

Midlands Partnership NHS Foundation Trust

Home First – South Staffordshire

Inspection report

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Ratings

Overall rating for this service	Good ●
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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 is a short-term enablement service for people living in the South Staffordshire 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 18 people living in their own homes.

People's experience of using this service:

People told us they felt safe. Staff had the knowledge and skills to provide people with safe care and they knew how to protect them from the risk of potential abuse. Risks to people's health and safety were managed. People were supported by sufficient numbers of staff who had been recruited safely. People got their medicines as prescribed. People were protected from the risks of infection. Lessons were learnt when things went wrong.

People received support from staff who had been inducted and trained to ensure they were in receipt of effective care. Staff sought the advice of healthcare professionals when people's health deteriorated. People had sufficient food and drink to meet their nutritional needs.

People and their relatives told us they were supported by staff who were kind and compassionate. Staff spoke with fondness about the people they cared for. Staff understood the importance of protecting people's privacy and dignity. Staff encouraged people to be as independent as possible.

People received care that was responsive to their individual needs. People told us they knew how to complain and would be listened to if they needed to. The provider had a system in place if people needed to complain.

Improvements were needed in the recording of people's care needs. We have made a recommendation for the provider to include more information in people's records. People told us they were happy with the care they received and would recommend the service to others. People told us the care they had received had met their goals of becoming more independent. The provider had an effective system which monitored the care people received and when problems were identified action was taken to ensure lessons were learnt.

Rating at last inspection:

This is the first inspection for this location.

Why we inspected:

This was a scheduled inspection.

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 – South Staffordshire

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. In this case their area of expertise was caring for someone with dementia.

Service and service type:

Home First-South Staffordshire is a short-term enablement service for people living in the local area. The service supports adults who have experienced a period of poor health to maximise or regain their independence and supports people with their personal care needs.

The service had a manager registered with the Care Quality Commission. This means 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 three working days' notice of the inspection site visit because it is small and the manager may often be out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We used the information we held about the service, including statutory notifications, to plan our inspection.

A statutory notification is information about events that by law the registered persons should tell us about; for example, safeguarding concerns, serious injuries, and deaths that have occurred at the service. We also used information the provider sent to us in the Provider Information Return (PIR) to formulate our inspection plan. A PIR is key information we require from providers on an annual basis giving us key information about the service.

We spoke with five people who use the service, two relatives of people who use the service, five members of staff and the registered manager. We also spoke with a health professional who works with the service.

Following the site visit the registered manager and a member of staff sent us information that was not available during the inspection.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person said, "The care is all fine; they are friendly and helpful, and I feel safe."
- Staff were aware of their responsibilities to protect people from the potential risk of abuse. One member of staff said, "We are always watching for any signs of abuse. Every call, every day. We are always watching to check they are safe".
- Staff had received training and knew what to do should they suspect anyone was at risk of abuse.
- The registered manager protected people by making referrals to the local safeguarding authority when they suspected any potential abuse.

Assessing risk, safety monitoring and management

- People told us they felt safe with staff managing their risks. One person said, "I feel very safe with them. I am unsteady, so they always stand nearby which is very reassuring during my personal care".
- Staff were aware of people's risks and what to do to support them. For example, one person had a condition which meant their blood sugars required monitoring. Staff told us what action they had to take should the person's blood sugar levels be too low or too high.
- Risks to people were assessed prior to them starting the service and should they require further support staff signposted them to other professionals.
- Generic risk assessments were in place to manage risks within the environment.

Staffing and recruitment

- There were sufficient staff to meet people's needs. One person said, "I get the same staff come in each time and they always turn up. There has never been a missed call and they are mostly on time".
- The provider operated a safe recruitment system which meant people were supported by staff who were assessed as being suitable to work with them.
- Records we looked at confirmed staff had been recruited safely. These included Disclosure and Barring (DBS) checks, references and documents to check the new member of staff's identity.

Using medicines safely

- Not all people using the service required support with their medicines. People who needed staff to assist with medicines told us staff supported them well. One person said, "They check I have my medication". Relatives were happy with the support family members received. One relative told us, "They deal with the medications reliably and accurately".
- Staff told us they received training to support people with their medicines and that it was thorough.
- We saw audits were completed to ensure people got their medicines as prescribed. Staff told us these

were completed every two weeks in people's homes.

- The provider operated a safe system to ensure people received their prescribed medicine.

Preventing and controlling infection

- Staff were aware of the procedures to follow to minimise the risk of the spread of infection. They told us personal protective equipment (PPE) such as gloves and aprons were available to them when required.

Learning lessons when things go wrong

- The registered manager told us that although there was a system in place to record incidents and accidents, at the time of our inspection no people using the service had had any falls or any other incidents whilst staff were there.
- We saw where errors had occurred, solutions had been found to ensure they didn't reoccur. For example, staff received further training when medicine errors had been identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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

- People told us their care needs were assessed prior to entering the service. One person said, "They do things the way that I like. My assessment was thorough, and they help me with my mobility as well as cooking".
- Because the service provided people with a short intervention of care to improve their independence and confidence, their needs changed daily. This was monitored by staff every day by completing a record of what care staff had provided to help people achieve their goals.
- Staff told us they read the records for the previous day and asked people daily what support they required for that day.

