professionals and were supported to have food and drinks that were appropriate for their needs. Staff received training to be effective in their role.

People felt staff were kind and felt they were treated with respect. People were supported to maintain their dignity and be involved in decisions about their care. People retained and regained, where possible, their independence.

People had personalised plans of care and calls were flexible to allow people's changing needs. People felt able to complain but had not felt the need to. Consideration had been given to people's end of life preferences, but no one was being supported at the end of their life at the time of the inspection.

Systems were in place and effective at identifying areas to improve the quality of people's care. Staff felt positively about the registered manager and felt supported in their role. The registered manager and staff were confident in their roles and understood their responsibilities. The service engaged with people and staff to ensure feedback was gathered to improve the service. The service also worked in partnership to ensure effective outcomes for people. Continuous learning was being applied following incidents, spot checks and new guidance being released.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 11/06/2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 – Cannock

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Home First – Cannock provides a short term reablement service. People usually have up to six weeks 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

We gave the service 48 hours' notice of the inspection. This was because we wanted to speak with people before we visited the office.

Inspection activity started on 11 June 2019 and ended on 19 June 2019. We visited the office location on 12 June 2019.

#### What we did before the inspection

We used the information we held about the service, including notifications, to plan our inspection. A notification is information about events that by law the registered persons should tell us about. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with

key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

We asked Healthwatch for any information they had about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also asked the local authority for any feedback. Neither organisation had any information of concern to share.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with six members of care staff as well as the registered manager and coordinators.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service including audits, questionnaires, meeting minutes and action plans.

# Is the service safe?

## Our findings

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and relatives told us they felt the service was safe.
- Staff knew about the different types of abuse and how to recognise these.
- Staff knew to report their concerns to managers in the organisation, contact the police or they could anonymously call a whistleblowing number; however, some would benefit from knowing they should report concerns directly to the local safeguarding authority.

We recommend the provider supports all staff to be aware of their responsibility to report concerns to the local safeguarding authority.

- Appropriate referrals were made to the local safeguarding authority and action was taken to keep people safe.

Using medicines safely

- Medicines were managed safely. The risks associated with medicines and the level of support people needed was taken into consideration.
- Medicine records were clear and staff felt able to complete them well; records showed they were being well completed.
- Some medicines were to be taken 'as and when required'. There was not always additional guidance for staff to be able to recognise when this medicine was or was not required. When we asked the registered manager about this, they explained they had tried to get people's individual GPs to complete the guidance but had had limited responses. However, people being supported were generally able to tell staff if they needed their medicine.

We recommend the provider ensures sufficient guidance is available for staff for 'as and when required' medicines.

Assessing risk, safety monitoring and management

- People had their risks assessed and planned for.
- For example, one person needed a modified diet to reduce the risk of them choking, this was detailed in the person's care plan and staff were aware of this risk.
- In another example, some people had mobility support needs or were at risk of falling and the support needed was included in their plan and relative's confirmed people were supported appropriately.
- The service also took into consideration the fire safety in people's home and referred them to the fire service if it was felt they needed additional advice or support to remain safe at home.

### Staffing and recruitment

- There were enough staff to support people safely. People told us staff usually turned up in the timeframe they expected them and staff told us they felt their rotas were achievable.
- Recruitment was ongoing so that sickness and annual leave could be covered more easily as currently staff were having to pick up additional work or agency staff were having to be used.
- Staff were recruited safely. Staff had pre-employment checks were carried out such as checking employment references and if they had criminal records.

### Preventing and controlling infection

- People were protected from the risk of cross infection as protective measures were in place, such as gloves and aprons. One staff member said "I wear them [gloves and aprons] for everything. I would wear them for personal care and change them for making breakfast."

### Learning lessons when things go wrong

- Lessons were learned when things had gone wrong. On staff member said, "We all make mistakes along the way, but we learn from them. We can all come up with a solution together."
- For example, there had been a missed visit. Action was taken to protect the person and to reduce the likelihood of a reoccurrence. Staff were given red pens and rotas to ensure staff clearly recorded which calls they had been to and so they could easily see which ones they had not been to.
- Staff were supported to reflect upon incidents which had occurred to help them identify what went wrong, what support they may need and how to reduce the risk of further incidents.



# 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.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People overall had their needs assessed and planned for, such as in relation to health conditions. One person had a health condition but details of this had not been included in their plan. Once we raised this, it was rectified immediately. We saw multiple other examples of people already having appropriate plans in place.

