

Suffolk County Council

# Suffolk Coastal Home Care Service Home First

## Inspection report

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Date of inspection visit:  
31 May 2016

Date of publication:  
11 July 2016

## 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

Suffolk Coastal Home Care Service Home First provides an assessment and re-ablement service to people who require personal care, help with daily living activities and other practical tasks. This can include people who have not had care services before, who require care following discharge from hospital or whose care needs have recently changed. The service works alongside other agencies such as health and external care providers usually for the short term period of six to ten weeks encouraging people to develop the confidence and skills to carry out these activities themselves and continue to live at home.

When we inspected on 31 May 2016 the service was providing the regulatory activity of personal care to 35 people. This was an announced inspection. The provider was given 48 hours' notice because the location provides a care service within the community and we needed to know that someone would be available.

A registered manager was 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 and received effective care from a consistent staff team who were competent and well trained.

Systems were in place which provided guidance for staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe and actions were taken when they were concerned about people's safety.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of staff who had been recruited safely and who had the skills and knowledge to provide care and support to people in the way they preferred. Staff had developed good relationships with people who used the service and understood the need to obtain consent when providing care.

People received care and support which was planned and delivered to meet their specific needs. People and/or their representatives, where appropriate, were involved in making decisions about their care and support arrangements.

Where required people were safely supported with their dietary needs. Where staff had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make

sure they received appropriate care and treatment.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

The service had an open and empowering culture. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. There was decisive leadership in the service. The service had a quality assurance system in place and as a result the quality of the service continued to improve.

## 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.

Staff understood how to keep people safe and what action to take if they were concerned that people were being abused.

There were enough staff who had been recruited safely and who had the skills to provide people with safe care.

Where people needed assistance to take their medicines they were provided with this support in a safe manner.

### Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and training relevant to their roles. People told us the staff were competent and had the knowledge to meet their needs and individual requirements.

People's rights were protected because staff were aware of how to obtain consent when delivering care.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

### Is the service caring?

Good ●

The service was caring.

People told us the staff treated them with dignity and respect and their independence was promoted.

People and their relatives were complimentary about the effective relationships that they had built up with the management team and care staff.

People and their relatives were involved in making decisions about their care and these were respected.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in contributing to the planning of their care and support. This was regularly reviewed and amended to meet changing needs.

People's references and what was important to them was known and understood by the care staff.

People received opportunities to share their experience about the service including how to make a complaint.

### **Is the service well-led?**

The service was well led.

There was an open culture at the service. People and staff were asked for their views about the service and their comments were listened to and acted upon.

The management team were approachable and a visible presence in the service.

Systems and procedures were in place to monitor and improve the quality and safety of the service provided.

**Good** ●

# Suffolk Coastal Home Care Service Home First

## **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 31 May 2016, was announced, and undertaken by one inspector. The provider was given 48 hours' notice because the agency provides a care service within the community and we needed to be sure that a senior member of staff would be available on our arrival at their office base.

Prior to the inspection the provider completed a Provider Information Return (PIR). 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. We also sent out questionnaires to people to gain their views about the service provided. We received questionnaires from 14 people who used the service, one person's relative and one community professional.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

As part of the inspection we spoke with six people who used the service, and three people's relatives. We spoke with the registered manager, three team leaders, and four care staff.

In addition we received electronic feedback from three community professionals.

To help us assess how people's care needs were being met we reviewed six people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People expressed that they felt safe and comfortable with the care they were being provided with. One person said, "All my carers [care staff] make sure I am safe, comfortable and safe in my home."

People told us that the care staff wore their uniforms and identification badges so they were assured that the people arriving to their home were representatives of the service. People also said that the care staff made sure that they secured their homes when they left, which made them feel safe and secure. One person said, "I feel very safe in my house with the carers [care staff]. No reason not to be. They are all polite and genuine people. They call out when they arrive so I don't get startled and lock up after themselves when they leave so no one else can get in."

