Staffordshire & Stoke-on-Trent Partnership NHS Trust

Living Independently Staffordshire - Cannock

Inspection report

Civic Centre Offices, Cannock Chase District Council
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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

We inspected this service on 1, 2 and 3 March 2016. This was an announced inspection and we telephoned the week prior to our inspection in order to arrange home visits and telephone interviews with people. This was the first inspection since registration in October 2013. Living Independently Staffordshire is a short term reablement service for people living in the Cannock and Rugeley area. The service supported people to maximise or regain their independence following a period of illness or hospital admission. Support was usually provided within a person's own home and was available seven days a week between 7am and 10pm. At the time of the inspection 32 people were being supported by the service.

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 2008 and associated regulations about how the service is run.

People told us they felt safe having support from the service. Staff were knowledgeable about the different types of abuse that could occur and described how they would recognise possible abuse or neglect. Staff told us how they would report any incidents or concerns straight away. Staff were confident that any concerns they reported would be acted on. Risks to people's safety had been assessed and staff knew how to support people to reduce any risk of harm. Staff encouraged people to consider how they could reduce risks themselves at home. People we spoke with told us there were enough staff who were given time to meet their needs. The provider had suitable recruitment processes in place and when people needed support with their medicines this was done safely.

Staff had the knowledge and skills required to meet people's needs and promote their independence. Staff knew about the support that people needed and were given the training they needed to carry out their role. Staff gained people's consent prior to assisting them and ensured they were involved in decisions that were made. When needed, people were assisted to maintain a healthy balanced diet and people were encouraged to retain responsibility for their health care needs. Staff were able to support people with therapy plans that had been recommended by other professionals.

Positive caring relationships were developed with people who used the service and people's dignity was promoted and privacy respected. People were actively involved with their support and given choices about their care.

People were involved in making decisions about their support and their situation was reviewed regularly so their needs were met and goals achieved. People received support that was individual to them and their support plans reflected how they liked to receive their care. Concerns and complaints were responded to and people were encouraged to raise any issues.

People who used the service, staff and other professionals were positive about the leadership and

management in place. There were systems in place to monitor the quality of the service and feed information back to the people who used it and the staff.

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.

People felt safe with the staff who visited them and the support made them feel safer at home. Staff understood how to protect people from avoidable harm and abuse. Risks were managed and staff knew how to work safely. There were sufficient staff to meet people's needs and keep them safe. The provider had safe recruitment practices. When people needed support with their medicines, this was managed safely.

Is the service effective?

Good

The Service was effective.

Staff had the knowledge and skills required to meet people's needs and promote their independence. Staff knew about the support that people needed and had training and support to enable them to carry out their roles effectively. Staff sought people's consent when providing support and were aware of what to do if people couldn't make decisions for themselves. People were supported to maintain a balanced diet and were enabled to meet their health care needs.

Is the service caring?

Good

The service was caring.

Positive caring relationships were developed with people who used the service. People were involved with making decisions about their support. People's privacy and dignity was respected and their independence promoted.

Is the service responsive?

Good

The service was responsive.

People were involved in making decisions about their support and had been included in their support plans. People received support that was individual to them and reflected their needs. People were encouraged to raise any concerns or complaints and we saw that these were responded to.

Is the service well-led?

Good

The service was well led.

People who used the service, staff and other professionals were positive about the leadership and management in place. Systems were in place to assess and monitor the quality of care and to drive improvement. People who used the service were asked for their feedback and staff understood their role.

Living Independently Staffordshire - Cannock

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 is 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.

This inspection took place on 1, 2 and 3 March 2016 and was announced. The provider was given seven days' notice because the location provides a domiciliary care service, and we needed to be sure that people who used the service and staff were available to speak with us. At the time of our inspection 32 people were using the service.

The inspection team consisted of 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. Their area of expertise was caring for older people. The expert by experience did not attend the office base of the service, but spoke with people who used the service by telephone.

