Torbay and South Devon NHS Foundation Trust

St Edmunds

Inspection report

Victoria Park Road
Torquay
Devon
TQ1 3QH

Tel: 01803210610

Date of inspection visit:
14 February 2018
16 February 2018

Date of publication:
23 April 2018

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

St Edmunds is the location for the regulated activity of personal care operated by Torbay and Southern Devon NHS Foundation Trust. Personal care services are provided from the base at St Edmunds to people living in their own homes, through teams providing rapid response care and re-ablement services.

This inspection which took place on 14 and 16 February 2018 was announced and focussed on the rapid response service and Torbay re-ablement team. At our last inspection in February 2016 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 on-going 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.

Why the service is rated Good.

Services located at St Edmunds included the rapid response service and Torbay re-ablement team. Another team provided similar support to Devon and was due to move to a new location, so did not form part of this inspection.

The rapid response service situated at St Edmunds aimed to provide short term personal care to people in their own home for up to 7 days until a longer term care package could be sourced for a person. This service also provided some end of life care, in conjunction with other teams such as the local hospice at home team.

The Torbay re-ablement team provided support and personal care for a period for up to six weeks of intensive rehabilitation in people's homes with an aim to returning people to independence. This might be following a hospital admission or intermediate care placement. People's care and support goals for re-ablement were agreed with them in advance, including a timescale to aim for.

The services were well run. People understood what the services they were receiving were for and were given information about what they could expect to receive. People were involved in developing their care plans and setting goals for their increasing independence. Support was flexible and tailored to people's needs. For example, for the rapid response service this might just include one visit to support a person during a crises. Staff were skilled at carrying out assessments and making decisions around people's care. Staff understood when to call for additional support or escalate issues to other agencies or for medical support, and we saw and heard this happening during the inspection.

People told us they had benefitted from the service. They told us "I can't fault them…..they just sorted it all out and made it all work. I couldn't thank them enough" and "I am a very satisfied customer."

People were supported by sufficient numbers of well trained staff. Staff us they enjoyed working at the

services, enjoyed the variety of people and their needs they supported. They felt they had the training and support they needed to do their job well. There were enough staff to support the activities being undertaken, and a need had been identified to expand the services. New staff were being recruited to meet the expected increase in demand. Safe systems for staff recruitment were in place, and staff performance was monitored through spot checks, registered managers working alongside staff and feedback from questionnaires.

People could expect to receive their medicines safely, or to be supported to do so until they were independently safe. Risks from people's care were identified and security, including for lone workers was considered for each visit. People's risk assessments included assessments of the property such as narrow passageways or uneven stairs. Risk assessments also included any areas of the person's physical well-being such as risks associated with long term health conditions, pressure ulcers or concerns over their moving and positioning. Staff followed good practice in infection control, including the use of protective equipment such as gloves and aprons.

People could expect to receive high quality, safe support because the organisation had clear and effective systems in place to manage quality and safety. Audits were carried out of the service and any changes identified through the audits, questionnaires, team meetings or feedback was used to support learning and the development of the service. Services linked to similar wider local and national services to ensure good practice was shared.

Records relating to the service and people's care were well maintained. Information was available to people in accessible formats, including easy read, large print or in alternative languages to English, including sign language. Information on the service's policy on anti-discriminatory practice was detailed in their information handbook, which was left in people's homes. Policies on bullying and harassment were in place and re-enforced through team meetings and supervision.

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 remained good.	**Good**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained good.	**Good**

St Edmunds

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 was a comprehensive inspection. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service, and we needed to be sure people would be available to support us with the inspection. The first day was spent at the location office. The second day was spent accompanying staff on visits to people's homes and contacting people receiving a service and staff by telephone to gather their views of the service. The inspection was timed to link with a larger inspection being carried out of the Trust services.

Prior to the inspection we reviewed the information that we held about the service and the service provider. On the inspection visits we spoke with both the registered managers at the registered location. We spoke on the telephone with four people or their relatives who received a service from the Torbay re-ablement team and visited three people in their own homes with their permission, along with the staff supporting their care. On the home visits we saw how people were supported, talked with people about the service and looked at the records that were kept in their homes. We spoke with seven members of staff about working for the teams, the care they gave people and the training and support they received.

We attended a daily team meeting and a staff handover. We observed a care co-ordinator taking referrals for the rapid response team and discussed with them how the systems worked.

