

Staffordshire & Stoke-on-Trent Partnership NHS Trust

Living Independently Staffordshire - Stafford

Inspection report

Greyfriars - Stafford Therapy Centre
Unit 12, Greyfriars Business Park, Frank Foley Way
Stafford
Staffordshire
ST16 2ST

Tel: 07815827091

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14 December 2016

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Ratings

Overall rating for this service	Good ●
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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

This inspection took place on 14 December 2016 and was announced. This was the provider's first inspection of this service since registration.

Living Independently Staffordshire supported people with personal care and re-enablement in their own homes for up to six weeks. At the time of this inspection there were 32 people using the service.

There was 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.

People were protected from abuse and the risk of abuse as staff and the manager followed the correct procedures and reported potential abuse to the local safeguarding authority for further investigation.

Risks to people were assessed and minimised through the effective use of risk assessment and staff knowledge of people and their risks.

There were sufficient numbers of suitably trained staff to keep people safe. Staff had been employed using safe recruitment procedures to ensure they were of good character. Staff had been trained to administer people's medicines safely.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The provider worked within the guidelines of the MCA to ensure that people consented to their care, treatment and support or were supported to consent with their representatives if they lacked capacity.

People's planned care was personalised and met their individual needs and preferences. The provider had a complaints procedure and people knew how to use it.

Staff were supported to fulfil their role effectively. There was a regular programme of training that was relevant to the needs of people, which was kept up to date.

People were supported to eat and drink to maintain a healthy lifestyle dependent on their specific needs and choices. The staff worked with other health care agencies to ensure people's health needs were met. When people became unwell staff knew what to do and responded and sought the appropriate support.

People told us that staff were kind and caring and their privacy was respected. People's feedback on the service was regularly gained. The provider had systems in place to monitor the quality of the service.

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 protected from abuse and the risk of abuse as the registered manager and staff knew what to do if they suspected potential abuse had occurred.

Risks of harm to people were assessed and precautions were put in place to minimise the risk.

People's medicines were managed safely.

There were sufficient, suitably trained staff to safely meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

The provider was following the principles of the MCA by ensuring people consented to or were supported to consent to their care.

People were cared for by staff who were trained and supported to fulfil their roles.

People were supported to maintain a healthy diet and to eat and drink sufficient quantities.

When people became unwell or their health care needs changed, professional health care advice was gained.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were supported to be independent and make choices about their care.

People's right to privacy was upheld.

Is the service responsive?

Good ●

The service was responsive.

People were receiving care that met their individual needs and preferences.

The provider had a complaints procedure and people knew how to complain.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post.

Staff were supported and motivated by the management team to fulfil their roles.

Systems were in place to monitor the quality of the service were effective.

Living Independently Staffordshire - Stafford

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 14 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone was available to facilitate the inspection.

This inspection was undertaken by one inspector and 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.

We reviewed the information we held on the service. We looked at notifications sent to us by the registered manager and used the action plan they had sent us following our previous inspection to inform the inspection. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications.

We spoke with five people who used the service and four of their relatives. We spoke with two care staff, a team leader and the registered manager.

We looked at two people's care records, two staff recruitment files, a staff rota, training records and the systems in place to monitor and improve the service. We did this to check the provider was meeting the required standards.

Is the service safe?

Our findings

People were safeguarded from the risk abuse as the registered manager and staff knew what to do if they suspected someone had suffered abuse. A staff member told us: "I have reported some concerns to the manager before as I thought someone had been hurt". The registered manager told us that a member of staff had recently alerted them to someone they cared for being potentially abused by a family member. The registered manager had raised a safeguarding referral with the safeguarding team for further investigation. This meant that the correct procedures to protect people from the risk of harm were being followed.