We used a range of different methods to help us understand people's experience of the service. We visited five people in their homes, and saw two relatives. We spoke with five people and two relatives by telephone. We sent out questionnaires to people who used the service and staff and used this information to make a judgement about the service. We spoke with five members of care staff, one co-ordinator, the registered manager, and received feedback from two community professionals who knew the service. We also observed the care and support that people received in their homes.

We looked at five people's care records to see if they were accurate and up to date. We also looked at records relating to the management of the service including two staff files to see how staff were recruited. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

We reviewed information we held about the service. This included statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required by law to send to us. We looked at the provider information return (PIR) which had been sent to us. This is a form that asks the provider to give some key information about the service; what they do well and improvements they plan to make. We also reviewed information the local authority had about this service.

Good

Is the service safe?

Our findings

People told us they felt safe having support from the service. One person said, "I feel safe with the staff." Another person told us, "I feel really secure when the support workers help me." People told us that the staff ensured that their homes were safe and secure. One person said, "They are always very careful about keeping me safe and will lock the doors when they leave." Some people had entry codes or key safe boxes to enable people to access their property if they were unable to answer the door. We saw that this information was kept securely and staff knew that the information had to be kept separate from people's addresses. This showed that the staff were aware of the potential risks if this information fell into the wrong hands. People told us that receiving the service had made them feel safer at home. One person said, "I feel safer with the support. It's given me the confidence to be at home." Another person told us, "When I first came home it was good to have someone coming in. It made me feel safe."

Staff were knowledgeable about the different types of abuse that could occur and described how they would recognise possible abuse or neglect. Staff told us how they would report any incidents or concerns straight away. One staff member told us, "I wouldn't keep any concerns to myself. Even small things; it's like a jigsaw – the little pieces of information can add up to a bigger picture." Staff told us they were encouraged to report any concerns directly so the information was 'first hand' rather than through someone else. Staff were confident that any concerns they reported would be acted on. Staff knew who to report concerns to and had contact numbers readily available. Staff were aware of the whistle blowing policy and said they would be confident to use it. One staff member told us, "That's when you see something you don't agree with and know you can report it without fear of retribution." Another member of staff said, "You've got to report things at the end of the day. It wouldn't be a nice thing to do, but you've got to think of people's safety."

Risks to people's safety had been assessed and staff knew how to support people to reduce any risk of harm. One staff member said, "We can see if someone isn't safe. We'll then contact the occupational therapist or physiotherapist and ask them to come out to re-assess the person's mobility and how safe they are." We observed staff assist people to transfer safely using a frame. One member of staff told us, "We have training to ensure that we help people transfer safely." Another said, "People can have quite a lot of equipment to start with, so we follow the information that is recorded in the support plan to make sure we do things safely." We saw that there were a variety of risk assessments in people's care files. Staff were aware of these and we observed them following the recommendations to minimise risks.

Staff encouraged people to consider how they could reduce risks themselves at home. One person told us, "They arranged for the fire service to do a safety check in my home. Everything was okay, but it was reassuring." We observed staff ask people if they had considered having a pendant alarm and then offered to make enquiries about this for the person. This meant that people would have a way of alerting others that they needed help when on their own and not able to get to the telephone.

We found that risks were managed not just for people who used the service, but for the staff as well. One staff member said, "I didn't want to go to one call on my own, and so the risks were looked at and I then had

a colleague go with me until I was safely in the property. The manager addressed this and this led to security lighting being fitted." Staff told us about the lone working policy that was in place and the arrangements that were made to keep them safe when working on their own. They told us they would contact the out of hours co-ordinator to inform them that they had finished their calls safely.

People we spoke with told us there were enough staff to meet their needs. One person said, "The regular support worker told me that they were not available for a couple of days. They told me who would be coming instead and it's all worked out." Another told us, "If anything, I've had extra calls rather than missed ones. They always spend the allotted time with me." One relative said, "At first they needed to have two people to support them, but as they've got stronger, they just need the one person." Another relative told us, "The staff always have plenty of time to offer support. They don't just rush in and rush out." People told us that staff were usually on time and that if the staff member was running late, they would be contacted. One staff member said, "If we arrive at a call and they need more time than has been given, we'll ring the co-ordinator to explain, and stay as long as we're needed. You can't rush people. This can mean we're late but people are usually okay with this and understand." This demonstrated that there were sufficient staff within the service to meet people's needs and keep them safe.