Systems were in place to reduce the risk of harm and potential abuse. Care staff had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing [the reporting of poor practice] procedures and their responsibilities to ensure that people were protected from abuse. Care staff knew how to recognise and report any suspicions of abuse. They described how they would report their concerns to the appropriate professionals who were responsible for investigating concerns of abuse. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to care staff when learning needs had been identified or following the provider's disciplinary procedures.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Care staff were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines and risks that may arise in the environment of people's homes. People who were vulnerable as a result of specific medical conditions or dementia, had clear plans in place guiding care staff as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Care staff told us and records seen confirmed that the risk assessments were accurate and reflected people's needs.

Regular reviews of care and people's needs were carried out as part of the ongoing assessment process. This involved people who used the service and their representatives, where appropriate. This ensured that people's risk assessments were current, reflected their individual needs and they received safe care. One person's relative told us, "The carers [care staff] are very alert to any changes and if they are concerned will take appropriate action. The doctor was called out last week as [person who used the service] was not feeling very well and was struggling moving around. They contacted me to let me know and then to update me. Considering I was away at the time this was much appreciated and gives me peace of mind that [person who used the service] is in safe hands and well looked after."

There were sufficient numbers of staff to meet the needs of people. People and relatives told us that the care staff usually visited at the agreed times and that they stayed for the planned amount of time. People said

that there had been no instances of any visits being missed. One person told us about the care staff, "My carers come within the designated time slot and stay for as long as it takes. Some days I can do more for myself other days it can take a bit longer but I am never rushed." Another person said, "There are two carers [care staff] who have so far been in to see me and we are rubbing along together nicely. Never had a stranger turn up. I know who is coming and approximately when." A relative described how the management team tried wherever possible to ensure people received a consistent care service from a staff team who were known to them. They said, "We have two to three people who come and they can cover one another. They know [person] and what is needed. I can leave them to it."

Staffing levels were based on the assessed needs of people and the length of time needed to meet them. The rota was completed to ensure that all scheduled visits to people were covered. One relative said, "The visits are known a week in advance, a rota is sent to my [relative], so they know the time and the names of the carers who are due to visit." Our conversations with people and staff and records seen confirmed there were enough staff to meet people's needs.

People were protected by the provider's recruitment procedures which checked that staff were of good character and were able to care for the people who used the service. Both care and office staff told us and records seen confirmed that appropriate checks had been made before they were allowed to work in the service.

Suitable arrangements were in place for the management of medicines. At the time of our inspection people were managing their own medicines with a small minority who required prompting from care staff. One person said, "Sometimes my family will give me my pills if I can't do it. Usually I can. However [member of care staff] will check when they come in that I have had it. We agreed this when they first started coming as it was a lot to remember. So far so good not been any hiccups."

Staff were provided with medicines training. People's records provided guidance to staff on the level of support each person required with their medicines and the prescribed medicines that each person took. Records showed that, where people required support, they were provided with their medicines as and when they needed them. Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if people's needs had changed and if they needed further support. Regular competency checks on staff were carried out. The registered manager advised us that they were developing a separate medicines records audit to be conducted as part of the assessment of needs process to help ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required. This showed that the service's medicines procedures and processes were safe and effective.



## Is the service effective?

### Our findings

People fed back to us that they felt that the care staff had the skills and knowledge that they needed to meet their needs. One person commented, "I have a regular team of [care staff] who visit me. We have developed an excellent relationship where I feel comfortable in their company and trust them implicitly. This has come about as they listen to me don't push me and respect my choices. I look forward to seeing them as we can have a laugh. However they are all very professional and do a good job." A relative told us, "The way the carers [care staff] encourage [person who used the service] to be independent is exceptional. Before [person who used the service] was very reluctant to move around for fear of falling. They had little confidence and a recent stay in hospital hadn't helped. Since the carers [care staff] have started coming in there has been a big improvement and [person who used the service] is almost back to their old self. The carers [care staff] have been patient and measured in their approach; recognising when to reassure and when to encourage. The results speak for themselves."

Discussions and records showed that care staff were provided with the mandatory training that they needed to meet people's requirements and preferences effectively. This included food hygiene, medicines, moving and handling and safeguarding. This was updated on a regular basis. This meant that staff were provided with up to date training on how to meet people's need in a safe and effective manner. In addition, care staff were provided with risk assessor training and re-ablement training to support their respective roles.

