

Staffordshire & Stoke-on-Trent Partnership NHS Trust

Living Independently Staffordshire - Lichfield & Tamworth

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 15 March 2018 and was announced.

Living Independently Service Lichfield and Tamworth provides personal care support to people living in their own homes. At the time of our inspection, 31 people were receiving support. This reablement service is available for approximately six weeks to enable people to regain their physical ability and re-build their confidence following a period of ill health.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A manager was in post and confirmed they had commenced the process to register with us. We will monitor this.

At our last inspection, we rated the service Good. Since the last inspection the office base of the service [known as the location] had moved address. The provider had failed to formally notify us of this, which is a requirement of their registration. Due to the lack of a registered manager when moving address the provider had been unable to register the location. This is also a requirement of their registration. This meant the provider was in breach of the conditions of their registration.

We have therefore rated the 'Well Led' section of the report as Requires Improvement. Due to the breaches in the provider's conditions of registration; the overall rating is Requires Improvement. This is because the overall rating for a service cannot be better than 'Requires Improvement' if there is a breach of regulations. Providers rated as good are meeting the standards set out in the regulations and display the characteristics of good care

With regard to the support people received and the management of the service we did not identify any concerns.

People felt safe with the support they received and staff understood how to safeguard them from harm. Risks were assessed and managed to reduce potential hazards. There were enough staff to meet people's needs, and safe recruitment processes were followed. Staff understood their responsibilities in relation to hygiene and infection control. Where people required support to take their medicines, this was done in a safe way.

Staff had the knowledge required to provide effective care and supported people to regain their independence and maintain their health and wellbeing. People were supported to prepare meals of their choice and regain their skills. People were enabled to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible.

People were supported by staff that were compassionate and caring and were consulted and involved in making decisions about their care. People's privacy was respected and their dignity promoted.

Individualised support was provided to people that took account of their diverse needs and preferences. People knew how to raise any concerns or complaints, and these were addressed promptly.

The service was well led, and the management team were clear about their roles and responsibilities. Staff were passionate about their role and enjoyed working at the service. People and staff were encouraged to give feedback to develop the service. The provider worked in partnership with other agencies and teams, and systems were in place to drive ongoing improvements.

We found a breach of the Care Quality Commission (Registration) Regulations 2009 and a breach of the provider's registration conditions under Section 33 of the Health and Social Care Act 2008. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported to keep safe by staff that understood their responsibilities to report any concerns. Risks to people were minimised and they were supported to take their medicines in a safe way. Sufficient numbers of staff were employed through recruitment procedures that checked their suitability to work with people. The systems to manage infection control and hygiene standards were effective and monitoring was in place to ensure any patterns or trends were identified, so that action could be taken as needed.

Is the service effective?

Good ●

The service was effective.

People received support from trained staff that ensured they received people's consent before they supported them. Where people were supported with food and drink, this was done in accordance with their preferences. People's health was monitored to ensure any changing needs were met.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were caring towards them and promoted their rights to make choices. People's privacy and dignity was valued and respected and they were supported to regain their independence.

Is the service responsive?

Good ●

The service was responsive.

People contributed to the assessment and development of their care plans and ongoing reviews. People were supported to share

any concerns and these were addressed in a timely way.

Is the service well-led?

Requires Improvement 

The service was not consistently Well Led.

The provider had failed to comply with regulatory requirements to ensure their conditions of registration were met and that we were notified of these changes. Systems were in place to monitor the quality and safety of the service and drive improvements. People were at the centre of the support they received and were involved and consulted in the running of the service. The manager had resources available to them and staff were supported and consulted regarding the development of the service. The management team worked in partnership working with other agencies to ensure people received support that met their needs.

Living Independently Staffordshire - Lichfield & Tamworth

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 comprehensive inspection took place on 15 March 2018 and was announced. The provider was given four days' notice. This was because the location provides a supported living service and we needed to arrange to speak to people as part of this inspection and speak to staff. The inspection visit was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience did not attend the office base of the service or visit people at home, but spoke by telephone with people and relatives of people who used the service.

The inspection was informed by information we held about the service. This included statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used this to formulate our inspection plan.

On this occasion we did not ask the provider to send a provider information return (PIR) prior to the inspection. 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. However, at the inspection we offered the manager and management team the opportunity to share information they felt relevant with us.

We spoke with seven people who used the service and three relatives. We spoke with six support workers,

three co-ordinators and the manager. We looked at the care files of three people who used the service to see if their information was accurate and up to date. We reviewed three staff file to see how they were recruited and checked information about their training. We also looked at records relating to the management of the service. This included audits the manager had in place to ensure the quality of the service was continuously monitored and reviewed.

Is the service safe?