Staff support: induction, training, skills and experience

- People and relatives told us staff were well trained in providing care for them. One person said, "They seem well trained and know what they are doing". A relative said, "They are knowledgeable and have given us lots of tips which have really helped".
- Staff told us they received training on a regular basis which helped them feel confident in their role. One member of staff felt the medication training they had received had given them the confidence to support people better.
- Systems were in place to monitor training and ensure staff had the necessary skills to undertake their role. For example, competency and spot checks were completed.
- Staff received a thorough induction when they started, which involved shadowing more experienced staff.
- All the staff told us they felt supported in their role and had regular meetings to discuss their training or any other needs on a personal basis and regular team meetings with colleagues to keep up to date with any changes that were occurring.

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

- People told us they received support to enable them to become more confident and independent in preparing their own food and drinks. One person said, "They help with cooking and they make sure I eat well".
- Staff told us they support people in line with their own preferences and gave any advice that was needed.
- When people had special dietary needs staff were aware of them and allowed people to make their own choices with regards to food and drink.

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

- The registered manager told us they worked with other professionals when necessary. For example, occupational therapists to help with people's mobility needs.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- The registered manager told us at the time of our inspection the people using the service all had the capacity to make decisions about their care.
- People who used the service told us staff always gained their consent before providing any care. One person said, "They always seek consent and are respectful in their approach. It is excellent care".
- Staff had received training and understood their responsibilities with regards to gaining consent and what to do when people lacked capacity to give their consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We received many positive comments about how kind and considerate staff were when supporting people. One person said, "Without exception the [staff] are all lovely. They are likeable, pleasant and there is never any hurry with me. They always make time for me".
- A relative told us, "There is no sense of rush or hurry and staff are unfailingly polite and kind".
- Staff knew people well and spoke with kindness about the people they cared for.
- Staff told us they had time to spend with people. They explained what people required support with may differ on each day depending on their individual needs.

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

- People told us staff involved them in their care on a daily basis. One relative said, "They involve and encourage [person] really well".
- Staff told us they involved people by asking them to choose what support they required on a daily basis as this may change each day.
- Because the service was only offered for a limited time, reviews were ongoing and adjusted according to people's needs.

Respecting and promoting people's privacy, dignity and independence

- The primary outcome for people who use the service is to be more independent following a short intervention by care staff which people told us they achieved through the excellent support they received.
- Everyone told us how staff respected their privacy and dignity. One person said, "The staff are kind and caring and I like them all. In fact, I look forward to them coming now. I am pretty independent really but they help with things like washing my feet. We always have a nice chat. They are thoughtful when it comes to my privacy and dignity." Another person said, "They are kind and willing to listen too. They make time for us. They are very much considerate about privacy and dignity. Everyone is always polite".
- Staff understood the importance of how to treat people with respect and in a dignified manner and gave us examples of how they did this.

Is the service responsive?

Our findings

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

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

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

- Staff knew people's choices and preferences well which meant people got the care they required to enable them to care for themselves.
- The registered manager told us staff communicated well and fed any changes or updates back to the office when needed to keep all staff updated if a person's needs changed.
- Records we looked at showed people's choices and preferences and what support they required from staff to ensure they achieved their independence goals.
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss have access and can understand information they are given. People told us staff recorded information daily in their homes. We saw one person had been their information in large print.

Improving care quality in response to complaints or concerns

- People told us although they knew how to complain they had not had the need to do so. One person said, "I have never needed to contact the office, but I have the numbers that I may need. I would feel very comfortable in approaching them, but I haven't had to as everything is going well."
- Staff were aware of the complaints procedure and what to do should people wish to complain.
- The service had not received any complaints at the time of our inspection, however we saw there was a system in place should people wish to complain.

End of life care and support

- People using the service did not require support with end of life care, therefore, we did not consider this as part of our inspection.

Is the service well-led?

Our findings

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

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

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

- We found people's care records would benefit from more detailed guidance when risks had been identified. For example, we spoke with one person who told us staff supported them with their mobility. We looked at this person's records and found their initial assessment identified they were at risk of falls. No risk assessment was present in their care records for this.

We recommend the provider includes more detailed guidance for staff to follow where risks to people's health and safety are identified.

- We received numerous positive comments about how the service was run from people who use the service and their relatives. One person said, "There is nothing that I can see that needs to be improved. They all do a very good job. They talk to me and do whatever I need doing on the day. I enjoy them coming. I would happily recommend them as I feel that they all really know their job."
- Staff were supported by the registered manager in their role and felt there was a positive culture within the service.

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

- There was a clear management structure within the service. Staff understood their roles and responsibilities.
- The provider had ensured when necessary the service had met their legal obligations and had notified us of serious injuries, deaths and safeguarding issues.
- Staff were supported by regular supervision to understand their roles and responsibilities in the service and training had been given when needed to ensure people were in receipt of good care.
- The system operated by the provider had ensured people got the care they needed, when they required it.

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

- We saw people were engaged with the service and were given the opportunity to give feedback at the end of their care. A relative told us, "There is a questionnaire in the folder for the end of the visits which I will complete. Overall, they deserve positive feedback and I would totally recommend them".
- Staff told us there were regular meetings for them to attend which kept them up to date with any changes within the service.

Continuous learning and improving care

- We saw staff competencies were continuously checked to ensure they had the skills and knowledge to support people safely.
- Audits that were carried out had highlighted to senior staff where there were any failings in staff knowledge and as a result further training had been offered.
- We saw there was an ongoing learning programme for staff so as they could continuously learn.

Working in partnership with others

- We spoke with one healthcare professional who told us they worked well with the staff in the service and met on a weekly basis to keep updated with people's needs.
- We saw the service engaged with other professionals such as district and diabetic nurses.