The provider checked staff's suitability to deliver personal care before they started working at the service. Staff told us they were unable to start work until all the required checks had been carried out. We looked at the recruitment checks for two new staff members. We saw that checks with the disclosure and barring service (DBS) had been completed. The DBS is a national agency that keeps records of criminal convictions. We also saw that references had been taken out and people's identity had been verified. This showed that the provider had suitable recruitment processes in place.

We looked at how staff supported people to take their medicines. Some people we spoke with managed their medicines themselves or a relative helped them with this. Others needed the staff to support them to have their medicines. One person told us, "They sit with me and they won't leave until I've taken my medication." One relative said, "The staff make sure they take their tablets and complete the medicines administration record (MAR) in the book." One staff member told us, "We always check that the medicines have the correct labels before we can help people have them. They must state the actual prescribed doses. Sometimes this can cause a bit if a delay as the hospitals don't always label medicines in the way that we need." The registered manager told us that staff would bring the MAR sheets into the office each month and the co-ordinators would complete an audit to check that there were no omissions. Staff knew that any errors had to be reported straight away and there was a process that would then have to be followed. The registered manager told us about the new standard operating procedure that was being introduced and that all staff were booked in to receive training about this so it could be implemented. This would assess staff competencies to administer medicines safely.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills required to meet people's needs and promote their independence. One person said, "The carers know what they are doing." Another told us, "I don't have to instruct them, they are all well informed about what they need to do." One relative said, "They will explain things and I feel they know what they are doing. I'm confident they have the skills to look after [person who used the service]." One professional we spoke with told us, "The occupational therapists and physiotherapists train all the staff to ensure they still have the enablement ethos; doing with people, not for people." Another professional said, "The staff are all well trained; they are able to put recommendations into practice and will follow the therapy plans in place."

Staff knew about the support that people needed. One staff member said, "Each person will have a first visit where we complete the paperwork; each person has a support plan which is individual to them, and sets out what help they need." Staff told us they had to be trained to carry out this initial visit and complete the support plans. Another told us, "We have to read the support plan each time as the help people need can change as they get more independent and their confidence increases."
People we spoke with told us that the support they received had helped them become more independent. One person said, "Having this service has given me reassurance." Another told us, "My goal is to get around safely." One staff member said, "One person was really frightened to walk on their own after a fall. So at each visit I would encourage them to have a short walk in their home. After a short while, they then wanted to walk more."

Staff told us about the training and support they received that enabled them to carry out their role effectively. One staff member said, "Since moving over to the trust I've had more training, and my knowledge has increased. I feel I have come on a lot." Another told us, "I requested to do my 'first visit' training, and now that's happening next week." Staff told us about the induction training they received when they started their job and how they received regular supervision sessions from the co-ordinators. One staff member said, "I find my supervisions useful. We talk about the service users, how I'm getting on and if I need any training." The registered manager said, "We check every year to make sure the staff's skills are up to date. Through our supervisions and appraisals we can check they are confident to put any learning into practice."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 people lack the capacity to make 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 is legally authorised under the MCA. The registered manager confirmed that none of the people they supported lacked the capacity to make their own decisions about the care and support they received.

We checked whether the provider was working within the principles of the MCA and if staff understood the implications of this. One person told us, "They always ask if it's okay to come in and get my permission." One

member of staff told us, "I always get consent from people before I go into their home. I check that this is still valid. People can change their minds; they may want to answer the door rather than me use the key safe." Another said, "I will always get permission from people before I help them with anything. I always speak with the person to check that it's okay to help them with their personal care. They may want me to do certain parts of their body but not others." Staff were aware that some people needed support to make a decision. One staff member told us, "When you make decisions that is in people's best interests, you should involve people who know them well and other professionals." Another said, "You can't assume that just because someone's got dementia they can't make a decision. Everyone should be able to make a choice where they can."