Our findings

People told us they were supported in a safe way by the staff team. One person told us, "My carer comes to help me shower and dress. I wouldn't feel safe having a shower at the minute without someone here to support me if I need them. If I didn't feel safe, I'd contact the office and ask to speak to someone about it." Another person said, "I feel very safe with the staff; they are all very competent." We saw and people confirmed, they were given contact details when they first started to use the service of who to call if they had any concerns. Staff had a clear understanding about their responsibilities to protect people from harm and abuse. They were able to describe the actions they should take, and were confident to report any concerns. One told us, "I would report directly to the office and they would report to safeguarding."

People's needs were assessed prior to using Living Independently Lichfield and Tamworth Service (LIS). The LIS worked with a multi-disciplinary team (MDT) that consisted of a range of health and social care professionals. They were based at the same office and staff confirmed they worked in partnership with this team to enable people's progress to be assessed on an ongoing basis and monitor the support they required. One member of staff told us, "We are continuously monitoring people's progress at each call and a review of their progress is undertaken every Friday, which we then hand in to the coordinators and they assess the ongoing support the person needs with the MDT. Another member of staff said, "We can now order any basic equipment that we feel would support a person to regain their independence. If the person needs more specialist equipment the MDT would reassess their needs and arrange for the equipment." We saw and people confirmed they had been involved in discussions regarding their progress.

We saw and people confirmed they were provided with the right equipment to support them. One person told us about the equipment that supported them to stand and said, "A couple of weeks ago I needed a hoist but I can now manage to stand with this equipment. I am really impressed with the support I have been given by the staff and by the service in general; the way they have assessed what I need and organised everything is fantastic." Another person said, "As well as helping my relative to get washed and dressed every morning, they also follow behind them whilst they walk around with their frame. They often tell them to slow down, which I'm pleased about, because I don't want them falling over. If I had any concerns about my relative's safety, I'd soon be in touch with the office to sort it out."

Staff confirmed they received training prior to using any equipment and their practice was assessed to ensure they were competent. People's home environments were assessed to identify any hazards. This included a home fire awareness which staff completed on their first visit to people. Where hazards were identified regarding fire safety, staff were able to refer people with their consent to the 'Olive branch' project. This is a project with Staffordshire Fire & Rescue Service for a free home fire risk check. We saw that one person following a free home check had smoke alarms installed in their home.

People were supported when they lived alone to keep safe. For example, people told us that staff reminded them to keep their emergency call pendants with them at all times and ensured their properties were left secure when they had finished their visit. One person said, "My carers let themselves in and out with one of

those key safe boxes. I've never had any carer leave the door unsecured." Another person said, "I've had a key safe for a while. I was a bit worried when I first had it, that it wouldn't be secured properly, but I've been pleasantly surprised that I've never had any problems at all."

There were enough staff to meet people's needs and support their recovery. People told us that staff arrived on time and were not rushed during their visits. One person said, "The staff arrive within their slot and I've never been rushed." Due to the nature of the service the level of support people received changed regularly as their support needs changed. One person told us, "My care finishes this week. I've gone from having three calls a day, to not needing any further support now. I am so grateful to the staff for all their care." People confirmed that none of their calls had been missed and confirmed that if their staff member was running late they were contacted. One person said, "When my carer was held up by the snow last week, she phoned me so that I knew what was happening and she got to me when she could."

The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff and saw that all the required checks had been undertaken. For example, we saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

When people required support to take their medicines, systems were in place to ensure the support they received was provided in a safe way. One person told us, "I have my tablets now sent to me in blister packs, which help. My carers just remind me to take them and they give me a drink to take them with and then it gets written up in the notes." One member of staff told us, "All the medicine records are handwritten by two staff when a person starts using the service. This is done so that we can double check everything is recorded correctly before we start supporting people with their medicines." Staff confirmed and we saw that they received training to support people with their medicine. Staff confirmed that they received competency checks to ensure they were doing this correctly. We saw that when people received support in this area, accurate records were kept and support plans identified the assistance people required.

Staff understood their responsibilities to ensure high standards of hygiene were maintained. One person told us, "Having been in hospital for a few weeks, I have to say that my carers' hygiene is far better than I experienced in hospital. They are really on the ball." Staff confirmed that they were able to access stocks of personal protective equipment as required and were provided with training and hygiene competency checks.

Continuous monitoring was in place to ensure any accidents or incidents were reviewed and actions taken as needed. The provider's systems enabled the management team to look for any patterns or trends; to enable them to take action as needed. The manager confirmed and we saw that no patterns or trends had been identified within the last 12 months.

Is the service effective?

Our findings

People received support that was focused on their recovery following a period of ill health, such as following discharge from hospital. One person told us, "It was all discussed while I was still in hospital. It was a very easy process." Staff understood their role in encouraging and supporting people to achieve this recovery. One member of staff said, "It's a lovely job helping people to regain their independence." Another said, "People quickly lose their skills when they spend any length of time in hospital. It's our job to help them get back to where they were before they became unwell and our recovery rate is really good. There are a few people that move onto mainstream domiciliary care, if they need some further support but the majority don't need any."