The provider had systems in place to ensure that care staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided care staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

We received positive feedback from member of care staff about their experience of working for the service and support arrangements in place. They said, "I feel very happy with the training provided. The support here is excellent. I receive regular supervision and feel supported by my manager and colleagues. The care records provide me with all the information I need to offer person centred care. My opinion is valued by management and if I spot a change it is acted on. There is no hierarchy of them and us here."

Care staff told us that they felt supported in their role and had regular one to one supervision and team meetings, where they could talk through any issues, and seek advice and receive feedback about their work practice. The management team described how staff were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best practice and supported staff with their continued learning and development.

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 and the management team had a good understanding of the MCA and what this meant in the ways they cared for people. Records confirmed that care staff had received this training. Guidance on best interest decisions in line with MCA was available to care staff in the office.

People were asked for their consent before care staff supported them with their care needs for example to mobilise or assisting them with personal care. One person said, "Every visit I am asked what I need and they [care staff] will check if I am happy for them to carry on. If I say no they [care staff] do not push me."

Care records identified people's capacity to make decisions and reflected they had consented to their planned care and terms and conditions of using the service. Where people had refused care or support, this was recorded in their daily care records, including information about what action was taken as a result. For example, a member of staff told us how one person had repeatedly refused to have personal care. They had respected this but were concerned and reported this to the office to make them aware of the potential risks. This action triggered a care review with the person and their family to explore how staff could best support the person to ensure their safety and wellbeing.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person described how the staff prepared their meals and knew how they liked things done they said, "They make me a drink. Exactly how I like it. They make me a snack and see if I need another drink or a bit of fruit before they go." Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or referrals to health professionals.

People had access to health care services and received ongoing health care support when required. One person's relative said, "The office will contact us [family] straight away if they have a concern and inform us if they have rung the doctor." Care records reflected where the care staff had noted concerns about people's health, such as weight loss, or general deterioration in their health, actions were taken in accordance with people's consent. This included prompt referrals and requests for advice and guidance, sought and acted on to maintain people's health and wellbeing.

# Is the service caring?

## Our findings

People we spoke with told us that the staff were caring and always treated them with respect and kindness. One person said, "I was worried about coming out of the hospital and how I would manage. I needn't have been. I am so pleased with the excellent care I have. I wouldn't hesitate to recommend them." Another person said about the care staff, "The carers are all very nice ladies and gentlemen. I feel very comfortable in their company, I would recommend the service. I have complete faith in them all. They are all efficient and get the job done without losing the personal touches that you feel safe and comfortable."

The questionnaires we received from people who used the service showed they were satisfied with the care they received. One comment stated, "My grateful thanks to all my carers." Another person said about their care experience, "Couldn't have been bettered." Questionnaire feedback from a relative was positive. They stated, "My [family member] has been very pleased with the care [they have] received. All staff were helpful, friendly and polite."

A relative described a recent positive interaction they had seen between a member of care staff and their family member who used the service. They said, "I popped in to see [family member] and I caught the tail end of a conversation between them and their carer. Both were laughing and sharing a joke and you could see that they enjoyed each other's company. After the carer left my [family member] said how the [care staff member] always made them smile and they looked forward to them coming."

Care staff told us they were respectful of people's needs and described how they provided a sensitive and personalised approach to their role. They told us they enjoyed their work and showed commitment and a positive approach. One care staff member said, "I love my job, my main priority is to support people to recover the skills and confidence they may have lost. Hopefully improving their mobility, independence and quality of life along the way." People's independence and privacy was promoted and respected. People shared examples with us about how they felt that their privacy was respected, which included closing curtains, shutting doors and using towels to cover them when supporting people with personal care to maintain their dignity.

People's records provided guidance to care staff on the areas of care that they could attend to independently and how this should be promoted and respected.

Staff knew about people's individual needs and preferences and spoke about people in a caring and compassionate way. People's care records identified people's specific needs and how they were met. The records also provided guidance to care staff on people's preferences regarding how their care was delivered. People told us how they were asked for their preferences, including visit times, and wherever possible this had been accommodated.