Some people needed support to prepare their meals. We observed staff encourage people to do as much as they could for themselves to increase their independence. One person told us, "They were preparing my tea and making drinks, but now I can do most of it for myself." People made their own arrangements regarding their shopping and food choices. People were encouraged to maintain a balanced diet. One staff member said, "If I had any concerns about how someone was eating, I would let the co-ordinator know straight away." Another told us, "If people are not able to become independent with their meals, then the social worker would arrange for a maintenance package to take over from us once our service has finished."

People were encouraged to retain responsibility for maintaining their health. One person told us, "The nurse comes in to see me regularly and the physiotherapist as well." We saw that people's health care needs were monitored and they were supported when needed. One person said, "I wasn't well and they were so kind; they stopped with me until the doctor arrived and made sure everything was okay." One staff member asked how the person who used the service was getting on with the help from the nurse and if things were improving. Another staff member said, "I have been helping out with the exercises that the physiotherapist put in place. We do this together. It's been good to see how [the person who used the service] has improved over the weeks." People's health care needs were recorded in their support plans and we saw that any changes were documented so that staff had up to date information available.

Good

Is the service caring?

Our findings

People told us and we saw that positive caring relationships were developed with people who used the service. One person said, "They are all caring and treat me with kindness. That's so important as they are coming into my own home." Another told us, "They are all lovely and treat me well." One relative told us, "[the person who used the service] has said how much they enjoy having 'the ladies' coming in and that they will have a chat and a bit of a laugh together." We observed people being treated with kindness and compassion and staff listened patiently to people who used the service. One person said, "I was quite wary about having help to start with; I didn't know what they would be like. But I can't fault them in any way." One person had written to the provider and said 'I would not be where I am if it wasn't for the care I've received'.

We saw that people were actively involved with their support and given choices about their care. One person told us, "I decided to cancel the evening call myself as I could manage on my own." Another said, "They have always given me choices and haven't made me do things if I feel I can't manage it. But they have shown me that I can do things for myself and I've got my confidence back to push myself even further." People had information in their files about advocacy services they could use if they needed someone else to speak up on their behalf. An advocate is an independent person who will ensure that the person's views are heard and listened to.

We found that people's dignity was respected. People were addressed in the way they wanted and staff knew when people had an alternative name they preferred to be known by. People told us that their independence was promoted. One person said, "I want to get back to doing things for myself, and this support is helping me to do that." Another told us, "I've got my confidence back now. There's no more they could do; they've given me the extra push that I needed." People told us and we saw that their privacy was promoted. One person said, "They will always shut the bathroom door when they help me." One staff member said, "I always think 'if this was my mum, how would they like things done'. So things like putting a towel around their waist when we're in the bathroom are really important." We observed staff knocking on the front door before they entered, even if they had a key to access the property. This ensured people's privacy was respected and maintained.

Good

Is the service responsive?

Our findings

People told us they were involved in making decisions about their support. One person said, "They talked me through the care plan before the support started, and they also involved my relative who helped a lot with the questions." Another told us, "After the doctor had referred me, they came to visit to explain about the service and what they do." Another person told us how the support was coming to an end as they now felt able to manage on their own. One relative told us, "They have explained things to us throughout; they've been brilliant. The calls have now gone down from four a day to three." Another said, "They engage with [person who used the service] and explain what they are doing and then do it together. If they are finding something difficult, then they work together to find another way." One staff member told us, "It's got to be about people's own choices, what they prefer and looking at their own routines."

People's progress was reviewed each week in a feedback meeting. One staff member said, "We get together with the social workers, occupational therapists and physiotherapists to discuss how people are progressing." When people were assessed as needing further ongoing support, we were told how a review meeting would happen with the new provider who would be taking over. One staff member said, "We always introduce the new people and will discuss who will be coming in and when. People will then confirm just what help they need."