Risks of harm to people were assessed prior to the service commencing and plans put in place to reduce the risks. We saw there were risk assessments in place in relation to supporting people to mobilise. Occasionally people required the use of specialist equipment to help them mobilise such as a Molift Raise. The Molift Raise is a sit to stand patient turner that has been designed to provide a safe and effective method of helping the user to their feet. Staff we spoke with knew the equipment people required to keep them safe whilst promoting their independence and had been trained to use it safely. A relative told us: "My relative has a frame and other bits, the staff helped to adjust the equipment properly and advised on the best time to use it." Risks associated with people's individual homes were assessed so as to keep the person and staff safe whilst providing care. Staff had received 'Olive branch' training. This training encourages staff to identify potential fire hazards and other risks in people's home and to reduce the number of accidental dwelling fires, fire-related deaths and injuries. This showed that the provider was supporting people to remain safe in their own homes and reducing the risk of harm.

People were supported with their medicines by staff who were trained in managing their medicines. People's needs in relation to medication were assessed and the support given was based on people's individual needs. Some people required their medicine administering, however most people only required prompting to take their medicine. Staff signed to say that people had taken their medicine and on occasions when they found that a medicine had not been taken they sought advice as to what to do. One staff member told us: "If I get to someone's house and see they haven't had their medicine, I will check the report book first and then ring the office. I would then ring their GP or 111 for advice". There were 'medication' champions within the staff group who were responsible for checking the competency of all staff members; this was completed as an observation of practice in people's homes. This meant that people were being supported to take their medicines safely.

There were sufficient suitably qualified staff to meet the needs of people who used the service. New staff had a period of induction which included shadowing more experienced staff on care calls until deemed competent to work alone. Staff we spoke with told us they were given enough time in between calls to be able to travel to the next call without being late. If a staff member was running late due to unforeseen circumstances such as a traffic delay, they rang through to the office and the person was informed of the lateness of the call.

New staff were recruited using safe recruitment procedures. Pre-employment checks were carried out to ensure prospective new staff were fit and of good character. These checks included disclosure and barring

service (DBS) checks for staff. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant. This meant that the manager could be sure that staff were of good character and fit to work with people.

Is the service effective?

Our findings

People were cared for by staff who were supported and trained to fulfil their roles effectively. Staff we spoke with told us that they received on-going training and development which was kept up to date and regularly refreshed. Staff spent regular one to one time with a team leader to discuss their personal development. People we spoke with told us they felt the staff were effective in their roles. One person told us: "Yes they knew what they were doing, some of them would tell me about the refresher courses they have been on".

People had consented to their care and support from the service. Staff we spoke with told us they asked people if they were happy for them to continue with the care before commencing the planned care tasks. One person told us: "Every time the staff came they would ask if I was ok about having the care before supporting me." If people lacked the mental capacity to agree to their care due to living with dementia the registered manager told us that this would be agreed as a 'best interest' decision. This involved the person's representative such as family members and the person's social worker agreeing to the care. This meant that the provider was following the principles of the Mental Capacity Act 2005 (MCA). The 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.

Some people received support to prepare their food and drink to maintain a healthy diet. The registered manager told us that if there were identified concerns about people's eating and drinking staff recorded what was offered to eat and what was consumed. A member of staff told us that they signposted people to where they could gain nutritious food from which was easy to prepare. They had also purchased big handled forks for people when they were struggling to hold the fork, if they had had a stroke for example.

The registered manager and staff worked with other health care agencies such as occupational therapists and district nurses to support people with their health care needs. One person who used the service told us: "When I got sore from sitting the staff got in touch with the nurses and got me a pressure cushion to sit on". Staff we spoke with knew what to do if they thought someone had become unwell. One staff member told us: "I saw that someone was getting depressed and arranged a referral to a community nurse for support". A relative told us: "Yes the staff look to see if my relative is ok, they called a doctor once when she appeared unwell."

Is the service caring?

Our findings

People told us they were treated with dignity and respect. One person told us: "The staff are very caring very good, they are very polite and know my needs and they are understanding." A relative told us: "They never rush my relative; they let her do things in her own time. They also make conversation with her." Staff we spoke with demonstrated kindness when talking about the people they cared for. One staff member said: "I love my job; I like problem solving for people. I once researched and got some equipment for one person to make a task easier for them. I won an award for that."

