

Blackburn with Darwen Borough Council

Home First Service

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?	Good ●

Summary of findings

Overall summary

About the service:

Home First Service is registered to provide personal care to people in their own homes. The service was designed to allow people leaving hospital with additional needs to have the opportunity of an assessment in their own home before longer term decisions were made. People used the service for approximately two weeks. The staff team was multi-professional and included therapists, social workers and care workers. At the time of the inspection, eight people were using the service.

The service had moved location in April 2019.

People's experience of using the service:

People told us they felt safe and staff were kind and caring. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. The provider operated an effective recruitment procedure to ensure prospective staff were suitable to work for the service. The staff carried out risk assessments to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection.

People received their medicines safely and were supported to eat and drink in accordance with their care plan.

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. A trusted assessor assessed people's needs before they left hospital and the assessment was continued on their return home. The trusted assessor approach is designed to promote safe and timely discharges from NHS Trusts to adult social care services.

The provider had appropriate arrangements to ensure all staff received training relevant to their role. New staff completed an induction training programme. Staff were invited to participate in one to one and group meetings. All staff felt well supported and they were complimentary about the approach of the management team.

People and their relatives consistently told us staff were caring and always showed kindness and compassion. All people had an initial care plan, which the registered manager and staff team intended to develop to ensure there was more detail about people's preferences. A social worker developed a comprehensive care plan usually within three days of people receiving a service. People and where appropriate their relatives had been consulted about their care needs and had been involved in the care planning process. Staff worked in respectful ways to maintain people's privacy and dignity. Staff were motivated and demonstrated a clear commitment to providing dignified and compassionate support.

People were aware of how they could raise a complaint or concern if they needed to and had access to a complaints procedure.

The registered manager demonstrated a strong and supportive leadership style. She led by example and promoted a culture of team work and inclusion for all. Staff felt valued and were proud to work for the service. The registered manager had established robust quality assurance systems and used feedback to make improvements to the service.

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

Rating at last inspection:

This was the first inspection of the service.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow-up:

We will continue to monitor the service to ensure that people receive safe and high- quality care and re-inspect in line with the rating for the service. We may inspect sooner if we receive information of concern.

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 Service

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 adult care inspector.

Service and service type:

Home First Service is a domiciliary care agency. Not everyone using the service receives a regulated activity. The Care Quality Commission (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 two working days' notice of the inspection. This is because we needed to ensure the registered manager was available in the office.

What we did:

Before the inspection, we reviewed the information we held about the service such as notifications. These are events that happen in the service the provider is required to tell us about by law. We used our planning tool to collate and analyse the information before we inspected.

We did not ask the provider to complete a Provider Information Return. This is a form that asks the provider 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 two people currently receiving a service, five people who had recently used the service and three relatives over the telephone. At the agency's office, we spoke with the two team co-ordinators, two review and assessment officers, three support staff, the registered manager and the provider's representative. We also looked at three people's care records including care plans, risk assessments and medicines records, two staff files, the staff training records and records relating to the management of the service.

Following the inspection, the registered manager sent us an action plan and further information about the service.

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

- The provider had taken suitable steps to ensure staff knew how to keep people safe and to protect them from discrimination. This included access to appropriate training and to policies and procedures. People told us they felt safe and were happy with the care and support they received. One person told us, "I felt absolutely safe with them, there is no two ways about it. They were there for me all time".
- Relatives spoken with had no concerns about the safety of their family members. One relative said, "I think they are all excellent. They are gentle, kind and very patient."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- All staff had received training in safeguarding vulnerable adults and refreshed their knowledge and skills on a regular basis.

Assessing risk, safety monitoring and management

- Staff assessed, monitored and managed risks to keep people safe. A review and assessment officer and a therapist assessed risks to people's health, safety and well-being on their return home from hospital. The risk assessments included information about the nature of the risks and how staff should support people.
- Staff also had access to the risk assessments carried out by the trusted assessor based at the hospital.
- The registered manager had carried out service level risk assessments. The assessments covered areas such as lone working, the use of equipment and manual handling.
- The registered manager and staff reviewed all risk assessments at regular intervals.
- Following the inspection, the registered manager sent us information to explain a new, 'My safety plan' was due to be developed to replace the risk assessment documentation.

