Midlands Partnership NHS Foundation Trust

Home First – East Staffs

Inspection report

Edwin House
Second Avenue, Centrum One Hundred
Burton-on-trent
DE14 2WF

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

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14 May 2019

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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

About the service:
Home First East is a short term enablement service for people living in the East Staffordshire area. The service supports adults with health and social needs to maximise or regain their independence. At the time of inspection, the service was supporting 35 people living in their own homes.

People's experience of using this service:
People were supported in their own homes by staff that that were recruited safely and who had skills and knowledge to provide safe and effective support. People's risks were managed, and people were supported to regain or maintain their independence. People were supported with their personal care by staff that understood their needs and preferences.

People had support plans and risk assessments in place and were supplied with equipment to support them safely and to maintain or encourage their independence. Staff supported people with their individual preferences and people's needs were met.

Lessons were learnt when things went wrong, and systems were in place to monitor and action improvements. The managers were responsive and approachable and had a clear understanding of their responsibilities.

Rating at last inspection:
This is the first inspection for this location.

Why we inspected:
This was a scheduled inspection.

Follow up:
We will continue to monitor the service through the information we receive.

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

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Home First – East Staffs

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried by one inspector.

Service and service type:
Home First East is a short-term enablement service for people living in the East Staffordshire area. The service supports adults with health and social needs to maximise or regain their independence and supports people with their personal care needs.

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:
The inspection was announced, and we gave the service two days' notice. This was because the service works with people in their own homes and we needed to be sure someone would be in the office when we visited. The inspection site visit took place on 14 May 2019.

What we did:
We used the information we held about the service, including notifications, to plan our inspection. A notification is information about events that by law the registered persons should tell us about, for example; safeguarding concerns, serious injuries, and deaths that have occurred at the service. We also used information the provider sent to us in the Provider Information Return (PIR) to formulate our inspection plan. A PIR is key information we require from providers on an annual basis giving us key information about the service.

We spoke to four people who use the service, three relatives, one district nurse, three support workers, one care coordinator, one social care assessor, one occupational therapist, the registered manager and the support neighbourhood manager. We viewed six care files for people, including daily notes and medicines records. We looked at documents relating to the management and administration of the service, such as; audits, accidents and incidents, policies and procedures, meeting records and surveys.
The inspector made phone calls to people who used the service and their relatives on 13 and 16 May 2019.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
- People and their relatives told us they felt safe; one person said, "I feel very safe with all the staff." A relative said, "Yes I think [relative] is safe, they cannot do anything better for them at the moment."
- People were protected from abuse and concerns were acted on and reported in line with policies and procedures.
- Staff understood their safeguarding responsibilities to ensure people were kept safe from abuse and could identify different types of abuse and knew how to raise concerns. One staff member said, "If ever I see bruising on someone I will always ask where that has come from and report it to the office."

Assessing risk, safety monitoring and management:
- People had risk assessments in place which were updated if people's needs changed and staff knew how to support people safely using specialist equipment.
- Staff knew people's risks and supported people in a way that ensured their safety was maintained. One staff member said, "I follow the risk assessments and manual handling plans which are in people's files, I have also had training for this."

Staffing and recruitment:
- People could be assured that there were sufficient staff to provide their care. However, staff did feel the service would benefit from having more staff and the registered manager told us they were trying to recruit.
- Staff recruitment procedures ensured that staff were subject to appropriate pre-employment checks to ensure that they were suitable to work in a care setting. This included criminal record checks and references from previous employers.
- Staff told us they had time to travel between calls and could generally get to calls on time unless an emergency occurred or there was heavy traffic. In these circumstances they stated they would contact the office so the person could be informed. People told us staff would inform them if they were running late.

Using medicines safely:
- People and relatives told us they received their medicines. One relative said, "[Relative] started to forget to take their morning tablets, so the staff support them with that now and always write it down in [relatives] notes."
- Staff had received training in the safe administration of medicines. Spot checks were carried out to ensure medicines were being administered safely.
- We saw records for people that were supported with their medication, which were audited by the management team.

Preventing and controlling infection:

● People told us staff wore personal protective equipment (PPE), such as gloves and aprons. One person said, "Every time they come, they get a plastic apron out of their bag and put gloves on."

● Staff understood the importance of preventing the spread of infection, one staff member said, "I always wash my hands, wear clean gloves, have my hair tied back and never wear nail varnish." The registered manager told us the provider provides staff with, gloves, aprons, hand sanitizer, masks and correct uniforms.

● This meant that people were protected from cross infection as appropriate measures were in place and being used by staff.

Learning lessons when things go wrong:

● Lessons had been learnt when things had gone wrong. All staff we spoke to felt they were involved in the learning that took place when things went wrong. One staff member said, "We have specific people involved, we have meetings and advice given and things are put into place. If we need extra support, there is the prevent team. We have staff meetings, we can bring things up or the coordinators bring them up. Solutions are put into place and we are asked for solutions." Another staff member said, "We have refresher training, team meetings and policies are discussed."

Good

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.

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

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.
- Staff respected people's decisions and people told us they were asked for their consent.
- People were encouraged to make decisions about their care. One person said, "Staff always ask me what I would like to do."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
- People's needs were assessed and reviewed to ensure they received support that met their changing needs.
- Records showed that people were included in developing their own care package.
- People told us they were consulted with when their needs were being assessed.
- Staff told us they always asked people what their needs were and accommodated them when supporting people.

Staff support: induction, training, skills and experience:
- Staff received an induction at the start of their employment, this involved the opportunity to shadow other staff.
- Although there was a training matrix in place it was outdated, however, support neighbourhood manager had commenced plans to ensure staff were given the opportunity to update any outstanding training.
- 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.

Supporting people to eat and drink enough to maintain a balanced diet:
- People who needed support with food preparation told us they received the support they needed. One person said, "[Staff] do my breakfast for me, I tell them what I would like." Another person said, "They always make sure I have a drink next to me before they leave."
- People were referred to specialist professionals for further assessment if they had been identified as needing additional support to maintain a healthy and balanced diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support:

● People told us staff were generally on time and if the staff were running late they would contact them. One person said, "They were late the other day, but only by a couple of minutes but they did ring me to tell me."

● Daily board meetings took place which enabled staff to receive up to date information about people they were supporting and an opportunity to highlight any changing needs which ensured people received a consistent level of support and care. Staff told us the board meetings were beneficial.

● Staff made referrals to other agencies when needed to ensure ongoing care was provided if needed.

● Staff told us they had confidence in the registered manager to ensure any communication issues were resolved quickly and effectively.

● The district nurse told us they had good levels of communication with the staff at the service.

Good

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.

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:
- Staff treated people in a kind and caring way. One person said, "They are all lovely staff, they have a chat to me and we have a laugh." One relative said, "[Staff] will always leave me messages of anything they think I need to be made aware of in relation to my [relative] and if it is anything more serious [staff] will ring me." Another relative said, "[Staff] will always contact me if they have concerns about my [relative], we leave notes for each other."
- The service had access to the 'Trusts Equality and Diversity Lead' to support people that have diverse needs, such as interpreters.
- Staff had received equality and diversity training.
- 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.

Supporting people to express their views and be involved in making decisions about their care:
- People told us they were involved in their care. One person said, "[Staff] will always ask me what it is I want, like a shower."
- Staff understood the importance of allowing people to express their views and would actively support them in making decisions. One staff member said, "I will always ask what they would like me to do for them."

Respecting and promoting people's privacy, dignity and independence:
- People told us they were treated with respect and their dignity was upheld. One relative said, "The [staff] are nice and gentle with my [relative]."

Staff understood the importance of promoting people's privacy and supporting them to maintain their dignity. One staff member said, "I will always ask if they would like me to be in the bathroom with them." Another staff member said, "I always make sure the blinds and doors are closed when I am helping people with their personal care and keep areas covered."
- People we spoke to said that staff actively encourage them to become independent. One person said, "The [staff] will always ask me if I would like to prepare my breakfast or if I would like them to do it." One staff member said, "I will always encourage people to be as independent as possible, it is rewarding to see the improvement in people."
- We saw that comments had been received from people following a survey. One of the questions on the survey asked 'What did we do well? The response sated, "Everything, friendly, chatty, listened to my concerns, professional and caring. Enabled me to get my confidence to be able to shower and no on-going care."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● People's care was personalised, and their interests were considered. One person said, "The [staff] always talk to me about things I like, like my family, and I like to talk to them about their family."
● People had assessments and care plans that supported people's specific needs and detailed their preferences in how they would like to be supported and what goals they would like to achieve.
● Staff told us they understood the importance of knowing people's preferences, one staff member said, "I always read the person's file, but I will also ask them what they would like."
● Staff told us that when people are nearing the end of the support they are referred to the care assessor who will complete a review for any ongoing services needed.
● Staff told us how they were able to supply equipment for people to support their needs, such as perching stools.

Improving care quality in response to complaints or concerns:
● There had been no complaints received at the service at the time of our inspection.
● The provider had a complaints policy in place and people that were being supported were given access to how to make a complaint. One person said, "I have never had to complain, but if I did I would ring them up." One relative said, "The information is in my [relatives] file."

End of life care and support:
● The service did not support people who were in receipt of end of life care therefore, we did not consider this as part of our inspection.

Good

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:
- The service had an action plan in place to make continuous improvements to ensure high-quality care and support. We saw that some of the actions had been completed, while others were ongoing.
- Staff told us they felt supported by the direct management team. One staff member said, "The registered manager is very approachable and knowledgeable and has always treated me with respect, and the support neighbourhood manager is so approachable and supportive."

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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
- People and relatives were given the opportunity to complete a survey on completion of their care and we saw from the survey results the feedback was positive.
- People and relatives we spoke to told us they would recommend the service to others. One relative said, "I have always been happy with the care they have provided to my [relative]."
- The service adopted an inclusive staff culture and promoted equal opportunities for staff.

Continuous learning and improving care:
- Staff were supported to continuously learn and improve the care they provided for people. Staff had their practice observed to ensure they were supporting people effectively.
- Staff told us that in some circumstances people did not have the correct equipment in place to support people and would have to wait for a period of time before the equipment was supplied. A staff member told us that the registered manager made arrangements with the support neighbourhood manager to have a small stock of equipment at the office, so it was easily accessible, this resulted in the improvement of people's care as the staff were able to respond quicker to people's needs.

Working in partnership with others:
- The service worked alongside many other agencies to ensure people had consistent and ongoing care as

needed.

● Staff ensured that referrals were made to other professionals in order maintain people's health and wellbeing.