People told us that they felt that the care staff listened to what they said and acted upon their comments. One person described how the care staff, "Always do what I ask them to, never refused me or done something I was unhappy with." Another person commented, "The carers all see what I need doing... and

help with as it varies each visit. Sometimes I am more active other times I need their help." A third person described how from the start they had been involved in their care arrangements. They said, "When I left hospital I met [care staff] that evening and they went through everything with me what I could expect and they assessed me. They did this again the next morning so they could understand what I could do myself and where I needed help. We agreed a suitable plan of care and this was checked a week later that everything was satisfactory and did it need to change. In the last few weeks things my health has improved and I can do a lot more on my own so the number of visits has reduced. I think this is a marvellous service I really do."

Records showed that people and, where appropriate, their relatives had been involved in their care planning and they had signed documents to show that they had agreed with the contents. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records. This told us that people's comments were listened to and respected.

People were supported to express their views and were involved in the care and support they were provided with. One person said, "If you need to change anything it is never a problem. The office [staff] are very accommodating." A relative described how their feedback about changing the care staff that visited had been acted on. They said, "A while back [Person who used the service] told me they did not get on with one particular carer [care staff member] it was nothing horrible just a personality clash; hadn't clicked with them so much as they had with the two other people who visit. We asked if we could just have the two people that [person who used the service] was more comfortable with. The office staff dealt with this straight away. No problem." This showed us that people's comments were listened to and respected.

Care staff told us that people's care records provided enough information to enable them to know what people's needs were and how they were to be met. One care staff member said, "The care plans and risk assessments tell me what I need to know but I still check with the person first just to make sure nothing has changed and that they are happy with me to continue."

## Is the service responsive?

### Our findings

People told us that they were satisfied with the care provided and that the service was responsive to their needs. One person commented, "I am very happy with them and will be sad when the care ends and I have to use another agency. I know this is only a short term [care] arrangement; to get me back on my feet but I have grown fond of my carers [care staff], they understand me and are very supportive and accommodating."

The service provides short term personalised care and support to people to help them regain the skills they may have lost, such as improving their mobility, independence and wellbeing. Care staff including assigned occupational therapists support people with personal care tasks where assistance is required. In addition to care plans and risk assessments, people had person centred plans that identified their individual's aspirations. People told us they had set personal goals with the care staff that were regularly reviewed as part of the ongoing assessment process. One person said, "We discussed and agreed what I wanted to achieve both short and long term and how they [care staff] could best support me, become more independent."

People's care and support was planned with their involvement. People told us they were encouraged to maintain their independence and that care staff were patient and respectful of their need to take time to achieve things for themselves. One person described the approach of care staff stating, "The carers are very discreet and respectful of my privacy. They are supportive without being overbearing. They encourage me to do things for myself. Regaining my independence is my aim and is very important to me."

A relative explained how they had been involved in the ongoing care arrangements for their family member and how their feedback had been listened to and acted on by the service. They commented, "My [family member's] needs have changed considerably. Noticeably affecting their confidence since their mobility started to deteriorate. They [care staff] have been fantastic talking through the care and support plans with us [person and their family] and taking on board our comments. The plan is tailored to meet [person's] physical needs and takes into account that [person's] low confidence was becoming an issue. They [care staff] offer reassurance and encouragement which is working well at increasing [person's] confidence in [their] ability."

People's records included care plans which guided care staff in the care and support that people required and preferred to meet their needs. Care staff told us that the care plans provided them with the information that they needed to support people in the way that they preferred. Changes to people's health and well-being were reported to the office, triggering where required an assessment of their needs and review of their care. Comments received from people were incorporated into their care plans and the assessment process where their preferences and needs had changed.

People and their relatives told us they had been provided with information that advised them of what they could expect from the service. They told us that they knew how to make a complaint and that concerns were listened to and addressed. One person said, "Whenever I call the office they are always polite and courteous

to me. They try to accommodate my requests. Never had any issues. Everything is resolved quickly."

There had been numerous compliments received about the service within the last 12 months. Themes included 'compassionate, helpful and caring staff approach' and 'effective communication from the office'. In addition, several people had commented that the care provided had 'contributed towards their recovery'.