People told us that their privacy was respected. One person told us: "The staff were extremely good, I left the bathroom door slightly ajar if I needed them I could shout them, when I did have help with washing they put a towel around me." Another person told us: "The staff were very professional and prevented embarrassment, they handle personal care well and are very gentle." A member of staff told us: "I will always ask if the person is ok for me to do things, like I will ask if I can go into the kitchen I won't just assume."

People were supported to be as independent as they were able to be. One person told us: "The staff were concerned when I said I didn't need them anymore, they checked I could do things on my own before leaving me to it". A relative told us: "My relative was encouraged to do things, from making drinks to making breakfast and doing more and more." We saw in a recent quality survey one person had written 'I cannot thank the rehab ladies enough for their dedication to duty and to enable me to fulfil my aim to become totally independent'.

Everyone had a care plan which was put together with the person and their representatives. One person told us: "My family are very strong minded and are fully involved in my care". Another person told us: "Someone is coming out tomorrow to put together a care plan with me." This meant that people were involved in the planning of their own care.

Is the service responsive?

Our findings

The service was designed to enable people to become independent usually following a period of illness. Prior to agreeing to the service a full assessment of people's needs were completed and a care plan was drawn up with the person and their representatives. The service was time limited to six weeks and if people required more support after that time, they were signposted to other services for further support. Times of people's calls were set and agreed at the start of the service. People knew what care to expect and at what times. One person told us: "I had the carers at the time they were able to come, but I was able to change the time if I was going out or had a hospital appointment." Another person told us: "They come in the morning and the evening, not too late in the evening which is good."

Everyone had their own re-ablement journey document with goals to be met. Staff were responsible for feeding back to the management team on a weekly basis the progress being made towards the goals. The goals could change as people met them and new goals were set. The service was flexible and constantly changing as people's needs changed. We saw and staff told us that they were kept informed of any changes in people's needs if anything had changed since they had last cared for the person by email or telephone. Care plans were kept up to date with the relevant information to ensure that care being delivered reflected people's current care needs.

Staff we spoke with told us how they looked for ways of helping people with their goals. They would research equipment and seek advice from other health agencies to help people achieve their goals. People told us that they were helped to meet their goals. One person told us: "The staff have helped me gain the confidence to have a shower." A relative told us: "They extended the care my relative received in order to make sure she had fully recovered and rehabilitated."

People we spoke with told us they knew how to complain if they had any concerns about their care and support. One person told us: "There is a contact number in my book if I need to complain." Another person said: "I have all the numbers in a book, I would contact the office." The provider had a complaints procedure; however the registered manager told us there had been no recent complaints.

Is the service well-led?

Our findings

The service was going through a period of change and staff were receiving consultations on the changes. The registered manager was ensuring that staff were being kept up to date with all the relevant information by regular emails updates. Staff we spoke with told us that the registered manager and management team were approachable and supportive during this time.

Staff performance was monitored through regular supervision and appraisal. Staff we spoke with told us that they had confidence that the registered manager would deal with any issues they may report or discuss with them such as whistle blowing concerns. Staff we spoke with confirmed that they had regular training, support and supervision to ensure they were providing good quality care. The registered manager recognised and rewarded good staff performance. We saw a 'moments of brilliance' board which highlighted individual staff's ideas and actions which had supported people to become independent.

People who used the service told us they felt it was well managed. One person told us: "It is well managed as the staff knew where they needed to be and at what time. If there were any problems, the staff would contact the office who would then contact a family member to let us know." Another person told us: "They have been very good and helpful. Excellent in fact, I would definitely recommend them. Their appearance was always clean and tidy. They were very friendly. I never needed to contact anyone in the office, but I knew they were there if I needed them."

There were systems in place to monitor and improve the service. Regular feedback was gained from people who used the service through quality surveys including an end of service questionnaire when people stopped using the service. We saw comments on a recent questionnaire which stated; 'The service has been fantastic, carried out by a very caring and dedicated team', and 'I wouldn't have managed without the staff'.

Accidents and incidents were analysed to look for trends and people's communication and medication records were regularly audited to ensure the care being provided was as planned. The registered manager had sent us notifications of significant incidents as they are required to do.