North Lincolnshire Council

North Lincolnshire Council Home First Residential

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

North Lincolnshire Council Home First Residential is a rehabilitation and re-ablement service registered to provide personal care for up to 30 people. The service is located on one floor and shares the building with community services. The service aims to facilitate timely discharges from hospital and supports people to return home. In order to do this, people who use the service receive support from on-site nurses, occupational therapists, physiotherapists and the social work team. They are supported to improve their independence through regaining skills and abilities. On average, people who use the service stay for 14 days. At the time of our inspection, 29 people were using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to be protected from harm and abuse and risks to people safety were managed whilst respecting their freedom. People received their medicines as prescribed and systems were in place to prevent the spread of infection. The environment was clean, comfortable and aided people's rehabilitation. Lessons were learned from accidents and incidents. Staffing levels and recruitment processes remained safe.

Staff had the skills and knowledge to meet people's needs and support them to achieve positive outcomes. Training needs were identified through appraisals and supervision which, was used to embed learning. People's dietary needs were met and they were supported to access health services in a timely manner. Staff sought consent from people.

People were supported by staff who showed kindness, respect and compassion and built positive relationships with people in a short amount of time. Equality and diversity was considered and people were included in decisions, care planning and activities. Staff maintained people's privacy, dignity and confidentiality whilst promoting their independence.

Staff were responsive to people's changing health needs and ensured care plans were reviewed and updated accordingly. People were included in activities that reduced isolation and aided their rehabilitation. People were respected as individuals and support was available to ensure people had pain-free and dignified deaths. A policy was in place to provide information in line with the accessible information standards (AIS). Complaints were responded to in line with the providers policy.

The registered manager led by example and promoted an open, honest and inclusive culture. People and staff were included in the development of the service. The service worked closely with other organisations and was integrated within the local community.

Audits were completed but had not identified or addressed all shortfalls in quality. Policies were in place but now always followed. We have made a recommendation about this.

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.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service has deteriorated to Requires Improvement.	**Requires Improvement**

North Lincolnshire Council Home First Residential

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.

The inspection was a comprehensive inspection and took place on 27 and 28 September 2018. The inspection was unannounced on the first day and was announced on the second day. The inspection was completed by one adult social care inspector.

We looked at information we held about the provider and the service, this included statutory notifications. Statutory notifications include information about important events, which the provider is required to send us. We used this information to help us plan this inspection.

We contacted Healthwatch and used their feedback to aid the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used information provider sent us in the Provider Information Return. 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 the registered manager, four staff, a chef, two social care professionals and one health care professional. We received feedback from six people who used the service and five relatives.

We looked at a four care plans, six medicine records, daily records and monitoring charts. During the

inspection we completed observations. We also looked at information regarding the running of the service which included staff recruitment, induction and training. We looked at staff rotas, policies and procedures, audits and feedback the service received.

After the inspection we contacted the local safeguarding team and used their feedback to aid the inspection.

Good

Is the service safe?

Our findings

At the last inspection, we rated this key question as good. At this inspection, we found it remained good. People continued to be kept safe from harm and abuse through the management of risks, safeguarding processes and staffing levels.

People continued to be protected from harm, abuse and discrimination. Staff had the skills and knowledge to identify and report concerns using the provider's safeguarding policy and procedure. Staff understood the whistleblowing policy.

Risks to people's safety were identified and management strategies were put in place, whilst maintaining people's freedom. For example, some people used a mobility scooter to access the local community independently, once a risk assessment had been completed.

People received their medicines as prescribed. A relative said, "Staff manage medicines in a safe manner and record administered medicines." Staff received training in medicines management. Care plans and risk assessments were in place, however protocols for 'when required' medicines were not always in place. We spoke with staff who understood how to safely determine 'when required' medicines should be administered and at what dose. We saw not all Medication Administration Records (MARs) had been written in accordance with the provider's policy. We raised this with the registered manager who advised they would review this.

People were protected from the spread of infection. Staff we spoke with used Personal Protective Equipment (PPE) and understood how to prevent the spread of infection. We saw the service was clean, tidy and smelled pleasant. One person told us, "The rooms are kept clean and comfortable. I haven't got any complaints about the cleanliness." The environment and equipment was appropriately maintained and plans were in place in the event of an emergency.

At the last inspection, we found that processes were in place to monitor and analyse accidents and incidents. These processes remained in place and enabled staff to learn from them.

The provider's recruitment policy and procedure continued to ensure relevant pre-employment checks were completed to make sure only suitable staff were employed. Staffing levels were appropriate to meet people's needs in a timely way.

Good

Is the service effective?

Our findings

At the last inspection, we rated this key question as good. At this inspection, we found it remained good. The service continued to assess people's needs and provide effective care to enable people to achieve their chosen outcomes.

People's needs were assessed, reviewed and people achieved positive outcomes. People were supported to set goals, these were recorded on the 'Outcome Flower' and reviewed so people could see the progress they had made. One person told us, "When I first came here I couldn't put pressure on my leg, but now I am up and walking about." A member of staff told us, "The best thing for me about this job, is when people come in and need hoisting and then they walk out with minimal support."

People were supported to eat a varied healthy diet of their choice. People were included in devising menus. Systems were in place to support kitchen staff with meeting people's dietary requirements. A member of staff said, "One person required a halal diet. In preparation we met with their family and talked about where they bought their food from. We then purchased their food from the same shop. It was stored separately and their family was happy with the plans we put in place."