We reviewed a range of records about people's care and how the teams were managed. These included looking at care records for four people held at St Edmunds, and three files in people's homes; four staff files and other records relating to the management of the service, including training and supervision records, policies and procedures, audits, and service development plans.

Good

Is the service safe?

Our findings

The service remained good.

People were protected because systems were in place to help protect people from the risk of abuse. Staff had received training in how to recognise signs of possible abuse, and information was available on how to raise safeguarding concerns and whistleblowing. This included safeguarding children, as although the service did not provide care to children, staff might have contact with children in a home setting while carrying out their role. People told us "Yes I do feel safe" and "I feel safe - they all seem to know what they are doing."

Staff had a good understanding of security issues, including their own personal safety as lone workers. Staff identity badges were linked to a central monitoring service and could be used to identify their location, operate as an alarm and record any activity at the service if staff had concerns for their personal safety. Clear protocols were in place and understood by staff about what to do if they could not gain access to a person's property on a visit. Staff kept information about people safely, for example access codes to key safes, and a registered manager told us staff working could visit in pairs if they had any concerns for their well-being.

Risks to people receiving a service were continually assessed by staff throughout their contact with the person and linked to any information of concern on the Trusts IT systems. These included any known risks from the property such as unsafe stairs, or a lack of lighting when accessing the property at night. Risks to people from their care or long term health conditions were included in this assessment. For example some people had difficulty in accessing parts of their home such as an upstairs toilet or bathroom unaided. Staff had received recent updated guidance on supporting people who were at known risk of choking. Staff told us how they escalated risks to other agencies, for example we saw how staff contacted a person's GP and district nurses to report concerns over people's well-being. One person had been discharged from hospital with a lack of clarity over their medicines management. This was immediately picked up by staff supporting them and escalated to ensure the person received the correct medicines. Safe systems for the person's ongoing medicines management were put in place.

The Trust's IT systems identified the involvement of other professionals involved in the person's care, such as physiotherapy, community nurses or speech and language therapists. Teams could request or directly supply equipment to support people and reduce risks to their safety for example to relieve pressure or support people with their independent mobility. During a home visit, we heard one person had been having difficulty standing while preparing food and a suggestion was made the person might benefit from a 'perching stool' in their kitchen. The person refused this, but thanked the service for offering it. Some people were receiving care from other agencies as well as from the Trust. The service was aware and liaised with these agencies to ensure clear communication of people's changing needs and care plans was in place. The service had a policy on anti-discriminatory practice and had a clear statement in the information given to people using the service about inclusivity.

There were enough staff available to meet the changing needs of the services. A need had been identified to

expand the services, and new staff were being recruited to support further developments. When a referral was made the co-ordinator checked the numbers of staff available to support the person's care before accepting the referral. We discussed this with a care co-ordinator for each of the teams. Where demand exceeded the service's ability to respond on a temporary basis the person was placed on a waiting list. The registered manager for the Torbay re-ablement service told us this may mean the person's discharge from hospital or intermediate care was delayed for a day or two until the service could safely meet their needs. At times of fluctuating need the service's staff teams supported each other. For example we saw a member of the re-ablement team was providing support to the rapid response team that evening. The services could call on bank staff to help manage times of high demand, and had outsourced some night sitting services to a local care agency. Staff files showed there was a safe process for recruitment in place. A staff member told us they had "time to do what we need to do realistically. We call each other and keep in touch with people if we are late."

At times staff from either service might be needed to administer medicines for people in their homes. Where this happened medicines were clearly recorded on medicine administration charts (MAR), and staff had received training to do so. MAR charts were printed in a large font so were suitable for people with poor eyesight to follow. People were encouraged to manage their own medicines if they had capacity to do so, for example as a part of increasing their confidence, and re-taking control of their care. Staff had access to equipment to protect people from cross infection, and we saw they wore aprons and gloves and used hand gels when supporting people with personal care.

Records we saw were well maintained, both at the office base and in people's homes. Information about the service was left with people after the service ceased. The service collected data and learned from incidents and accidents to improve the quality of the services. The Trust had policies in place for information retention and safe storage.

Good

Is the service effective?

Our findings

The service remained good.

Each person had an assessment undertaken at the point of referral and on their first visit from the service. This included setting goals with the person in the case of the Torbay re-ablement service, and in the case of the rapid response team agreements about the care and support being provided. People were referred to the Torbay re-ablement service via hospital wards, occupational therapists, or the intermediate care team. Referrals to the rapid response team included from hospitals (including the rapid assessment and discharge team based in accident and emergency departments), community nurses or GPs. Information was supplied by each of these services at the point of referral, which could be linked to information on the Trusts main IT system of previous involvements and any current staff also supporting the person's care. We saw and heard communication across all teams supporting people being shared throughout the inspection.