One formal complaint had been received about the service in the last 12 months. This had been dealt with in line with the provider's complaints processes, with lessons learnt to avoid further reoccurrence and to develop the service. This included improving the accuracy of recording the telephone calls received. In addition following feedback received information about the times of visits for people was improved to make information clearer.

There were pre-paid addressed envelopes included in the information packs people received at the start of the service to enable them to share their experiences at no cost to themselves. The registered manager demonstrated how they and the management team took immediate action if people indicated when they were not happy with the care received. This swift response had reduced the number of formal complaints received. Records identified how the service acted on people's feedback including their comments. These comments were used to prevent similar issues happening, for example changing staff visiting people, additional training and disciplinary action where required.

## Is the service well-led?

### Our findings

Feedback from people and the relatives we spoke with about the staff and management team were positive. People told us that they knew who to contact if they needed to. One person said, "I ring the office if I have a problem or need something sorted out." Another person said, "The office [staff] provide me with a rota every week and advise me of any changes in advance. Whenever I phone the office [staff] are polite, very considerate and make a concerted effort to help me." One person's relative said, "The office [staff] are quick to accommodate changes as and when they occur. I have had a lot of dealings with [team leader] and [they have] been very flexible and accommodating."

People were regularly asked for their views about the service and their feedback was used to make improvements in the service. This included opportunities through regular care assessments, telephone welfare calls and quality satisfaction questionnaires where people could share their views about the service they were provided with, anonymously if they chose to. We reviewed some of the feedback received from people and relatives and saw that comments were positive. For example, one person said, "I have no complaints. I am satisfied with my care."

Care staff told us the service was well-led and that the management team were approachable and listened to them. One member of care staff said, "I love my job. We have a great team that work for one another. Management is available if you need them. I like the variety; every day is different. A new challenge but so rewarding watching people get their independence back. Yes I feel supported and well equipped to do my job."

Care staff were motivated and committed to ensuring people received the appropriate level of support and were enabled to be as independent as they wished to be. They were encouraged and supported by the management team, were clear on their roles and responsibilities, and committed to providing a good quality service.

People received care and support from a competent and committed care staff team because the management team encouraged them to learn and develop new skills and ideas. For example care staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged.

Meeting minutes showed that care staff were encouraged to feedback and their comments were valued, acted on and used to improve the service. For example, they contributed their views about issues affecting people's daily lives. This included how care staff supported people with personal care and to be independent. Care staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed. One care staff member told us, "Sometimes we bounce ideas off each other and liaise with the OT's (occupational therapists) to see if there is another approach we could try especially if we notice we are not getting the desired results."

The service worked in partnership with various organisations, including the local authority and health

cluster teams, clinical commissioning groups, district nurses, and mental health services, to ensure they were following correct practice and providing a high quality service.

The management of the service worked to deliver high quality care to people. Audits to assess the safety of the service were regularly carried out. These included health and safety checks and competency assessments on care workers. Regular care assessments were undertaken and included feedback from family members, staff and the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

As part of the provider's commitment towards continual improvement the service was involved in piloting a new Information Technology (IT) system aimed at improving the sharing of information about people and eradicating missed visits by care staff through the use of a mobile working device. If a care staff member became delayed as their current customer was unwell, an alert is triggered to another member of that care team so they can be directed to the next visit. In addition the mobile device enabled care staff to send activities back to the office such as if the person needed an earlier or later visit due to an appointment. Care staff could also report back progress or changes in the person's needs so requests for reviews could be actioned immediately.

Care staff told us they had been supported in the pilot and had received training using the device and were able to contact the office or pop by if they needed help. One member of care staff told us, "I feel much better informed when I visit people now. I check my phone and read what the notes are from the last visit. Check if I need to follow anything up. I was sceptical at first but think it is a good idea. Also feel safer especially late at night as the office know where I am."

The registered manager showed us their action plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included improvements to medicines management and staff development. In addition there were plans to develop people's documentation to ensure consistency and fully embed a person centred approach in line with the provider's vision and values.