

Midlands Partnership NHS Foundation Trust

Home First – Moorlands

Inspection report

Moorlands House
Stockwell Street
Leek
Staffordshire
ST13 6HQ

Tel: 03007907000
Website: www.sssft.nhs.uk

Date of inspection visit:
11 June 2019

Date of publication:
05 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Home First – Moorlands is a domiciliary care agency that was providing personal care to 58 older people at the time of the inspection.

People's experience of using this service and what we found

People told us there was a lack of consistent staff and people had experienced calls being missed. Staff were recruited safely and there were enough staff although they were not effectively deployed to meet the needs of people, which meant people's safety was put at risk.

There were systems in place to monitor and improve the quality and safety of the service provided however, the provider failed to listen to feedback from the registered manager, staff and people.

People did feel safe whilst being supported by staff and people's risks were identified and monitored and staff knew how to protect people from abuse or avoidable harm.

People who needed support with the medication was done safely and staff followed safe practices to prevent the spread of infection.

People received support from staff who were trained to deliver effective care. Staff worked well with other professionals and referred people to health professionals when required to ensure people's ongoing health needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with kindness and respect and people were happy with the care they received. People were supported to regain their independence and were involved in their enablement goals.

People knew how to complain if they needed to and felt the management team were approachable and supportive. People had the opportunity to give feedback about the service they received.

We have made a recommendation for people to be supported by a regular staff team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This is the first inspection for this location.

Why we inspected

This was a planned inspection due to the service having not yet been inspected.

Enforcement

We have identified breaches in relation to staffing issues and systems not being effective.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with kindness and respect and people were happy with the care they received. People were supported to regain their independence and were involved in their enablement goals.

People knew how to complain if they needed to and felt the management team were approachable and supportive. People had the opportunity to give feedback about the service they received.

We have made a recommendation for people to be supported by a regular staff team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This is the first inspection for this location.

Why we inspected

This was a planned inspection due to the service having not yet been inspected.

Enforcement

We have identified breaches in relation to staffing issues and systems not being effective.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Home First – Moorlands

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and/or younger disabled adults. Home First – Moorlands provide a short-term enablement service. People usually have up to six weeks support following a hospital stay or other event, with the aim of supporting them to regain their independence. The service also supports people to gain longer term care if needed.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, coordinator and support workers. We received information from a social care professional.

We reviewed a range of records. This included five people's care records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider had implemented a new staff rota system which was operated from a 'control centre'. The new system was not effective, meaning the number of missed visits to people's homes had significantly increased. One person said, "I have been missed off the rota four times, I rang out of hours and so I did get an evening call after I'd rang them."
- Due to poor staff deployment people's safety was placed at risk of harm and some people did not receive their prescribed medication at a time they should. The registered manager kept a local log of missed calls which also detailed missed medicines.
- On occasions staff were given a rota which expected them to be in two different places at the same time, this meant that people did not always get their calls on time.
- People and staff told us this had affected staff continuity, meaning staff did not know people well. One person said, "I would like to see some continuity, I don't know who is coming and at what time."
- Staff stated due to the inconsistency of not knowing people, they had to spend additional time reading people's care plans which added additional time onto the home visits and this impacted on the following calls resulting in staff running late.
- Staff told us they did not always have time to travel between calls, due to the large geographical area they needed to cover.

We found no evidence that people had been harmed however, the new staff rota system was not robust enough to demonstrate staff were sufficiently deployed to people. We found the number of missed visits had increased since the provider had implemented the new staff rota system. However, the exact numbers were unobtainable. This placed people at the risk of potential harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment procedures ensured staff were subject to appropriate pre-employment checks to ensure they were suitable to work in a care setting. This included Disclosure and Barring Service checks (DBS) and references from previous employers.

Systems and processes to safeguard people from the risk of abuse

- There were systems and process in place to protect people from abuse.
- Staff understood their safeguarding responsibilities and knew how to raise concerns. One staff member said, "I would always report any concerns, including things such as; people not having food in their home or struggling to pay their bills."
- People told us they felt safe. One person said, "Yes, I feel safe." Another person said, "Yes because I am very

happy with the carers."

Assessing risk, safety monitoring and management

- People had risk assessments in place which were updated if people's risks changed and staff knew how to support people using specialist equipment.
- Staff supported people in a way which ensured safety was maintained. Staff told us they had received training, so they knew how to keep people safe from risks.
- Staff carried out a risk assessment in people's homes during the first visit. One staff member said, "If risks are identified these are noted on the relevant paperwork."