People were supported to lead healthier lives. A mantra of 'get up, get dressed, get moving' was used to encourage people to be active as part of their rehabilitation. The building design and layout enabled staff to work closely with on-site health care services and those in the local community, this helped people achieve positive outcomes. Processes were in place to ensure effective communication between staff and people using the service.

Staff had the skills and knowledge to meet people's needs. A relative said, "Staff are very competent." Staff completed an induction and received refresher training. Learning and best practice was embedded through supervision and appraisals which also helped identify further training needs.

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. Staff sought consent from people. Care plans documented decisions were made in line with the MCA.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of DoLS but at the time of the inspection they had not needed to make any applications.

Good

Is the service caring?

Our findings

At the last inspection, we rated the service as good. At this inspection, we found it remained good. The service continued to treat people with kindness, respect and compassion.

People spoke highly of the staff and their caring, affectionate approach. People told us, "They're absolutely wonderful" and "I could not wish for better staff helping me." Another person said, "Staff are lovely, cheerful, helpful and kind. Nothing is too much trouble for them." Relatives told us, "Staff are very friendly but also professional" and, "All staff are friendly, approachable and always willing to help."

Staff wanted the best for people and were committed to supporting them. A member of staff told us, "We're very passionate. We want the best for the people that we're helping and doing that gives us job satisfaction." We observed staff talking, joking and laughing with people and hugged people to show affection. One person told us staff had a pet name for them which they enjoyed. We saw people had completed feedback forms about their experience of the service and overall they were very positive about staff.

Staff encouraged people to be independent and promoted rehabilitation. One person told us, "Staff encourage me to walk, but when I can't they will help me." A relative told us, "Staff try to encourage [Person's name] to do things on their own but support them when needed." We observed staff encouraging people and when support was needed, staff explained what they were doing. One example included asking someone if it was ok to move them in their wheelchair, so another person could participate in the exercise class.

Staff maintained people's privacy, dignity and confidentiality and fully included them in their care. People told us, "Staff could not be more discreet" and, "They make sure the door is shut when they are helping you and when you are getting washed and dressed they cover you with towels". Social care professionals told us staff maintained people's confidentiality and they never heard staff talking about people on the corridors. Staff we spoke with all had a good understanding how they included people in all aspects of their care from admission to discharge.

Staff had a positive approach to equality and diversity and had supported someone to communicate in their preferred language. Staff used a range of tools such as pictures, gestures and translation services, to aid communication with people. We saw staff treated people equally regardless of their age, gender, race, disability or background.

Good

Is the service responsive?

Our findings

At the last inspection, we rated this key question as good. At this inspection, we found it remained good. The service continued to provide person-centred care that was responsive to the changes in people's needs.

People received care that was individual to them and accounted for their routines, preferences and choices. A relative said, "Staff respect their personal ways and individuality." Care plans were person-centred and documented what people were independent with and the support they required from staff. Staff worked closely with other rehabilitation professionals, reviewing and updating care plans when necessary. During the inspection, we observed people being offered choices regarding meals, drinks and activities.

Activities that reduced isolation, promoted people's rehabilitation and independence were available. Activities included using the computer, baking, exercise classes, crafts and participating in special events. These included buffets for the royal weddings, religious festivals and cultural events that celebrated diversity such as Pride (a celebration of lesbian, gay, bisexual and transgender culture).

Staff had completed training for end of life care and worked to ensure people had a pain-free and dignified death. Staff recognised people's health could change quickly and said, "We are observant, if people's health deteriorates we make sure they have the right support." The registered manager told us, "If people required end of life care, we would work proactively in partnership with families, and our integrated colleagues to ensure a person's wishes and needs were fully supported."

The service had received two complaints, one related to staff having inappropriate conversations about a person and the other was about lack of rehabilitation support. These were addressed in line with the provider's policy and procedure. When concerns were identified, we saw the provider had taken appropriate action to address these.

The provider had a policy and procedure in place to provide information to people in a way they could understand. This was in accordance with the Accessible Information Standards (AIS).

Requires Improvement

Is the service well-led?

Our findings

At the last inspection, we rated this key question as good. At this inspection, we found that it requires improvement.

There was a registered manager in place at the time of inspection. 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. The registered manager understood their role and continued to meet the registration requirements.

Audits were completed; however, they were inconsistent and did not always identify shortfalls in quality or confirm when problems had been resolved. Audits of care files did not always contain dates, who was responsible for addressing the shortfall and when it was resolved.

The provider had a policy in place regarding medicines, despite this, we saw this was not always followed. Hand written Medication Administration Records (MARs) required two staff signatures. However, we found several MARs which had only been signed by one member of staff. This meant any errors could not be identified and there was a risk that people's medicines may not be administered as prescribed. Audits had not identified this issue. We raised this with the registered manager.

We recommend the provider seek guidance from a reputable source and review their audit processes.

The registered manager led by example and had a pro-active approach to challenging discrimination and promoting equality. In order to access the service, people had to meet set criteria. One person experienced discrimination due to their circumstances and was unable to access the service. The registered manager challenged this and ensured the person had equal access to the service; just like other members of the local community.

There was an open and honest culture and the duty of candour was upheld. Staff told us the registered manager was honest, acknowledged and then sorted problems. We saw people had received apologies when there was a shortfall in the standard of their care.

People and staff continued to be included in the development of the service. People and staff were invited to meetings. The registered manager regularly spoke with people about their experience of the service and they had the opportunity to leave feedback. This was analysed to identify how to improve the service. The provider was recognised for their positive working practices in the service and had been invited to a parliamentary review, to share best practice.

The service continued to work closely with other organisations and voluntary agencies. Health and social care professionals were integrated in the service which enabled effective communication and partnership working.