Staffing and recruitment

- People told us they received care from the same team of staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences.
- People and relatives said staff were punctual and they had never missed a visit. One person told us, "They arrived perfectly on time every time and did everything just right."
- The review and assessment officers devised the staff rotas to ensure the planned visits were flexible and in line with people's preferences. On looking at the staff rotas, we saw staff had sufficient travelling time and the necessary amount of time to spend with people. Support staff were also given time to attend meetings and complete training.
- At the time of our inspection, the provider was considering various systems to monitor the visits to people's homes. As an interim measure, the registered manager implemented a system whereby staff logged their call times by sending text messages or making a telephone call.

- The provider followed safe recruitment systems and processes. We looked at two staff recruitment files and found appropriate checks were carried out prior to employment.

Using medicines safely

- People's independence to manage their own medicines was maintained if safe to do so. Any changes to this was done with people's full consent and a risk assessment.
- Staff followed safe processes for the management of people's medicines and had access to a full set of medicines policies and procedures. They had received appropriate training and checks on their practice had been carried out.
- Staff completed medicine records accurately. However, we noted there were no written instructions for one person's medicine prescribed 'as necessary'. The registered manager immediately reminded staff of the importance of obtaining written instructions from the prescriber or pharmacist.
- The management team checked all medicines records when they were returned to the office. Any shortfalls were recorded on an incident form and an alert was sent the registered manager. This approach ensured appropriate action was taken.

Preventing and controlling infection

- The provider had systems to help prevent and control the spread of infection and staff had received training in this area.
- Staff were provided with personal protective equipment, including gloves, aprons and hand gels. People confirmed staff used the equipment when providing personal care.
- Staff had access to an infection prevention and control policy and procedure.

Learning lessons when things go wrong

- The provider had systems in place to learn lessons and improve the service when things went wrong.
- The staff completed records in relation to any accidents, incidents or near misses that had occurred at the service. The management team checked the records to make sure any action was effective and to see if any changes could be made to reduce the risk of incidents happening again. Any lessons learnt were cascaded to staff as necessary.

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.

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

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection. We checked whether the service was working within the principles of the MCA.

- We found staff had received training and understood the relevant requirements of the MCA. Staff said they always asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. One staff member said, "I always ask people what they would like me to do because every day is different for them." This approach was reflected in people's comments. One person told us, "They always ask me if want any help, before they do anything."
- People's capacity to make decisions was considered as part of the initial assessment. A social worker carried out an assessment of people's capacity if it was thought they may lack the capacity to make decisions about their care. We saw the best interest decision making process was followed where necessary and appropriate documentation completed.
- There were no restrictions placed on people's liberty.
- We saw people had signed their care plan to indicate their agreement to the care provided. They had also signed consent forms in respect to the management of their medicines and the sharing of information.

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

- A trusted assessor completed an assessment of people's needs before they were discharged from hospital. A review and assessment officer, along with a therapist, continued the assessment on the person's return home. One person told us, "They arrived before I got home, and they gave me all the time I needed to explain my situation. I was impressed by their organisation and consideration."
- The staff used the assessment documentation to formulate a written plan of care which was updated as the staff learnt more about the person.
- People told us the assessment process was thorough and confirmed they had the opportunity to discuss their needs and how they wished their service to be delivered.

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

- People were supported with their healthcare needs and staff had strong supportive relationships with other agencies to provide an integrated service. The Home First Service was based in an office, which also served as a base for other professional staff employed by Blackburn with Darwen Council and the NHS. This meant the registered manager and staff had ready access to specialist advice and assistance as necessary to meet people's needs in a timely and effective way.
- People's physical and mental healthcare needs were documented within their care plan. This helped staff to recognise any signs of deteriorating health.
- Staff had a good understanding of people's medical conditions. One person told us, "I was absolutely amazed at the carers' knowledge and how well they understood my condition."

