

# Staffordshire & Stoke-on-Trent Partnership NHS Trust

## Living Independently Staffordshire - East Staffs

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected this service on 14 and 15 September 2016 and the inspection was announced. We gave the provider three days' notice of the inspection so that we could arrange to visit some people who used the service, telephone others and speak with staff. They were last inspected in November 2012 and were fully compliant against the standards we reviewed.

Living Independently Staffordshire is a short term reablement service for people living in the East Staffordshire area. This service supports adults with health and social care needs to maximise or regain their independence. They also provide short term crisis intervention. There were 55 people using the service at the time of our inspection.

There was a registered manager at the service. 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 involved in setting their reablement goals and deciding on the care they wished to receive. They consented to their care and if they did not have capacity to make decisions then referrals were made to assess capacity. Staff monitored their progress and worked closely with other health professionals to encourage people to develop their independence. People had reviews and were supported to raise any concerns. When people required longer term support their transition to a new agency was planned and supported.

There were caring relationships between staff and people who used the service. Their privacy and dignity was respected and upheld and any information held about them was kept confidentially.

Staff were supported and trained to ensure that they had the skills to support people effectively. Some staff had champion roles so that they could develop their expertise and support their colleagues. There were safe recruitment procedures in place to ensure that staff were safe to work with people.

People felt safe with staff members who were trained in safeguarding and understood how to protect people from harm. Any concerns were reported in line with procedures and actions were taken to protect people. People knew how to make complaints if they needed to.

Risks to people's health and wellbeing were assessed and staff were trained to recognise any changes to people's needs. Plans were in place which described how to support people safely, including using equipment to assist them to move. Some people received assistance to take medicines and records were kept to ensure that this was done safely.

There were enough staff to meet people's needs and because they worked in smaller geographical teams

teams people received care from regular staff. People received the assistance they required to have enough to eat and drink.

Staff were well supported and felt involved in the development of the service. There were systems in place to drive quality improvement which included regular audits.

## 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 knew how to keep people safe from harm and how to report any concerns that they had. Risks to people's health and wellbeing were assessed and plans to manage them were followed. There were sufficient staff to ensure that people were supported safely and safe recruitment procedures had been followed. When people required assistance with their medicine there were systems in place to reduce the risks associated with them.

### Is the service effective?

Good ●

The service was effective.

Staff received training and support to be able to assist people effectively. They worked closely with other professionals to ensure that their health needs were met and made referrals where necessary. Staff sought people's consent when providing support. People were assisted to eat and drink when this was required.

### Is the service caring?

Good ●

The service was caring.

Staff developed caring relationships with the people they supported. They respected their privacy and dignity and promoted their independence.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in setting their reablement goals and had reviews to monitor their progress and decide if any additional support was needed. They knew how to complain and were supported to report any concerns.

### Is the service well-led?

Good ●

The service was well-led.

Systems were in place to assess and monitor the quality of care to drive improvements. The staff team were well supported and were given opportunities to develop their skills to input into the development of the service.

# Living Independently Staffordshire - East Staffs

## **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 checked 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.

The inspection visit took place on 14 and 15 September 2016 and it was announced. It was carried out by one inspector and one expert by experience. An expert by experience is someone who has personal experience of using services or caring for someone who did. We gave the provider three days notice of the inspection because it is a domiciliary care service and we wanted to ensure that people would be available to speak with us. We asked the provider to give us contact details of people who would be willing to give us feedback and to arrange for staff to be available to meet us.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider had 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 used this information to help us to come to our judgement.

We used a range of different methods to help us understand people's experiences. The expert by experience spoke with ten people who used the service or their relatives on the telephone to gain their feedback. We visited two people in their homes with their relatives. We spoke with six members of staff, the registered manager and two health professionals. We looked at the care records of five people to see if these were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

# Is the service safe?

## Our findings

People told us that they felt safe with the staff that supported them. One person told us, "I feel very safe and at ease with them and they are considerate in the house." Another person said, "It's helping me and I would not want to be without this help now because I feel safe". A third person said, "They are helping me to be safe and I have equipment in the house to help me to move". Staff were knowledgeable about the risks associated with people's care and how to manage them. For example, where people needed to use moving and handling equipment, the risks had been identified and staff received specific training for the equipment. One member of staff described, "The occupational therapist has supported us to try lots of different equipment to help one person to move safely in their own home. They do the support with us to check that the equipment is suitable and also to ensure that we are doing it correctly". When we looked at records we saw that there were risk assessments which were updated and reviewed when people's needs changed.