Staff had the skills and experience they needed to support people. Staff working at St Edmunds followed a training programme with regular updates and training targets set by the provider organisation and delivered from a hub known as the 'Hive'. The service had clear records of training staff had completed and a staff member told us they received alerts when training updates were due. Another told us they had requested to do more training in end of life care and had been booked on a course to do so. Staff were supported well, through regular supervision, meetings and daily contacts in the office. For the Torbay Re-ablement team this included a daily 'huddle' when staff met to discuss progress people were making and any issues they needed support with or new equipment needed.

Both registered managers went on visits with staff to monitor their practice and ensure people's needs were being met. Staff received immediate feedback from managers on their performance through information gathered from feedback forms. The registered managers told us staff could come to them at any time if they had concerns or needed additional support. It was acknowledged staff carried a high level of responsibility as workers and worked with people who were sometimes distressed or at the end of their lives. This carried additional stresses for staff, and the service had access to support through the Trusts counselling services and debriefing following incidents. A staff member told us "You get niggles from time to time" but overall the teams worked well together.

Where eating and drinking support was a part of people's goals or care plans staff supported people to eat and drink sufficient amounts to maintain their health. We observed staff in people's homes helping and encouraging them to make their own drinks and food and checking they had sufficient supplies in place. This included advice on healthy eating and monitoring amounts people should be drinking to maintain their well-being.

People were asked to give their consent to their care and this was recorded throughout their daily records. We saw staff asked people for their consent, for example with their care as well as to enter other parts of their home. No-one using either service was subject to a deprivation of liberty safeguard at the time of the inspection.

Good

Is the service caring?

Our findings

The service remained good.

People told us staff who supported them were friendly, kind and caring. One person told us "I have no concerns about any of them" and another said "I can't fault them…..they just sorted it all out and made it all work. I couldn't thank them enough."

Staff spoke about people and their needs respectfully and with regard for their dignity. Support given ensured people's privacy was respected. For example staff ensured curtains were closed and care was delivered in private areas of the house. Staff ensured as much as possible of the person was covered at all times when they were having a wash to preserve their dignity. One person told us "They're very good, but I am no longer shy!"

Records were written respectfully. Staff showed compassion for people's circumstances when describing their care. One staff member discussed how sometimes staff morale was lowered when a person the team had been caring for had passed away. In these circumstances staff told us they would discuss this amongst the team or speak with one of the registered managers. They told us "They have all been there, so they know what its like."

Staff treated people with dignity and respect. People were referred to by their preferred names and we saw they were relaxed while being supported by staff. One person apologised as they felt they had been "a little short tempered this morning." The staff supporting them re-assured them they hadn't been and they were happy to see them and understood how not everyone was a 'morning person.' We heard of staff going 'above and beyond' expectations to support people. For example we heard about a staff member who saved crosswords and puzzles from the paper for people to do themselves, and had taken art materials to help them with hobbies and interests.

People's records were kept in folders in their home, which contained details of the service and how to contact them in case of an emergency. Even though the services did not support people for long, staff were aware of how people liked their care delivered because care plans were maintained in sufficient detail. Where people had expressed a choice of gender of carer this was respected. If the service were not able to supply a carer of the chosen gender the person would be contacted by telephone to ask if they minded. People told us they were also contacted by telephone if the staff member was going to be very late.

People who needed support to communicate their wishes about their care and treatment were supported by representatives, including family members or advocates where known. An advocate is an independent person who can help people express their needs, wishes, represent people's interests either by supporting people or by speaking on their behalf. The Trust had systems in place to enable them to provide information about their services in formats to meet differing needs, such as in larger print. The Trust had a policy on accessible information. This included access to translation services including sign language, easy read, non-English language speakers and braille for any documents needed.

Good

Is the service responsive?

Our findings

The service remained good.

People received personalised care, tailored to meet their individual needs. Each person receiving a service was first assessed by a care co-ordinator who confirmed people's needs with the referring professional and assessed whether the service was the correct support for the person. Following this initial assessment staff would complete a further assessment with the person on their first visit. For people receiving a service from the rapid response team this may be the only contact they had before the service ended, although they could provide services for up to a week. The assessment would include any risks associated with their care or premises, other carers involved, dates and times of the support required and a description of the care and support the person needed.