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

- People were supported to eat and drink in line with their care plan. People told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. One person said, "They asked me what I wanted at every meal time and did very well with the cooking."
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training. People and relatives felt staff were competent and well trained. One person said, "The staff are excellent and do a good job in everything they do."
- Staff felt they were provided with a good range of training, enabling them to fulfil their roles. They told us their training needs were discussed on an ongoing basis and they were encouraged to expand their knowledge and expertise.
- The registered manager monitored staff training to ensure all staff completed their training in a timely manner.
- The provider had arrangements in place to provide all new staff with a structured induction programme, which included a period of shadowing experienced members of staff.
- Staff were provided with regular support by means of one to one and group meetings. The meetings provided them with the opportunity to discuss their responsibilities, any concerns and to develop their role and the service. The registered manager explained she planned to develop the one to one meeting to enable staff to reflect on their practice. This will be known as, 'My space'.
- The registered manager placed significant emphasis on nurturing staff well-being and development. All staff were complementary about the support they received from the registered manager and the management team. One staff member told us, "The [registered manager] is very approachable, we can talk to her about any anything. It's a great team to work for. If we have any problems we solve them together."

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's rights were actively promoted, and person-centred care was delivered. All people and relatives expressed satisfaction with the care provided and made complimentary comments about the staff team. One person said, "All the carers are first class. I couldn't have managed without them. They are all polite, courteous and friendly." And a relative told us, "I think they do a great job caring for [family member]. It's been a difficult time for us and they have all been magnificent."
- The registered manager promoted and encouraged inclusion. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- We saw feedback forms from people or their families, which highlighted the caring approach taken by staff and the positive relationships staff had established. One person had written, "The support staff are lovely people and I enjoyed their visits."
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful about people's individual needs, backgrounds and personalities. This approach was reflected in people's comments. One person said, "What really struck us was how much the staff enjoyed their work. They were always positive and cheerful."

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

- People and where appropriate their relatives contributed to and were involved in making decisions about their care and support needs. All people confirmed they had discussed their care needs with staff and agreed with the contents of their care plan. One person said, "They went through everything in detail and asked me what I wanted."
- People said that the staff understood their individual likes and dislikes and accommodated these when delivering their care. One person commented, "They did everything to help us in the way we wanted."
- Staff were committed in ensuring the best possible outcomes were achieved.
- People were provided with appropriate information about the service. The information included details about what people could expect from the service and how they could access other organisations and networks.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. One person said, "My dignity was always at the top of their list. I felt completely comfortable with them."
- Staff worked in ways which promoted independence and maintained the privacy and dignity of the people they cared for. They described how they recognised and celebrated people's achievements to ensure people felt valued and respected.

All staff spoke warmly and kindly about the people they supported.

- People confirmed the staff helped them to adapt back into their home environment and regain their independence skills. One person said, "They really encouraged me to do things for myself, but they were there by my side every step of the way."
- People's personal information was stored and held in line with the provider's confidentiality policy and in line with government regulations.

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 received personalised care and support specific to their needs and preferences. People told us they were happy with their care and staff responded to any requests made for assistance. One person told us, "I only had to ask and they did everything they could to help me." And another person commented, "The staff were most helpful on every visit."