Staff support: induction, training, skills and experience

- Staff received ongoing training to support people effectively. One person said when asked if staff were well-trained, "I would imagine so, yes they [staff] seem to know what they're doing."
- Staff told us they received effective training. One staff member said, "Training was quite intense looking at all the policies and procedures." Another staff member said, "we have all the training that's going. If I ask for specific training. I can ask for anything, I can do it online, face to face or help from the office."
- Staff had their training monitored to make sure they kept up to date.
- Staff were being supported to develop their skills with the introduction of clinical training.

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

- People were supported appropriately to have food and drinks of their choice, appropriate to their needs.
- One relative said, "Staff do all the food and feed my relative and document what my relative has had. It's been correct, from what I can see. They know my relative's needs."
- Information was available for staff if someone had specific dietary requires to keep people safe.

Staff working with other agencies to provide consistent, effective, timely care

- The staff worked collaboratively with other health professionals and teams to ensure people had effective care. One health professional said, "When problems occur staff will seek the appropriate advice and support in a timely manner."
- At the time of the inspection weekly catch up meetings were held to discuss people's progress and any additional support needed. The registered manager explained; "[We have a] weekly progress meeting now. There's a therapist, social care assessor and the Home First team. We note any actions and they are done that day."
- The registered manager went on to explain this weekly catch up was changing to become daily meeting to ensure people's reablement support was more closely tracked. They were also introducing a 20-day review to ensure all support necessary had been offered.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access other health professionals and the service worked collaboratively with them to ensure people remained safe and well.
- Relatives told us they were kept informed about changes in people's health, if needs be. One relative said, "[Staff name] is very good, they're the person I've dealt with the most. [Staff name] has been good with communication. There is a communication book we write in [in my relative's home] and staff usually call me every day. They keep me in the loop."
- When people were discharged home from hospital and Home First – Cannock began to support them, Home First – Cannock would arrange for a well-being visit and check up by the Community Intervention Service (CIS) to ensure people were being appropriately supported and to check if they needed anything additional. This helped people remain in their own homes.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- People were supported in line with the principles of the MCA. Staff understood what capacity meant. One staff member said, "Everyone's got capacity to choose for themselves, everyone has capacity until proven different with an assessment." Another staff member said, "Someone may have dementia but they may still have capacity."
- The registered manager was clear about their responsibilities to assess people if they suspected someone lacked capacity in some areas and to consider making decisions in people's best interests if necessary.

# 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.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were well treated. One person said, "They're [staff] so kind." A relative said, "From what I've seen, staff definitely [treat my relative] with respect."
- We saw some positive responses in questionnaires from people. One person wrote, ""I like the way the staff make me feel comfortable."
- People's diverse needs and protected characteristics were taken into account. For example, their gender, religion and sexuality. The registered manager said, "We ask what their preferences are. It might be particular call times. We may visit around prayer times, use certain washing techniques and we've had to learn about food preferences."

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

- People were involved in decisions about their care. People contributed to their care plans and were supported to consent to them, we saw evidence that people had had sight of their care plans and signed agreement.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, when asked if they were treated with dignity, "Oh yes, no complaints about that."
- People were supported to maintain as much independence as possible. One person said, "Anything I can do myself they let me do." Another person wrote in a questionnaire, "[Staff] encouraged me to be independent that made my walking improve." The ethos of the service was to support people to rehabilitate as much as possible when returning home from hospital.
- People were offered easy solutions to enable them to do things for themselves to retain their independence. One person wrote in a questionnaire, "They [staff] gave me ideas how to change things to make it easier." Staff would show people a 'Box of Trix' which showcased small products people could obtain which would make tasks easier, such as large-buttoned telephones, medicine dispensers and long sponges so people could reach the hard-to-reach places themselves.
- Staff were all able to give examples of how they would support someone to maintain their dignity, such as keeping people covered during personal care, closing curtains and gaining consent.

# Is the service responsive?

## Our findings

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

This meant people's needs were met through good organisation and delivery.

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

- People had personalised care that met their needs. One person said, "They'll do anything for you."
- People had a personalised care plan in place which detailed their daily routine. Call times and durations were adapted to meet people's needs and support them if needed additional help.