For the Torbay Reablement team the first visit would involve completion of risk assessments and decisions about the goals the person wanted to achieve from the support, and over an agreed timescale of up to six weeks. Goals might include for example going upstairs alone or making a meal and hot drink. People were supported in line with their plans, each visit to achieve this. Not all of the people who may receive support from the service were elderly and account was taken of support being given by other carers, including young carers to maximise the improvements.

People being supported by the reablement service were clear about their goals and what they were aiming to do to increase their independence. All had agreed these in their care and support plans. People told us they were grateful for the support they received and that staff didn't 'try to take over' when they wanted to do things themselves, although one said "It's a bit odd having people watch you." One person we visited did not feel able to carry out their plan on the day of our visit. The staff member supporting them assisted them with their care, and prepared their breakfast in accordance with their wishes. They told us the person had not been well over the past few days so they were happy to give them additional support until they felt better.

We spoke with members of staff about the people they had supported that day. This showed the variety and flexibility of the services provided. The staff member had supported people who were nearly at the end of their re-ablement to others just starting, and needing full assessment and support with their personal care, meals and fluids. They had also liaised with therapists about ordering equipment for people, called district nurses and a GP and hospital transport services to ensure they were at the person's property when they were discharged from hospital. When people's contact and care plan was completed staff checked the person's goals had been met and gave people information about how to contact the service again for any advice.

Any concerns or complaints were responded to. Following each person's support ending people were asked to complete a questionnaire detailing their views on the service they had received. Information supplied as part of the service documentation included information on how to make a complaint. This also stated the service welcomes suggestions and complaints as a way of improving services. We saw complaints received

had been responded to and investigated. The service shared any learning with the team, along with any compliments received.

Some people being supported by the rapid response team were receiving end of life care. People received this support from staff, often in conjunction with Marie Curie nurses and the local hospice at home service. Staff told us they felt it was a privilege to support people at this time of their lives. Care plans would be written by the hospice at home team and staff from the rapid response team would often be attending the service in conjunction with this specialist team. When not, they would follow the plans left at the home by the hospice team.

Good

Is the service well-led?

Our findings

The service remained good.

The rapid response and Torbay re-ablement service each had a registered manager. 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 services were located in the same building and worked closely together, with the registered managers and staff independently supporting each other at times of highest need. For example some staff might work across both services at times, and the registered managers supported each other with some managerial functions.

The registered managers had direct contact with the staff teams every day, and worked closely with the care co-ordinators to monitor demands on the service. They had a visible presence, and staff told us they had confidence in them. Staff said "The managers are good" and told us they were proud of working for the service. One said "I've never woken up and thought I don't want to go to work today" and another said "You never quite know who you are going to be supporting next. It's very varied."

Staff and registered managers had a clear vision and shared understanding about the philosophy and aims and objectives of the service. This was shared in information given to people using the services. Staff told us they worked "holistically" and valued each person as an individual. One said "We work together with people – every need is an individual need." A person receiving a service said "I am a very satisfied customer."

The registered managers regularly audited and quality tested the service to ensure it was being delivered in ways that were safe and met people's needs. For example we saw information was gathered about sources of referrals, and the range of need to identify trends of support being used. Outcomes were analysed and assessed against national re-ablement statistics to assess the quality of the service. For example the services had taken part in an event concerning the National Audit for Intermediate Care 2017. This looked at outcomes for people using these services, length of contact and satisfaction of people with the service. People had been asked to complete questionnaires between April and July 2017 about the services they received. This information was then collated and the registered managers attended a conference in London in November 2017 to review the findings and look at best practise across the country. The service had identified that although care outcomes for people were increased with the number of specialist staff involved, people's direct experience was less positive towards the service the more people were involved. The registered manager told us they were looking at ways of making the services more streamlined as a result. This involved reviewing paperwork and co-ordinating roles.

Staff told us the registered managers took on board suggestions to improve and develop the service. There were regular staff and team meetings, which included information on how to improve care, and learning from incidents, for example around medication issues following the failure of a discharge. Recommendations for improving practice were discussed, and further training identified.

Questionnaires were issued to people at the end of the service for their comments for both services. These were then analysed to identify any trends or concerns. Feedback seen had been overwhelmingly positive about the service. The registered managers updated their knowledge and practice. For example one was a registered occupational therapist. They received support from the Trust and from other therapists employed by the Trust to retain their professional qualification through on going learning and attending meetings and learning updates.