Using medicines safely

- Staff had received training in the safe administration of medicines. Spot checks were carried out to ensure medicines were being administered safely and people's medication records were audited by the coordinators.
- People and relatives told us they received their medicines. One person said, "[Staff] remind me to take my medication, this works well, and I still feel independent."

Preventing and controlling infection

- Staff understood their responsibility in relation to preventing the spread of infection, one staff member said, "I carry out hand hygiene on arrival and departure from a person's home. I wear my gloves and aprons, removing my gloves after personal care before preparing food and putting clean ones on, making sure my old ones are disposed. I have spray to use. Any soiled items and bags are removed from the property as I leave."
- People told us staff took appropriate precautions preventing and controlling infection.
- This meant the people were protected from the risk of cross infection as appropriate measure were in place and being used by staff.

Learning lessons when things go wrong

- The registered manager told us each incident goes through a fact-finding exercise to establish why the incident had occurred, and what can be done to make sure this does not happen again. However, the provider had failed to act on some of the feedback.
- Lessons learnt were shared during meetings and staff were sent weekly memos and emails, meaning there was less chance of the mistake reoccurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff continually assessed people's changing needs which were discussed during the weekly multi-disciplinary team meetings. However, due to staff not visiting people on a regular basis this impacted on the quality of the information being shared. One professional who we spoke to told us how the quality of information had been affected since the staff deployment system had changed.
- People's needs, and choices were assessed, taking into consideration their diverse needs such as religion, culture and sexuality.
- Staff used information provided to them by other professionals to support people's needs.
- Staff referred to other professionals for further assessment and ongoing care when required.
- Staff sought additional aids to support people when their needs changed. For example, when a person struggled to access the bathroom a commode was supplied to support them until their mobility improved to access the bathroom.

Staff support: induction, training, skills and experience

- New staff received an induction at the start of their employment, this involved training and the opportunity to shadow other staff.
- Staff received training to support them to carry out their role effectively. This was monitored through a training matrix and there were systems in place which would remind staff when training was due.
- Staff received supervision which gave them an opportunity to reflect on their practice.
- Staff had their practice observed to ensure they were delivering effective care and support.
- People told us they felt staff were trained effectively to do their job, one person said, "They know what they are doing."

Supporting people to eat and drink enough to maintain a balanced diet

- People who needed assistance with food preparation told us they received the support they needed.
- People told us staff would always ensure they had access to fluids before they left the visit.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with other agencies and professionals. They referred to professionals for advice and ongoing support when required.
- Staff worked with social care assessors to plan and coordinate people's transfers to other services. We received feedback from a social care assessor who stated; "Since the control centre has taken the responsibility of staff rotas the continuity for both people and staff had resulted in poor feedback being shared regarding people's progress post discharge home, which has led to poor information for social care

staff to use in their assessments."

- The registered manager told us the service would ensure handovers would take place for the more complex people moving into other services for ongoing support.

Supporting people to live healthier lives, access healthcare services and support

- Staff had access to the occupational therapists, the care and support team, the clinical team and district nurses.
- Staff told us they were able to easily contact any of the staff working within these teams in order share information, raise concerns or request additional support for people.
- People told us they had confidence staff would support them to access health professionals if needed.

Ensuring consent to care and treatment in line with law and guidance

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.

- We checked whether the service was working within the principles of the MCA and found staff understood the MCA and their responsibilities to protect people's rights.
- People told us staff always asked for consent before supporting them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt they were treated well by the staff who were supporting them. Comments included, "[Staff] say things like 'don't rush, it will be all right'", "[Staff] are very caring people" "[Staff] do anything I ask" and "[Staff] are always professional and have an air of confidence."
- The coordinators carried out spot checks which ensured staff treated people well.
- The service considered the protected characteristics of people under the Equality Act 2010 such as religion and race and supported both people and staff to meet any diverse needs.
- Staff had received equality and diversity training.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt involved in planning for their care and the day to day decisions.
- Staff understood the importance of allowing people to express their views and would actively support them in making decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their independence was encouraged, one person said, "As I've needed less help, the number of visits has been reduced."
- Staff understood how to maintain people's privacy and dignity and could give us examples of this, such as; keeping people covered during personal care. One staff member said, "I always ask people's permission before I do any personal care."
- Staff would actively encourage people to be independent, one staff member said, "One day I would say 'right ok you wash your hands a face today' and if I got the opportunity to go back the next day I would say 'right I will help with your uppers today and you do your lowers' and day by day you could see they could do more, meaning they get their independence back quicker and their care package can reduce."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were supported in a way they liked. One person said, "They are lovely people and as how I feel varies each day they will work with me flexibly so some days they will help more than others." Another person said, "They help me get dressed and so on in the morning and help me get ready for bed at night. I've had a number of different carers but they'll all know what they were doing."
- Staff told us they read people's care plans and risk assessments to ensure they delivered the care people needed and preferred.
- People could be assured their care was personalised, and their support plans demonstrated this.
- People received care which was personal to them, giving them choice and control. One person said, "[Staff] ask me so I can make the decisions and I feel in control."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were no people needing support with AIS at the time of inspection, although staff understood how to effectively support individuals should they need to, and additional resources could be acquired.

Improving care quality in response to complaints or concerns

- No formal complaints had been received at the time of the inspection. Although we saw a number of concerns had been received from people on the feedback forms. The registered manager would review all concerns and act on them by either; responding to the person or informing the provider.
- People told us they knew how to make a complaint and had received information on how to do this and stated they would feel comfortable in making a formal complaint should they need to.

End of life care and support

- The service did not support people with end of life care as they provide a short-term enablement service to support people back to independence.
- Should people be nearing the end of life care and needing palliative care the service ensured support was in place by working in partnership with other organisations.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were being supported by staff they did not know, and they told us they would prefer a regular staff team.
- The provider did not continually seek and act on feedback from the registered manager and failed to improve the service for people.
- The provider did not evaluate and improve their practice in relation to the deployment of staff meaning people were not receiving care from consistent staff.
- Staff told us morale was low. One staff member said, "Morale is low due to the way in which the rotas are being dealt with via the 'control centre' and we are having to contact people to apologise for missed visits, even though it was not our doing."
- A professional we spoke to said, "Home First is first and foremost an enablement-based service but if you have no time for staff to build up a rapport and trust with service users the enablement ethos, in my opinion, is undermined and their progress greatly reduced."
- Despite the provider being aware that the number of missed calls to people had increased since the introduction of a new system to coordinate the deployment of staff; they had failed to act upon this and take decisive action to prevent future missed calls from occurring.

The provider had failed to act on feedback to ensure people were supported by a regular team of the same staff and systems had failed to identify areas for improvement to the quality of people's care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff told us they felt supported by the registered manager, and they were approachable, although they did not feel supported by the provider.
- The registered manager told us how they operate an open culture and how they act on the duty of candour with openness and transparency, they said, "Even though we as a service have not missed the visits we are apologising to the patients on behalf of the control centre. Nobody in the control centre rings the patients to say they have been missed off the rota, but we are the ones apologising. The staff going on the visits say the patients are saying 'no one came in this morning', then they are informing the office. If a person is being supported to take their medication, and there has been a missed visit the staff will then contact 111 or the pharmacy to gain advice."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Notifications were submitted where required. Notifications contain information about incidents the Care Quality Commission (CQC) are required to be informed of by law.
- Information such as complaints and compliments, accidents and incidents were checked, monitored and reviewed by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were given the opportunity to complete a questionnaire on completion of their care and we saw feedback from these were positive in regard to the care provided by staff but also included negative comments in relation to staff consistency, the timing of the visits and missed calls.
- People we spoke to told us they would recommend the service to others. One person said, "I would recommend them as it has been so helpful." Another person said, "The only improvement would be better continuity of care."

Continuous learning and improving care

- Staff were supported to continuously learn and improve the care they provided for people by having their practice observed to ensure they were supporting people effectively.

Working in partnership with others

- The service worked alongside other agencies to ensure people had consistent and ongoing care. However, a professional said, "In general I feel the overall quality of the Home First service has deteriorated since the control room took over management of the staff rotas. Families are feeding back that they can get a different member of staff practically every day of the week."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to act on feedback to ensure people were supported by a regular team of the same staff and systems had failed to identify areas for improvement to the quality of people's care.</p> <p>Regulation 17 (2) (a) (b) (e)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>People were not supported by a consistent team. Staffing rotas did not enable staff to get to calls on time and staff deployment meant they did not get to know people well.</p> <p>Regulation 18 (1)</p>