- Each person was seen as an individual, with their own social and cultural diversity, values and beliefs.
- People's care plans reflected their health and social care needs and demonstrated the involvement of other health and social care professionals. On the first day of the service, two care plans were developed with each person. An occupational therapist or physiotherapist devised a care episode plan and a review and assessment officer devised an initial care plan. On looking at three people's plans, we noted people's initial care plan contained limited information about their wishes and preferences. The registered manager explained this issue had been identified by the staff and the management team, who were all keen to develop the care plan format.
- Following the inspection, the registered manager sent us a draft copy of a new care plan format which encompassed people's care needs as well as their preferences about how they wished their care to be delivered.
- A social worker developed a detailed care plan with people on the third day of their service, which included all aspects of their care and personal preferences.
- Staff understood people's needs well and could describe people's care and support needs in detail. Staff wrote daily records, which documented the care people had received, in a detailed and respectful way and had completed care records when there was an identified risk.
- The registered manager used technology to enhance the delivery of effective care and support. Staff were provided with a telephone and a computer tablet and computer databases were used store and analyse information. Specific staff received annual training on the types of telecare equipment available to help people live safely in their homes, for instance pendant alarms.
- The registered manager and staff understood the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
- People's communication needs were identified and recorded in their assessment.

Improving care quality in response to complaints or concerns

- People told us they had no complaints or concerns. They said they would speak to staff or contact the office if they had a concern or wished to raise a complaint. A person told us, "I have no concerns whatsoever. I can't sing their praises high enough."

- The provider had arrangements in place for recording, investigating and resolving complaints. The registered manager confirmed she had received no complaints about the service.
- People had access to the complaints procedure. We saw the procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with.

End of life care and support

- The service was not primarily designed to provide people with end of life care. However, in these circumstances the registered manager explained the service worked closely with health and social care professionals to ensure the comfort and dignity of the person.
- The registered manager explained she had completed training on end of life care and the staff had enrolled to undertake training on this area of care.

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

- The provider, registered manager and staff were all keen to promote the provision of high-quality, person-centred care to achieve the best outcomes for people.
- People, relatives and staff told us the service was well managed and people were at the heart of the service. A person said, "It's been a wonderful service. Very well planned and organised" and a staff member commented, "Everyone has worked hard and come together to provide an integrated service. Staff morale is great, and we are all reliable and enthusiastic."
- The culture of the service was open, honest and caring and focused on ensuring people received care and support which met their needs in a timely way.
- People were supported in a sensitive and kind manner. Feedback from people and their relatives was positive and evidenced people felt included and listened to.
- The registered manager understood the requirements of the duty of candour and followed it whenever it applied.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager provided strong and supportive leadership to the staff team. She had a clear vision for the continuous improvement of the service. Following the inspection, she sent us a detailed action plan of the planned actions to further improve the service.
- Staff regularly reflected on their practice to deliver service improvements. The registered manager invited staff to team building and development events to discuss the operation of the service. Emphasis was placed on staff well-being and staff were encouraged to complete one-page profiles to get to know each other and understand how they worked best. Staff told us they were comfortable in raising any issues or concerns and the registered manager was open to feedback.
- The registered manager and staff had a clear understanding of their roles and responsibilities. They were all proud to work for the service and were committed to their work.
- The registered manager had established effective systems to monitor the quality of the service. Comprehensive audits were undertaken by the management team, and the systems in place to monitor the standards and quality of the service were being managed effectively. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.
- We saw there were organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these and they were knowledgeable about key policies.

- The provider's representative visited the service on a regular basis and had good oversight of the service. They fully supported the registered manager and the staff team.

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

- People, relatives and staff were empowered to voice their opinions. People were fully involved in decisions regarding their care and were encouraged and supported to develop their independence.
- People were invited to complete feedback forms when they finished the service. We looked at the returned forms and noted people had made positive comments about the service. One person had written, "The service reassures me and I feel safe and supported after my hospital stay." Where necessary, the registered manager responded to feedback and relevant actions were taken.
- The registered manager and staff team were aware of people's individual needs and fully considered their equality characteristics to ensure they were involved in the delivery of their care.

Working in partnership with others

- The provider and registered manager fostered and encouraged working in partnership with other professionals and agencies.
- The registered manager and staff team sought to ensure people experienced the best possible outcomes through following good practice guidelines. This included consultation with health and social care professionals to meet people's needs. This included district nurses, mental health nurses and the local GPs, as well as the safeguarding and social work teams.
- The registered manager and staff team also had good networks in the local community and supported people to renew relationships in their neighbourhoods.