Environmental risks were also assessed to ensure that people were protected from identified risks. One person told us, "They looked at my home when I came out of hospital and suggested that I take a rug out of the living room in case I tripped over it". Another person told us, "The fire service is coming this afternoon to check that we are safe because the staff suggested to me that it would be a good idea". When we spoke with staff they told us, "If we see any fire hazards or that a home doesn't have smoke alarms then we will refer to the Olive branch project". This project is delivered by the Staffordshire Fire & Rescue Service and offers a free home fire risk check. We saw that arrangements were in place for staff to be able to access people's homes securely if they were unable to let them in. This included using key safes which were protected by codes and only shared if necessary with the staff. One relative said, "We have the key safe in place but have agreed which people have access to it with the office".

Staff knew the signs of abuse and were confident how to report any concerns that they had. One member of staff told us, "I would report any worries to the co-ordinator or the manager straight away. We have had lots of training in safeguarding and I know that they would follow it up straight away". We saw that when concerns had been reported the registered manager had notified the local authority and worked closely with them to resolve them where possible.

People were supported or prompted to take their medicines when required. One person said, "They just remind me to take my tablets and they make a note in the book of what I had". One relative told us, "I order the tablets but staff give them to my relative and check that we have everything". In the PIR the provider told us that when people receive their first visit medicines are checked by two staff to ensure accuracy and safety. A member of staff confirmed, "On the first visit we check the dose, name etc. of the medication with another staff member and record it and then we both sign it". Staff told us that they received training to safely administer medicines. One member of staff said, "We are putting a new medication procedure in place and as the medication champion I have had a lot of training which has given me an understanding of what medicines are for. It means that I can support other team members. I do some of the observations to check they are doing it right". A medicines administration record was kept in people's homes and we saw that staff signed when medicine had been given, or recorded if not given with the reason why. There was an

audit in place by the registered manager to review if any medicines were missed and what actions were taken as a consequence. This demonstrated that medicines were managed so that people received them safely and to reduce the risks associated with them.

People told us that there were enough staff to meet their needs. One person said, "I have four calls a day and they are always here when they should be". Another person said, "You can set your watch by them". One more person told us, "They are occasionally late but if they are going to be they let me know." One relative said, "We were given contact numbers so we can get in touch and that includes out of hours emergency numbers". People and their relatives told us there was consistency in the care they received. One person said, "We have a lot of calls but we still know all of the staff that come and if there is anyone new we are introduced to them". One member of staff explained, "We work in smaller location teams so that we cover the area where we live so that we can provide continuity. It is also good to have a broader team though because a fresh pair of eyes can see things you have missed or have new ideas. It means we can work together if two staff are needed or cover each other more easily when someone is off too".

The provider ensured that recruitment procedures were followed which meant that staff were safe to work with people. One member of staff told us, "Before I started they checked my previous experience and made sure that references and police checks were completed". Records that we reviewed confirmed this.

## Is the service effective?

### Our findings

People were supported by staff who had the knowledge and skills to do so effectively. One person said, "I think the staff are well trained and professional and they are helping us get back to normal". Staff we spoke with said that they received the training that they needed. One said, "Some of the training is on-line and some is through a talk. It works well to have a mix and then we have spot checks quite frequently to check we are doing it correctly". Another member of staff said, "I am the moving and handling champion and I do a full day working alongside new staff and then half day refreshers. The staff will ring me if they are uncertain as well. I had a secondment with the organisations trainers for six months and so I feel confident in my knowledge". The registered manager told us, "We work very closely with other health professionals and so I organise training when we have someone to support with specific needs, such as epilepsy".