People were protected under the Equality Act as the barriers they faced because of their disability had been removed to ensure they were not discriminated against. This varied from a variety of equipment and adaptations, to enable people to move around their home independently.

People's support was based on the outcomes they wanted to achieve and their recovery was continuously assessed to monitor their improvement. People were aware that the support was time limited, and we saw arrangements were made if people required support in the future. One person's relative told us, "[Name] has made an amazing recovery but they are going to need some ongoing support for a while yet. It's already been arranged with another service and they have been fully involved. Everything is very organised."

People we spoke with said the staff were competent in meeting their needs. One person told us, "My relative has some equipment to help them turn in bed and the carers use it with them. They've obviously used similar things in the past, because they know what they're doing with it." Staff received training and support to enable them to provide effective support for people and were able to tell us about the support people needed and what they were able to do independently

New staff received an induction that prepared them for their role, and staff told us how this was tailored to meet their learning needs. For example, one member of staff told us, "I didn't need to complete the care certificate as I worked in healthcare before so my induction was based on my learning needs for this job" The care certificate is an induction that sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

Staff told us the training they received supported them to do their job. One said, "The training is very good, it covers all the mandatory training and training like British sign language so that we can support people who use this. We have also had counter terrorism training. This was very helpful in identifying what to look for, so that we can report any concerns. Another staff member told us, "We have staff who are champions in different areas like medication. These staff have had extra training so if we need any advice or support, we can contact them and the new starters also work with them during their induction. "We saw that training was refreshed annually to ensure staff remained up to date with current practice guidelines. Staff confirmed they received regular supervision and an annual appraisal and we saw a plan was in place to ensure

supervision was provided on a regular basis. One member of staff said, "We have one to one supervisions and spot checks of our practice but if we need any additional support we can contact the office at any time. The manager and all of the coordinators are very supportive."

Where people needed support to prepare their meals they confirmed the staff supported them as needed. One person told us, "For the first few weeks the carer's were making my breakfast for me and they always asked me what I fancy eating. They never mind doing anything." The staff confirmed that if they had any concerns about a person being at risk nutritionally, they reported this to the office, and referrals were made to the relevant community professionals.

We saw that the staff team worked with a team of professionals to deliver effective care to people. This was ongoing from the time of the person's initial assessment until discharge and involved continuous monitoring to ensure the support they received met their changing needs. The care coordinators looked at the weekly reviews that were undertaken by care staff and amended people's support plans accordingly in consultation as needed with the multi-disciplinary team. Where people needed ongoing support following discharge they were supported to organise this.

People we spoke with were able to make their own arrangements in relation to their healthcare. However, we saw that referrals were made to healthcare professionals in a timely manner when needed and staff supported people to organise appointments when this was requested. For example, during our visit to one person they asked the member of staff to contact a health care professional regarding a planned appointment and this member of staff was happy to do this for them.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People we spoke with were able to make decisions about their care and support. One person told us, "I decide in the morning whether I want a shower or a wash." Another person told us, "The staff do exactly what I ask and they always ask my permission before they do anything. They also record that they got my consent before they supported me. It's all very professional." The manager confirmed that all of the people using the service at the time of the inspection had the capacity to make their own decisions. They told us, "If we suspected that someone didn't have the capacity an assessment would be undertaken to confirm this." Staff understood the MCA and were aware of how this could impact on the support they provided. One said, "The people we support all have capacity. If a person lacked capacity they would be assessed regarding the support they needed to make decisions and how their lack of capacity might affect their recovery."

Is the service caring?

Our findings

People told us the support they received from the staff was caring. One person told us, "We have been so impressed with their caring nature. Nothing has been too much trouble." Another person said, "Whatever help I need, they are there. I've been struggling to change my bed so they've been helping me with that even though it's not written down for them to do it." A relative told us, "Although they come to look after my relation, they always take time to ask me how I'm managing and to find out if I need any help with anything."

Staff listened to what people told them, and respected their views about the support they received. One staff member commented, "We work at the person's own pace and never rush them." Another staff member told us, "It's a lovely job seeing the improvements people make and how this helps them to get their confidence back." This demonstrated that people were enabled to have as much control in their lives as possible.

The nature of the service was to support people to be as independent as they could be. One person told us how they now received minimal support in comparison to when they started using the service four weeks earlier. Care records showed us the improvements people made throughout their recovery journey. For example one person's records showed that they were now able to make a sandwich and hot drink, use the microwave and manage most of their personal care independently. We saw that staff also supported people to learn new skills, for example one person had learnt how to make an omelette. The staff that supported them had written, 'I showed [Name] how to make an omelette, we did this together.'