We saw that people had been involved with their support plans and had signed them. One person said, "I know that this is my care file, it's got all the information about me. The staff will sit with me and write in it each day about the help I've had." We looked at the care records with four people who used the service and found that they were up to date and information had been completed after each visit. This meant that the staff had relevant information about the person when they visited. We saw that people had given their agreement to receive the support and this was in their file.

People received support that was individual to them and their support plans reflected how they liked to receive their care. One staff member said, "The 'first visit' paperwork is really important; it's when we sit with the person and decide exactly what their support should be. Even though we get information from the hospital beforehand, people can be very different when they're actually back in their own home, so we need to make sure it's right." Another told us, "Everyone is different. Some people need more time to get used to being back home; other people just go for it. We have to take each person as an individual and adjust our support to them."

We saw that people's concerns and complaints were responded to and people were encouraged to raise any issues. During one of our home visits a person raised an issue with the staff member who visited. They then offered to report this to the registered manager. When we spent time with the registered manager, we saw that this issue had been recorded and dealt with and feedback had been given to the person. This had been resolved to the satisfaction of the person who used the service. The registered manager explained how a reflective log was always completed so that staff would learn from any incidents to improve their practice. People told us they knew how to raise any complaints. One person said, "If I had any concerns or faults to raise, I'd say so straight away. But I haven't had to as everything is fine." We saw that people had a copy of

the complaints leaflet in their care files which detailed how any concerns or complaints could be shared and how they would be dealt with.

Good

Is the service well-led?

Our findings

People who used the service, staff and other professionals were positive about the leadership and management in place. People spoke positively about the registered manager. One person said, "I've spoken with the manager; she's lovely." Another said, "I wouldn't hesitate to contact the co-ordinators if I needed anything." One community professional told us, "The manager is very good as she empowers the staff to get on with their jobs. She's a good leader who gives staff autonomy and lets them be the best they can." One member of staff said, "The manager and co-ordinators are all very competent and approachable. I've found them very supportive." We read some feedback from a community professional in the PIR which said, 'The service is extremely well managed and the registered manager is always approachable, kind and listens and acts upon any concerns.'

As part of the Staffordshire and Stoke on Trent Partnership NHS Trust (the provider), the registered manager told us how they worked towards achieving the '6 C's' compassion, caring, competence, courageous, commitment and communication; these are the core values of the trust for all staff. We saw that they had been nominated for the '6 C's Challenge Award' by staff within the trust. We saw that staff had been identified to be 'champions' in various areas including dignity in care, medicines, and the standards that we monitor. These staff would then support others in the team to provide a good service to people and maintain high standards.

We reviewed the quality assurance systems that were in place and saw how these were linked to our fundamental standards. We saw there were various audits which were completed by the registered manager and the co-ordinators. There were actions and outcomes recorded for each. The registered manager told us how they would look at any trends and themes each month and that there were effective tools in place to drive continuous improvement. One staff member told us, "We looked at how the rota's were written and realised that by making a small change to the layout the risk of missing calls would be greatly reduced. It's worked well. And all the co-ordinators double check the rotas to ensure there aren't any mistakes." We saw how staff would reflect on any incidents that occurred to ensure that people learnt from these. We saw there was a regular newsletter sent out to staff to ensure that they were kept up to date with any new developments. Staff performance was also monitored by the registered manager and co-ordinators who would conduct competency visits in people's homes.

People who used the service were sent surveys so they could give their views on the support they received. This was done half way through their enablement package and at the end of it. We read some of the feedback which included the following comment; 'I would not be where I am if it wasn't for the care I've received.' Another person's relative told us, "Without this support I'm sure that [person who used the service] would have had to go into a nursing home."

Staff spoke positively about working for Living Independently Staffordshire and understood their role to promote people's independence. One member of staff told us, "I love my job. I enjoy coming out to work. There's a good staff team and good management." Another said, "The job is so rewarding. You see people who've been in hospital for a long time and lost their confidence. Then after time you see them become

independent. That to me is a job done well."