Meeting people's communication needs

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

- People were supported to access information in a way suitable for them. One person said, "They [staff] write in the book and they read it back to me." Another person said, "I've got a phone number for the care team. They wrote it down in very big letters for me, I'm registered partially blind."
- The registered manager explained to us, "We have worked with interpreters and flash cards. We can have documents in other formats, easy read and other languages."
- Further work was also ongoing to develop a 'Box of Trix' tailored to helping people communicate.

Improving care quality in response to complaints or concerns

- People felt able to complain and knew how to. No formal complaints had been received by the service and people we spoke to told us they hadn't had any complaints. One person said, "They've left all the numbers with me. I've never called the office." Another person said, "I've got no complaints."
- There was an appropriate complaints policy in place and the registered manager was aware of their responsibilities.
- The registered manager also told us, "When we get compliments, we share it with the team. We send a good practice letter to the individual, otherwise only the negative is focussed on." We saw examples of this positive feedback to staff.

End of life care and support

- No one was receiving end of life care at the time of the inspection. However, consideration had been given to how people would be supported, if necessary.
- The registered manager said, "We'd get nurses involved. We'd discuss with the person what their preferences are; there may be something really important to them. It may be their hair being nice or they've never gone a day without makeup."

# 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.

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

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

- Staff all felt positively about the registered manager and felt supported. One staff member said, "The manager is lovely. They're always there to talk to if you need a chat or if something is not quite right. The manager acts on feedback and then comes back to you." Another staff member told us, "I definitely feel supported, there's always someone to talk to."
- One social care professional said, "I feel this is a good service to enable people to be able to be discharged from hospital back home instead of waiting for a care package within a hospital setting."
- Staff confirmed they had supervisions, so they could discuss their support needs.

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

- The registered manager was clear about their role and responsibilities. We asked them what duty of candour meant. Their answer confirmed they were aware of their responsibilities. They said, "If someone came to harm we would have to investigate, and we would apologise, we would work with the health trust. It's about accountability and taking responsibility."
- There had been a medicine error, action had been taken to protect the person and to reduce ongoing risk. The person's relative also confirmed they were told about it and they received an apology and explanation about the incident, so they were satisfied.

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

- The registered manager and all staff were clear about their roles. Notifications were being submitted, as necessary.
- Systems were in place and effective at monitoring the service and improving people's quality of care. Incidents were reviewed and analysed for trends to ensure all necessary action was being taken.
- An action plan was in place showing the registered manager had recognised when things needed improving and had a plan to ensure this was carried out. One of the main themes was about medicines administration and recording. There was a clear strategy for how this area was going to be improved, and many improvements had already been noted.

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

- People and staff were engaged in the service. An event had taken place around supporting people with

their nutrition and hydration. People had been engaged with fun quizzes with staff and people had been given extra support to eat and drink more.

- People were also engaged through regular surveys and reviews. People's feedback was positive in these surveys. People were also given a raft of information when they first started being supported by Home First – Cannock to provide ideas for additional support they may need on an ongoing basis after support from the service had ceased. There was also a questionnaire carried out when people were no longer being supported by the service
- Communication with staff was by various methods, such as emails, memos, meetings, surveys and an 'Awesome Wall' in the office. The 'Awesome Wall' was positive feedback and examples of staff supporting people effectively. Staff were aware of this and all felt positively about it.

#### Continuous learning and improving care

- The service was continuously working to learning and improve. Staff had their competency checked to ensure they had understood their training and were using best practice when supporting people. One staff member said, "I have spot checks, they just turn up. It's good as it keeps you on your toes."
- Staff were being encouraged to be 'champions' of different specialities, such as someone with additional knowledge about falls, nutrition and hydration, infection control and medicines. This meant staff had a point of contact with expertise to be able to support colleagues and improve people's experience of care.
- Staff were given prompt cards in different areas to help them develop their confidence and knowledge. For example, following improvements being identified as needed in relation to medicines and recording, prompt cards were given to staff to support them.
- Each month there would be a 'policy of the month' so staff could focus on a different area each month. Any new policies or new guidance from external organisations was also made available to staff when visiting the office.

#### Working in partnership with others

- The service worked in partnership with other services and health professionals. It was well-placed to be able to access speedy support if people needed it due to having links to other social care and NHS services.
- One professional told us, "Weekly handovers take place currently to feedback about people they [Home First - Cannock] are currently working with. Regular contact is also made during the week with feedback. They are approachable so if there are any concerns or queries one of the co-ordinators will give feedback or advice."