New staff received an induction which included mentoring into their new role. One member of staff told us, "I was supported into my role for several weeks and did not work independently until I felt confident. I also completed the care certificate which gave me a good overview". The Care Certificate is a national approach to meeting induction standards in social care. Another member of staff said, "When I started I had a full weeks training away from the office and then I was mentored into the role by the team I work in. I also had training specific to my role in management skills and when I had to deal with a difficult situation specific support was put in place to support me by the manager". This demonstrated that the provider ensured that staff in different roles had the support required to be able to do their job well.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA. Staff we spoke with understood about people's capacity to make decisions for themselves and could describe how they supported them to do so. One person told us, "They show respect for me and they check what I've said and ask me if they have got it right". One member of staff said, "We ask people if they consent to each aspect of their care. If I felt that somebody didn't have the capacity to consent I would make a referral for them to have a full capacity assessment". The registered manager said, "We work closely with health colleagues who will complete the assessment. Sometimes this has taken two weeks and we have supported them by recording our observations when we support someone. It is important that we get it right so that the person has the correct longer term package of care in place when they finish with us". Records that we reviewed demonstrated that capacity assessments had been completed around certain decisions and staff asked people to consent to their care. The manager told us that they regularly checked that staff did this through observations and audits.

People were supported with their health care when needed. One relative we spoke with said, "They will



alert us to any problems they see and suggest that we should see a doctor". Another relative said, "They have arranged for a hearing assessment to take place at home because we can't get out at the moment to our appointment". The registered manager told us, "We work very closely with health professionals to ensure that people have a joined up service". One healthcare professional we spoke with said, "The staff are brilliant and know people really well. We often visit people together to complete assessments and to support them. They keep me informed of people's progress and keep records so that I know what has happened at my next visit". Staff told us that working in multidisciplinary teams meant that they built relationships with colleagues who they could ring for advice or make referrals to if they thought it was necessary.

Some people needed support to prepare and eat their meals. One relative told us, "They make the meals and also a cup of tea or a flask so that my relative can have a drink throughout the day". Another relative said, "I cook the meals but the staff put me in touch with a dietician and now I fortify the food to help my relative to put some weight back on". This showed that the provider ensured that people had enough to eat and drink and considered how to support them further.

## Is the service caring?

### Our findings

People we spoke with described caring, kind relationships with the staff that supported them. One person said, "They are very respectful and polite". Another person said, "I am always pleased to see them because they are very good". A relative we spoke with told us, "They are excellent. Nothing is too much trouble and also they are very thorough and professional". Another relative said, "I am happy because I know my relative is safe but it is the little things that make a difference. They will also have a chat and a laugh and one member of staff keeps my relative amused with tales of what their puppy has done".

People told us that staff respected their privacy and dignity. One person said, "I have a keysafe and they use it. They announce who they are before they come in and then they always say good morning; they are very polite and they respect my privacy". One relative we spoke with told us how staff had maintained the person's dignity so that the person being supported would accept the care. They said, "They worked with them and tried to make light of some things which made them not feel embarrassed and put them at ease". Other people described how staff encouraged them to do as much of their own personal care as possible which maintained their dignity and promoted their independence. One person told us, "They were very good at the beginning but then I told them I can do it myself now and so that is what happens". Staff we spoke with told us that they had done 'Dignity in Care' training which helped them to ensure that people's dignity was at the forefront of the support they provided. When we spoke with one member of staff they showed us that they had bought someone they supported something at lunch time which might help them to complete a personal task independently. The member of staff said, "I saw it as I was walking through town and thought it would be just the trick for them".

Staff told us how they protected people's confidentiality and privacy. One member of staff said, "We have arrangements in place for staff to deliver the weekly rota to each other rather than put them in the post because the information contains people's addresses and key codes". Another member of staff said, "I pop into the office and collect the rotas for a few of the staff who live by me and drop them off to them. I don't mind because I know how I would feel".

People were supported to develop and regain as much independence as they could. People told us how they were encouraged to do more for themselves over time and were assisted to ensure that they had the correct equipment to stay in their home. One person said, "I am getting my mobility back and have a walking frame to help me get about at home". A relative we spoke with said, "The staff now call once a day but it was twice originally. My relative did not need the evening call as they were able to do this quite quickly themselves".

## Is the service responsive?

### Our findings

People told us that the care and support they received was agreed with them and they knew what their reablement goals were. One person said, "They did a plan with me and we know where we want to get to". In the PIR the provider told us that they had a dedicated member of staff who worked in the hospital to ensure that people were discharged smoothly with a care plan in place. A relative we spoke with confirmed, "We put the plan together before my relative left hospital. We are working together to get them moving and get the right equipment in place". The registered manager told us, "We would like to expand on this role because it has worked so well. It makes the transition smooth and avoids those situations when people return home unable to cope". Records that we reviewed clearly demonstrated what the person's goals were. A healthcare professional we spoke with said, "We set goals for the first six weeks and together we monitor progress. The staff are knowledgeable about people and work with them to constantly review how they are getting on".