People told us their privacy was respected; examples given were that staff always knocked on their door and when they entered using a key safe system they called out when they entered their home. One person told us, "All the curtains get shut and the lights put on when my carer gets here in the afternoon, especially now while the afternoons are so short."

Is the service responsive?

Our findings

People were involved in making decisions about their care. A reablement plan was developed with the person and we saw the person's views on what they wanted to achieve were recorded and monitored on an ongoing basis. One person told us, "I can't think of anytime that I haven't been listened to. I was asked about what support I needed and when." Another person said, "I have achieved more than I thought I would, so I have exceeded my own expectations thanks to the support I have had from the staff."

We saw that people's care plans contained information that was personal to them. This included details regarding their protected characteristics, for example their race, religion and belief. We saw that people's communication needs were also considered within the care planning process. The manager confirmed they were aware of accessible information standards (AIS) and told us that if people required information in an alternative format, such as large print, pictorial or audio, the provider was able to action this. Staff confirmed that the care plans were a working document which they used to help them provide individualised care to people. One member of staff told us "Information is continuously updated as their recovery progresses; or if we find that they aren't progressing as they had hoped, we would feed this back to the coordinators."

People's choices and preferences were taken into account regarding the support they received. One person told us, "I did say that I preferred female carers and I get female carers." Another person confirmed this and said, "I was asked if I had a preference in staff gender but I told them I don't mind."

People knew how to raise any concerns or make a formal complaint. One person told us, "I would speak with the manager of the service." Another person said, "I would ring the office if anything was bothering me." We saw that people were given a copy of the provider complaints policy when they began to use the service and the manager had responded to people in line with this.

At the time of this inspection, the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

There was no registered manager in post. The previous manager cancelled their registration in May 2017. The provider sent us an updated statement of purpose in August 2017. A statement of purpose describes what the service provides, where that service is provided from and who they provide the service to. It also includes the provider's aims and objectives. The statement of purpose showed the address of the service, known as the 'location' had changed. However, the provider failed to send us a formal notification confirming this change of location. This meant we were not aware of this change.

This is a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

Registering a location is a condition of a provider's registration under section 33 of the Health and Social Care Act. The provider had not registered the new location with us as they did not have a registered manager in post; which is a requirement when registering a new location. We saw that three people had been put forward to register as the manager since August 2017; however, none had completed this process. This meant the provider had failed to comply with the condition of their registration to register the new location.

This is a breach of Section 33 of The Health and Social Care Act 2008

At the time of the inspection a new manager was in post and they were being supported by the registered manager from another Living Independently service within the county. They confirmed they had commenced the process to register as the manager; which meant that once this was completed the provider would be able to register the new location.

People found the service to be well led. One person said, "I really feel that I am only getting so much better because of all their support and attention." Another person told us, "It's a wonderful service and very well managed. I didn't know they existed before I started using it; I have no complaints at all." None of the people we spoke with raised any concerns regarding the support they received; although some did say they would appreciate a rota so they would know which staff member would be supporting them. A staff member told us, "We always tell people when we visit who the next call will be made by." We saw this happen when we accompanied a staff member on a visit. However, we fed back to the manager people's request for a rota so that this could be addressed.

Staff confirmed they felt supported and encouraged to develop their knowledge and skills. One staff member recently employed told us, "I absolutely love this job there is no going back for me." A member of staff who had worked at the service for several years told us, "There have been a lot of changes over the years but we are supported to learn and develop our skills." Staff told us about the team meetings they attended and how they contributed to these, to share ideas and learning.

People were encouraged to provide feedback about the support they had received once their period of

reablement had finished. We reviewed the responses over recent months and found the comments were consistently positive. We saw surveys were written in an accessible format, for example using symbols. This enabled people who may have struggled with written words to share their experiences.

The provider had effective systems in place to monitor the quality of the service. These included a number of internal checks and audits as well as a provider audit. They used this information to identify any trends and then put any required actions in place. The provider understood their responsibilities and worked closely with their senior managers to ensure people received good quality support. We saw our latest rating was displayed at the location and on the provider's website, as required.

The provider worked in partnership with other professionals to provide short term reablement support to people. This included crisis intervention to prevent admissions to hospital. The manager and staff team told us of the provider's plans to broaden the services available to people. This included supporting people with palliative care to prevent them having to be admitted into a hospital or a care home setting. One staff member told us, "We will continue to provide reablement but will also be able to support people to stay home where possible when they are reaching the end of their life; this has to be the best option for people to be in familiar surroundings. This won't happen until we have all the training, but it is an exciting time with lots of development and learning opportunities."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 15 Registration Regulations 2009 Notifications – notices of change The provider failed to send us a formal notification confirming they had moved location.
Regulated activity	Regulation
Personal care	Section 33 HSCA Failure to comply with a condition The provider had failed to register the new location which is a condition of their registration.