

Derby City Council

Derby City Council Home First

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

This inspection took place on 5 February 2019. The inspection was announced. We gave the provider 48 hours' notice of our inspection to ensure we could meet with them.

Derby City Council Home First is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides short term support and rehabilitation to people who are recovering from injury or illness. The service therefore helps prevent long hospital admissions or short stays in a care facility until the person is independent following ill health. The service enables people to receive all necessary support and care in their home until they are independent.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At our last inspection we rated the service as overall 'Good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. At the time of our inspection, 16 people were in receipt of personal care and support with Home First. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. 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 and relatives told us staff worked in a safe and reliable way. The provider followed appropriate procedures to ensure people were safeguarded against harm and abuse. Staff understood and were trained to know about different types, and signs, of abuse. They also knew the necessary actions they needed to take if they had any concerns.

There were suitable and sufficient staff to meet people's needs safely. People's medicines were managed and handled in a safe manner. There were systems in place to learn lessons when things went wrong.

People's needs were assessed and fully reviewed before they received any personal care and support. People told us that their healthcare and nutritional needs were met by staff who knew them well.

Staff had regular training, supervision and appraisals. They confirmed that that were supported to deliver an efficient and personalised service. People were supported to access healthcare services where this was required.

People were supported to have maximum choice and control of their lives and daily routines. This was undertaken in the least restrictive way possible, to enable independence. Policies, procedures and systems in place at the service supported these practices.

People told us they found staff caring, kind and considerate. They felt that staff listened to them and fully included them in the care planning process. People's culture religious and cultural needs were recognised and taken into consideration.

People confirmed that their care and support was responsive to their needs. Staff were knowledgeable about people's preferences and their routines, ensuring they received personalised support. Care and support plans were regularly reviewed, even during very short periods of support, to make certain routines were meeting people's needs.

People and relatives knew how to raise concerns and make a complaint, relevant information was provided at each referral. One person said that staff had supported them when they were not completely satisfied and encouraged to make a complaint to enable staff to follow up and improve matters.

While people's end of life care needs was not specifically undertaken at the point of referral, the registered manager explained that if this occurred during a care package, the person would continue to receive care and support from Home First.

The registered manager and staff team had a good understanding of the needs of people who used the service and of their responsibilities in notifying us of any incidents. There were systems in place to monitor and check the quality and safety of the service being provided.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Derby City Council Home First

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 5 February 2019 and was announced. We gave the provider 48 hours' notice of our visit to ensure they were available to talk with us when we visited. The inspection was undertaken by one inspector.

Prior to our inspection visit, we reviewed the information we held about the service including any statutory notifications. A statutory notification is information about important events which the provider is required to send us by law.

The provider had completed a Provider Information Return (PIR). This is information that we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our visit to the office we spoke with the registered manager, with the head of Home First, a multi disciplinary team of eight staff, two office based staff as well as having discussions with another four staff later in the day.

We reviewed four care plans, risk assessments, daily care and medicines administration records. This meant that we saw how people's care and support was assessed, planned and delivered. We also reviewed information relating to staff recruitment, training and supervision.

Following our inspection visit we telephoned five people, and relatives of people, who received care and

support from the service. We also reviewed documents and information provided to us after the inspection.

Is the service safe?

Our findings

Staff provided care and support that had been risk assessed to support the safety of people. People and their relatives told us they had no worries in relation to safety. People who used the service and relatives told us they felt safe with staff. A person said, "Yes, I feel safe. They are very good." A relative commented, "Yes, [relative] was safe, They, [staff] were all wonderful."

Any risks to people were fully assessed and effective measures were put into place to manage identified risks. For example, within the person's home such as carpet or other trip hazards.

Records showed that people's needs were regularly reviewed and acted upon as their needs changed. We attended a meeting during the inspection where various agencies reviewed and discussed the suitability of the support being provided. These meetings took place weekly, constantly monitoring the well-being of people and referring them to the relevant alternative service, if their needs dictated a change.

Staff were trained in safeguarding procedures and knew their role and responsibilities in identifying and reporting abuse, poor care or neglect. Staff told us that they worked together and one said they had gained, "A lot of information about safeguarding during training."

The service had an electronic system in place to alert staff to any visits that were not attended or may be a little late. This meant that office staff were able to make contact to ensure staff were safe and also to put plans in place to notify the person waiting for staff to arrive. The system also provided the travel time between visits, so staff were not rushed and could fully complete each call without rushing people. People and relatives we spoke with confirmed this was the case and staff took their time when providing any assistance.

The service constantly ensured they had enough staff to meet people's needs safely. Those calls needing two members of staff were only ever carried out by two staff, again to ensure the safety of people.

Safe food hygiene practices were supported with staff having labels to place on sandwiches, or other prepared foods. The labels clearly displayed the date and time these foods were prepared for the individual concerned. This ensured that food was used within the appropriate time frame.

The provider completed appropriate recruitment procedures to ensure people were supported by staff who were suitable to be undertaking the job role and training ensured they had the right skills. Staff confirmed that work was only undertaken when all safety checks, references and mandatory training had been completed. This meant people were supported by staff that were suitably recruited.

Any person needing support with their medicines had an administration record that was completed each time medicines were taken. This checked the person had these at the correct time. Regular audits and checks were completed to make certain medicines were recorded and administered in line with policies and procedures. Regular training and spot checks meant staff used safe practices regarding the use and

handling of medicines.

Staff had training regarding the importance of infection control and such items as aprons and gloves were appropriately used. This was also confirmed by people we spoke with.

