

Midlands Partnership NHS Foundation Trust

Home First – Lichfield & Tamworth

Inspection report

Merlin House
Etchell Road
Tamworth
B78 3HF

Tel: 03007907000
Website: www.sssft.nhs.uk

Date of inspection visit:
03 June 2019
04 June 2019

Date of publication:
03 July 2019

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 – Lichfield & Tamworth is a domiciliary care agency that was providing personal care to 42 people at the time of the inspection.

People's experience of using this service:

People felt safe whilst being supported by staff. Staff knew people's risks, how to reduce them and how to protect people from abuse or avoidable harm. There were enough, safely recruited staff, so that people received a consistent service.

When people needed support with their medicines this was managed safely and staff followed safe practices to prevent the spread of infection.

People received support from staff who were well trained and supported to deliver effective care. Staff worked well with other professions and referred to health professionals when required to ensure people's health needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring and people were happy with the care they received. Staff respected people's decision and supported them to become as independent as they could be. People were involved in setting their own enablement goals.

People knew how to complain if they needed to and felt the management team were approachable and supportive.

There were systems in place to monitor and improve the quality and safety of service provided and people's feedback was listened to and shared with staff.

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 inspection of Home First – Lichfield & Tamworth.

Why we inspected: This was a planned inspection due to the service having not yet been inspected.

Follow up: We will continue to monitor the service through the 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 – Lichfield & Tamworth

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 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. It provides a service to older adults and/or younger disabled adults. Home First – Lichfield and Tamworth provide 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.

Not everyone using Home First – Lichfield & Tamworth receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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 visit because we needed to gather people's contact details and gain their permission to contact them as part of the inspection.

Inspection site visit activity started on 3 June 2019 and ended on 4 June 2019. We visited the office location on 3 June 2019 to see the manager and office staff; and to review care records and policies and procedures. We made telephone calls to people and their relatives on 3 and 4 June to gather their views about the care they received.

What we did:

We used the information we held about the service to formulate our inspection plan. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events such as deaths and serious injuries, which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with six people who used the service and five relatives. We also spoke with the registered manager and four care staff. We reviewed the care records of four people. These included care plans, daily care records and medicines administration records where people received support with this. We looked at records relating to the management of the service. These included four staff recruitment records, incident records, training information and quality assurance records.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People all told us they felt safe when being supported by staff. A relative said, "Very safe, [my relative] has great faith in [staff]. They are caring, they look after [my relative], they are behind [my relative] when they are walking as they have a history of falls."
- Staff knew how to recognise the signs and symptoms of potential abuse and how to report and record their concerns.
- There were systems and processes in place to protect people from abuse and we saw these worked effectively.

Assessing risk, safety monitoring and management

- People's risks were assessed and plans were put into place to reduce those identified risks.
- Staff were knowledgeable about people's risks and took steps to reduce risks to people.
- A relative said, "[Staff] make [my relative] walk properly with the frame. [Staff] are teaching [my relative] to take little steps and not to rush, so they are safe." This showed how staff reduced the risk of the person falling.

Staffing and recruitment

- People told us there were enough staff to meet their needs and if staff were ever late, they were informed, and apologies were made.
- Records showed that people received their care and support as planned and vacancies were fully recruited to ensure there were enough staff available to meet people's needs.
- Safe recruitment practices were followed to ensure staff were suitable to work with people.

Using medicines safely; learning lessons when things go wrong

- Medicines were safely managed to ensure that people received their medicines as prescribed.
- Staff were well trained and supported by a medicines champion to ensure their competency in safe medicines administration.
- Regular checks of staff competency and medicines administration records were carried out to ensure any issues were identified and improvements implemented when required. This meant the provider had systems in place to learn lessons when things went wrong.

Preventing and controlling infection

- People told us staff followed safe practices to reduce the spread of infection including wearing Personal Protective Equipment (PPE) such as gloves and aprons when required.
- Staff had been trained and understood their role in preventing the spread of infection.
- Risk assessments reminded staff to follow safe infection control practices and there was an infection

control champion to encourage good practice in this area.

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

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's needs and choices were assessed when they started to use the service and this included consideration of their diverse needs such as religion, culture and sexuality.
- There was a holistic approach to assessing and planning to meet people's needs. Staff used information provided to them by other professionals to help assess people's needs. They requested any basic equipment people may require and referred to other professionals for further assessment when required.
- Staff continually assessed and monitored people's changing needs and took action when people's needs changed. Due to the nature of the service, people's needs changed quickly and staff continually assessed their need for support, referring to other professionals and considering the need for assistive technology when required. For example, when a person struggled to access the bathroom, staff arranged for a commode until the person's mobility improved enough for them to access the bathroom.

Staff support: induction, training, skills and experience

- People told us staff were well trained to support them effectively. Relatives commented, "Staff seem to know exactly what to do and when to do it" and "Staff seem very competent in what they do."
- Staff received a robust training package which included online and face to face training. A staff member said, "They are hot on training here. It is good. They take you off the rotas to get all your training done."
- Staff were provided with five days of clinical training in addition to their mandatory training. The registered manager told us this included diabetes management, pulse checking, urine testing and basic observation. Staff were also provided with a clinical pack including the equipment they needed such as urine dip sticks and blood sugar monitoring kits. This training and equipment helped staff to recognise any early warning signs of people becoming unwell and take the necessary action to perform checks and contact the relevant health professionals. For example, staff were able to recognise early signs of a urine infection, test the urine and then contact the person's doctor to share the results. The doctor could then decide whether treatment was required. Staff shared examples of how they had detected early signs of infection and got people the prompt treatment they required.
- Staff had regular supervisions, training, spot checks and competency checks in areas such as medicines administration and infection control. They told us they felt supported and well equipped to deliver effective support.

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

- Staff supported people to eat and drink enough when required.
- People told us staff supported them how they liked and offered them choices and encouragement to maintain their independence.

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

- Staff worked well with other agencies and professionals. They referred to professionals for advice when required.
- We saw instructions from physiotherapists, district nurses and occupational therapists recorded in people's care plans. Staff were aware of and followed these instructions to ensure consistent and effective care delivery.
- Staff worked with social care professionals to plan and coordinate people's moves to other services when required, which was done at the earliest possible stage.

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

- Staff referred to health professionals promptly when required. For example, we saw staff promptly recognised an issue with a person's catheter and contacted a district nurse who resolved the issue, providing advice and support which was followed by staff.
- Staff told us how their clinical training had enabled them to support people to live healthier lives. A staff member said, "We had one person who the doctor asked us to keep a record of their blood pressure so they didn't have to keep coming into the surgery so it was really good we were able to do that with our clinical kit and training."
- Another staff member said, "One person's daughter said they didn't seem well. We were able to check their observations which didn't seem right, so I called paramedics and gave them the details. They came out and the person was having a stroke, it was recognised early and they were taken to hospital. I think it's brilliant. We've not got to get doctors or nurses all the time as you can check yourself and pass it on to them so they don't have to come out."

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

- People told us staff always asked for their consent before supporting them. A relative said, "[Staff] don't just do it, they do ask first."
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the MCA and found that staff understood the MCA and their responsibilities under it to protect people's rights.

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

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 way staff treated and supported them. Comments included, "[Staff] are very kind and helpful and caring, very professional" and "[Staff] are caring because they don't push me, they let me do things in my own time."
- Staff demonstrated a caring attitude towards the people they supported. A staff member said, "I love this job. Seeing people come out of hospital and they have lost their confidence, we help them to get it back. There is nothing more satisfying. I'm not just saying it, it's so nice making a difference to people."
- Staff had been trained in equality and respecting people's diversity.

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

- People told us they made their own choices and decisions and staff supported and encouraged them to do this. People's decisions were respected by staff.
- People felt able to express their views and told us they could speak to care staff or office staff if they needed to.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Comments from people included, "[Staff] are very caring, when they first started they never left me at all and now they sit on the chair whilst I shower, each week I can do more and more", "[Staff] keep telling me I will get back to how I was before, it is slow but I am doing more each week" and "[Staff] supervise me in the shower and wash my back and hair. At night I can manage myself now, it was a joint decision to reduce help at night."
- Assistive technology was used to help increase people's independence. For example, staff introduced a 'medication minder' to a person which prompted them to take their own medicines.
- People told us staff respected their privacy and dignity and staff described how they did this. Daily records showed how people were given privacy and how their independence was encouraged.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were involved in developing their own 'enablement plans' and were encouraged to set their own goals. Each person had individual goals set that they wished to achieve. For example, "I wish to improve my mobility and be able to complete daily tasks independently." Staff helped people to work towards achieving these goals.
- People and their relatives, where appropriate, had signed to say they had been involved in the development of their own plans.
- Staff told us they read people's care plans and risk assessments and followed these. Staff demonstrated a good knowledge of people's abilities, likes, dislikes and preferences which helped them to provide personalised care.

Improving care quality in response to complaints or concerns

- Each person was given contact details and information about how to make a complaint when they started to receive a service.
- People told us they had the information they needed and felt confident to raise a complaint if they needed to.
- No formal complaints had been received at the time of the inspection. Informal complaints were received and responded to appropriately by the registered manager.

End of life care and support

- The service did not support people with end of life care, as they provide a short-term enablement service to support people back to independence.

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

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

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

- People felt the service was well managed and said they would recommend the service. People's comments included, "I have had a good experience with them, they [staff] are a really nice group of people", and "It is managed properly, I know by the way I am treated."
- Staff said the management team, including coordinators and the registered manager were approachable and supportive.
- Staff spoke passionately about the values and vision of the service, which were shared by the registered manager. A staff member said, "I think our service is a really good service. We go in and give people confidence. It's a privilege to go to someone's house and see them improve. What we want is for people to improve. At first, they might struggle to get into the kitchen then after three or four weeks they will say to you, 'I've put the kettle on do you want one?' that's so rewarding."

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

- There were audits in place to monitor the safety and quality of the service. There were plans in place to make these more robust to ensure improvements were identified and driven when required.
- The registered manager understood the requirements of registration with us and we received notifications of certain events, as required by law.
- Regular staff spot checks were carried out to check competency and encourage good quality care.

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

- People were asked for their feedback about the support they received via surveys. Information from the surveys was collated and shared with staff. A staff member said, "[Management] are good at sending praise out. We had an email last week with some positive feedback." We saw that all feedback received had been positive.
- Staff felt engaged and involved in the service. There were regular 'zone' and team meetings, one to one supervision sessions and staff surveys for staff to provide feedback. Staff were apprehensive about a potential new model for coordinating the service. However, we saw the provider was engaging with staff before making any changes.

Continuous learning and improving care

- There was a strong focus on continuous learning. A robust training system was in place including online

and face to face training and five days clinical training.

- The service had taken the initiative to introduce the clinical training to staff to improve people's outcomes so that staff are able to quickly recognise any changes in the person's condition and respond promptly and appropriately.
- 'Champions' had been implemented in certain areas such as medicines, infection control and manual handling to encourage good practice and staff development.

Working in partnership with others

- The service worked in partnership with therapists to deliver a holistic service to people to support their reablement. This partnership working meant that people were supported to achieve their goals.