We saw that care records were kept in people's homes. They were detailed, recorded personal preferences and were completed after each visit. One person told us, "They got all the information that they needed to help me and it was in the book. There was a care log with what they did in it". A relative told us, "They always write down what they have done in the book and then whoever comes next has a look so that they know too". Staff we spoke with told us that communication within the team was good so that they were kept informed of people's changing needs. One member of staff explained, "We have a weekly rota and then we all have a smart phone where we will get a daily message if anything has changed. For example, someone may require an extra visit or we may be asked to support on an assessment visit".

People we spoke with told us that they had their care reviewed. One person said, "Yes, I have had a review and the care was all checked out and it was agreeable to me". Some people described how their care was reduced over time and other people said that they were looking at a longer term support plan. One person said, "They will stay until I can get the right package and I need a good agency". The registered manager explained, "We provide a basic six week service but this can be extended to twelve weeks if we think there is a need. Sometimes we continue to support people until alternative care can be arranged". One member of staff we spoke with told us about the transition to a new provider. They said, "Whenever possible we try to get the new agency to shadow us when we support people and this helps the family accept the new carers".

People told us that they had received information about how to complain or raise concerns if they felt it was necessary. One person said, "I've had no complaints but they have given me notes with numbers and you can call them if you need to and they say how if you want to complain. They also let me have out of hours numbers etc. so I can contact them anytime I need to". Another person told us, "I've had no complaints and a lady called today from the team and she checked things out with me and they're all agreeable". We saw that people received information about how to complain with their care plans. There was a complaints procedure in place which was monitored by the provider although no complaints had been received.

## Is the service well-led?

### Our findings

People spoke positively about the care and support they received. One person said, "I would say the service is very good or excellent". Another person said, "I would recommend them. Their help has made a real difference". People told us that they had regular contact from care co-ordinators to check that everything was working well for them. One relative told us, "Today they came from the office and did a spot check and they looked through the books. They had a chat with us and we agreed that its working, no concerns". The registered manager told us that they sent satisfaction surveys to people at the end of their support package and used any feedback to develop the service. They also reviewed progress at a later date to judge the effectiveness of the service. They said, "Nearly half of the people who come to us leave with no further support required. After three months we do a follow up to check if they are still at home. This helps us to review whether we got all of the right things in place for people at the time".

The staff told us that they felt part of a supportive team and that they all had a clear understanding of the values and purpose of the service. One member of staff said, "The focus on reablement and working closely with other professionals is such a good model. It makes a real difference to people and helps them when they leave hospital to get their lives back on track". Staff understood their role within the team and there were clear lines of communication and areas of responsibility. There was an on call rota and one member of staff explained, "I am on call one week in five and I make sure that all of the staff are back from their evening calls so that we know our lone workers are safe".

Staff told us that they had regular appraisals and team meetings which gave them support and guidance. One member of staff said, "We meet as small location teams which is a chance to focus on the people we support. We also meet as a larger team and talk about the direction of the service. It's a good mix". Another member of staff told us, "There is a good supervision process but I can come back and talk to my line manager at any time". The registered manager described the adaptations that had been put in place to accommodate one member of staff. The member of staff told us, "It is a really inclusive team. I have been welcomed and fully accepted. The team have had some training in specialist communication to support me and it also helps them to communicate with the people they support". The registered manager said, "I write to clients to explain the adaptations in place and they have been fine with it. I am really pleased with the success and the professionalism and support of the staff team". In the PIR the provider described the 'Moments of Brilliance' board which celebrated success. We saw that this board displayed thank you cards, certificates of staff achievements, articles from internal publications about the team and photos of celebrations. This demonstrated that the registered manager ensured that the staff team felt valued.

We saw that there were regular quality audits and that the registered manager was accountable to report and explain actions to senior managers within the organisation. Ongoing records were kept of incidents which included missed calls, missed medication, safeguarding referrals and any staff accidents or incidents. The information was reported on monthly and the registered manager also attended meetings to discuss the outcomes. There were champion roles within the team for responsibilities such as medicines and dignity and those staff were involved in auditing and developing expertise in that area. The registered manager said, "Staff have different skills and we think it is important to continue to develop them. We have

a low turnover of staff and a lot have been here for several years and so this is a way of recognising that expertise and commitment".

The registered manager understood the responsibility of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken.