

Midlands Partnership NHS Foundation Trust

Home First - Stafford

Inspection report

Greyfriars - Stafford Therapy Centre
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Home First – Stafford is a short-term enablement service for people living in the Stafford area. The service supports adults with health and social needs to maximise or regain their independence. At the time of our inspection, the service was supporting 38 people living in their own homes.

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

People felt safe and were protected from the risk of harm by staff who understood their responsibilities to identify and report any signs of potential abuse.

People were supported by staff who had the skills and knowledge to provide effective support. There were enough staff available to provide care which met people's needs. Medicines were managed safely, and people were protected from the risk of infections as staff followed the additional guidance in place due to the COVID-19 pandemic.

Quality assurance systems were in place to monitor the service to ensure lessons were learnt when things went wrong. There was a positive culture within the service. Complaints were acted on and improvements made.

The registered manager understood their responsibilities and was open and reflective during the inspection.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 07 August 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

Our intelligence and monitoring systems highlighted to us that the service was high risk. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for this service remains requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Home First – Stafford on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Home First - Stafford

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 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

Home First Stafford is a short term reablement service for people living in Stafford. The service supports adults with health and social needs to maximise or regain their independence. At the time of inspection, the service was supporting 38 people living in their own homes.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from 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.

During the inspection

We spoke with nine people who used the service and seven relatives about their experience of the care provided. We spoke with three members of staff including support workers and the registered manager and received feedback via email from three support workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the service action plan which was in working progress.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the support they received from Home First Stafford. One person said, "I always feel safe with the carers."
- Staff understood how to safeguard people from harm and knew how to recognise and report suspected abuse. One staff member said, "Safeguarding to me within my job role means that I have a duty of care to the people that I support, and it is within my job role to report any concerns."
- Systems were in place to ensure safeguarding concerns were acted on and referred to the Local Safeguarding Authority.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people and were updated when changes occurred.
- Staff knew people's risks and supported people in a way that ensured their safety was maintained. One staff member said, "The care plan tells us the history of their conditions, why they have been in hospital and what we are helping them with. We also get information on the CDT (complex discharge tracker), which is an electronic system for recording."
- People's risks were updated when changes occurred. One staff member said, "A risk assessment is carried out when arrangements are made for a 'first visit' paperwork completion. This is in the patient's yellow folder which remains in the patient's home whilst Home First is attending. Support workers can amend it if they feel a risk has developed which should be relayed back to the shift lead."

Staffing and recruitment

- There were enough staff to meet people's needs, although we received mixed responses from people with regards to having consistent carers. Comments included, "I have fairly regular carers; I don't have a problem with them", "We have a lot of different carers which is okay. They are all very pleasant and very good; there is nothing I did not like about them", and "I have four visits a day and they are often different carers but it is not a problem."
- A relative said, "We are getting into a routine of the regular carers. My relative is getting to particularly like some individual carers. Sometimes names and times change from what I am told prior to the visit."
- Staff told us travel times were sometimes an issue between calls. One staff member said, "Depending on how busy your run is, if it is a decent run you have quality time to spend with your patients." Another staff member said, "A lot of the time we do not have enough time allocated and personally often feel rushed."
- We raised this with the registered manager at the time of the inspection. The registered manager said, "This is being looked at, in the way the rotas are being done which will hopefully lead to calls and travel times being more effective."

- There was a system in place to ensure people continued to receive a service when staffing levels had changed.
- The provider had safe recruitment practices in place. This ensured people were supported by suitable staff.

Using medicines safely

- People who were supported with their medicines received their medicines as prescribed.
- People who required support taking their medication told us they felt staff knew what they were doing. One person said, "The staff take the tablets from the boxes and blister packs and put them in a container for me to take. I have not experienced any problems." A relative said, "Carers take the tablets from a dosset box and also apply cream to [relative's] back without problems."
- Staff told us they had received training before supporting people with their medications.
- Medicine Administration Records (MARs) were used to show when staff had supported people with their medicines and creams. The registered manager told us these were audited, and the current system was under review with the aim to improve how information is captured.

Preventing and controlling infection

- People told us staff wore protective personal equipment (PPE) which made them feel safe. One person said, "They wear a fresh mask which is not taken off until the end of the visit when it is placed in a black bag for disposal. They always wear disposable gloves and aprons. They sanitise their hands after removing the gloves and sometimes before removing them."
- Staff understood their responsibilities to follow infection control procedures. During the COVID-19 pandemic, extra training and additional guidance was put into place for staff to follow to help keep people safe. One staff member said, "We have enough PPE yes definitely, we have never been without it. I had online training."
- The registered manager told us any concerns raised with regards to PPE not being appropriately worn were swiftly dealt with. Staff had their competency assessed to ensure they were using the correct handwashing techniques.

Learning lessons when things go wrong

- Incidents were analysed by the registered manager to ensure appropriate action was taken.
- Staff told us they were informed when things had gone wrong which demonstrated lessons were being learnt. One staff member said, "Concerns are raised through email, and text message, also if appropriate via a telephone call."
- The registered manager said, "Incidents are logged onto the system and action is taken, and if appropriate referrals are made to other professionals if needed, such as the therapy team. Or if it is in relation to medication errors, any trends would result in retraining and information being sent to the team."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant 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

At our last inspection the provider had failed to robustly establish and effectively operate appropriate systems to assess, monitor and improve the quality and safety of the services provided. The provider had also failed to act on feedback from people using the service. This was a breach of regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection the provider sent us an action plan to demonstrate how they were going to improve. At this inspection we saw improvements had been made, which ensured people received good quality, safe care.
- The registered manager told us additional systems had been embedded since the last inspection, including an audit tool. This tool was used to monitor and improve the quality of the service, which the registered manager had oversight of.
- Quality assurance systems were in place to effectively improve the service. The registered manager told us the provider was currently going through a 'management of change' process which was further supporting the improvements to the service.
- The registered manager understood their responsibilities of their registration with us. They had notified us of events that had occurred at the service.
- The provider had systems in place to ensure the service was working in line with regulations and the registered manager was undertaking their responsibilities as required.

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

- People and relatives were complimentary about the service they received. One person said, "I recommend the service. The treatment I receive is wonderful; I can't criticise them at all." A relative said, "Of course I would recommend the service. Even my [relative] said the staff are very nice. They have the time of day for [relative] and do everything they can."
- Staff felt supported by their 'shift leads' and said they had access to the registered manager if they needed support. One staff member said, "It is hard at the moment as they [registered manager] are not in the office,

but I know they are at the end of the phone. My shift lead is [name of person]. I get on with them; they are fabulous."

- Staff felt they worked well as a team. One staff member said, "We have a very supportive hard working team of workers on the front line. Each and every member of staff strive to make a difference in the lives of the people that we support. I have never met such a good team that go above and beyond for one another and for the people they support."
- The registered manager said, "I am really working on ensuring there is a positive culture within the team. I am open and honest with staff. I have set up a questions and answers session once a week where there is a drop-in in which staff can ask random questions, including questions about the service. Following a suggestion which was brought forward from a staff member during one of the drop-in sessions, a shift check-in chat was set up to enable staff to check in with each other on shift."

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 understood their legal responsibilities in relation to the duty of candour. They were open and responsive to feedback to ensure improvements were made to the service people received.
- A healthcare professional said, "The complaints that I am aware of have been dealt with in a professional manner and without prejudice. Any concerns raised are taken seriously and they are transparent about any miscommunications or issues, using this as lessons learned."

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

- People were given the opportunity to feedback about the service via an end of service questionnaire.
- People were given a patient advice and liaison service (PALS) information leaflet during the initial visit. This detailed how people could make a formal complaint should they need to.
- Staff told us they had opportunities to give their feedback during supervisions, meetings and were able to respond to an annual NHS survey. One staff member said, "We do have question and answer meetings, so we could feedback within the meeting if needed."

Continuous learning and improving care

- We saw people and relatives had used the service's complaints and 'grumbles' process. They told us when they had contacted the office their concerns had been dealt with to their satisfaction.
- The registered manager ensured they kept up to date with national guidelines through attending weekly briefings and operational meetings to drive improvement forward.

Working in partnership with others

- The service worked well in partnership with other agencies, which ensured people received safe and effective support. A staff member said, "We work with all different health care professionals; we benefit from being an integrated service. We work closely with district nurses, the therapy team, social workers and many more. If we believe that the people we support would benefit from being referred to another service within our integrated team, then we can do this easily."
- The registered manager said, "I think they [other professionals] are very good and they work well. We have the same purpose."
- A healthcare professional told us the management team were approachable and professional. They said, "[Name of registered manager] is very approachable and extremely helpful. They are extremely knowledgeable and will go out of their way to look at issues or concerns. In my opinion they are utmost professional, and I feel they work in partnership with ourselves. The coordinators are all approachable and there are several individuals that are exemplary who go above and beyond. They are in constant

communication around the patients; any concerns are dealt with speedily."

- The service worked in partnership with the local fire service. Staff carried out a fire risk assessment in people's homes at the initial home appointment, to identify potential fire hazards and other risks within their home. The aim of this scheme is to reduce the number of accidental dwelling fires, fire related deaths and injuries across Staffordshire and Stoke-on-Trent.