The provider had systems and processes in place to record, report and learn lessons from accidents and incidents, ensuring these were not repeated. Records showed that any issue, no matter how minor, was addressed in a timely manner.

Is the service effective?

Our findings

People and their relatives told us that staff did meet their needs. A person told us, "Yes, they do a wonderful job." Another told us, "Staff are knowledgeable, they know their job." A relative said, "They [staff] know what to do,"

People's needs were assessed before they received any care or support from staff. The registered manager told us that a team, consisting of people with a variety of expertise, discussed a person's needs and how best to meet these. The registered manager told us that the assessment process enabled them to identify staffing numbers and staff training needs to ensure they achieved an effective outcome for people.

Staff received appropriate training. Staff told us they were provided with the appropriate training to enable them to do their job effectively. A staff member said, "Our training is regularly updated and covers all we need to know." Another staff member told us, "Oh yes, training is always being booked and it's monitored all the time." We were told that the induction training was fully assessed on completion, to make certain the member of staff had the appropriate skills to meet people's needs.

Staff were fully supported in their role. Staff told us they worked well together as a team and felt well supported by senior staff and the registered manager. Staff told us they were provided with regular one to one supervision, staff meetings and yearly appraisals. A staff member said, "We have regular meetings but can always talk to anyone at any time. We are all here to meet needs and provide the correct care and support."

People were supported with their dietary needs where this was requested. Records showed that some people had support with meals. The main aim of the organisation is to enable people to become as independent as they can be. Staff demonstrated a good understanding of people's nutrition and support needs, showing they knew the likes and dislikes of people they supported.

The provider supported people to access healthcare services where this support was requested. The registered manager and staff liaised with healthcare professionals, such as occupational therapists, where necessary and followed their recommendations to provide effective care. The collaboration of a variety of services made certain that all aspects of an individual's needs were constantly monitored and adjustments undertaken when needed.

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.

People's assessments contained their capacity to make decisions regarding their care and treatment. Where people lacked capacity, this was recorded in their care plans along with the information about their relatives

who were legally appointed to make decisions on their behalf. People told us that staff asked permission before providing care, allowing people to make their own choices.

Staff were trained in the principles of the MCA and were knowledgeable about how they supported people with due consideration for personal preferences and choice.

Is the service caring?

Our findings

People and relatives told us that staff were kind. One person told us, "Staff are very, very kind." Another said, "They [staff] are so helpful and they really do listen." A relative told us, "Staff really are very good."

People told us that all the staff they had met had been caring and they were happy with the service they received. People told us they were happy with how staff treated them and carried out their tasks. One person said, "Staff are never in a hurry, they don't rush me. That's important, they think about me." A relative said, "The staff are so kind, we have no worries about [relative]."

Staff explained that they went into people's homes and therefore all choices, cultural and religious, were always respected. People and relatives told us that staff respected their dignity. A person said, "Yes, they do work in a respectful way and consider my feelings and my dignity." Another said, "They [staff] are very respectful." Another said, "Staff always treat me with dignity, yes they're really caring."

All care and support needs and the routines of the organisation were discussed with the person at their initial referral. People were on hand to discuss this information with any member of staff at their visits, or they had numbers to telephone the office. The registered manager told us that if a person needed information produced in an any alternative format or language, this would be produced.

Staff expressed a thorough understanding of individual needs and preferences. During a meeting and our discussions with members of staff, we found that staff spoke about needs and individuals in a considerate way. They thought about the dignity of the person concerned and also about sensitive and confidentiality information.

The ethos of the service is to continually support and encourage to people remain as independent as possible following any illness or injury. People's care plans gave staff information on how to support their independence.

Staff understood people's wish to remain independent and respected their choices. There was good evidence in the person-centred care plans we looked at, that staff encouraged people to be as independent as possible.

The service does not accept referrals to provide end of life care. However, the registered manager told us that if a person's prognosis changed and end of life care was required after a referral was put into place, they would continue to support that person. The service would not just be withdrawn due such a change in needs.

Is the service responsive?

Our findings

People told us staff knew their likes, dislikes and what assistance they needed. One person said, "They do now me, they are very good," A relative commented that the staff had assisted when their relative showing they clearly knew their needs. They also told us, "They [staff] were so very good, we'd use them again."

People were referred from hospital services with their personal needs set out. The registered manager told us that they then completed their own needs and risk assessments to fully develop an individual plan of personalised care and support. Staff numbers were then allocated and monitored to ensure all needs were being met.

People's care plans included information about their medicines, physical and emotional health, mobility and how to provide personalised support.

People and relatives told us their care and support was reviewed on a regular basis.

The assessment process also included information about how much family supported the person, what the individual's aims and goals were for their future independence. This all developed a personal insight into the needs of each person referred to the service.

Staff were knowledgeable about people's likes, preferences and routines. Our discussions with members of staff showed that people and their preferences were acknowledged and respected. Staff spoke in a caring way and with due consideration for the person's dignity and confidentiality. One person told us, "They [staff] are good at their job. Very polite."

The daily logs showed staff kept accurate records of how people were supported, their physical and emotional health, interaction, action points, and any concerns. These areas were fully discussed at staff meetings and solutions found to address things and improve life for the individual.

The registered manager told us that they welcomed people and staff from diverse backgrounds. Staff were trained in equality and diversity and told us they treated people as individuals and respected their choices.

People and relatives knew how to raise concerns and make a complaint. This information was provided to people. One person told us that they were encouraged to complete a form when they were not totally satisfied about their care. The provider had a complaints policy in place and procedures to report, record and investigate complaints.

Part of the service delivery was to ensure that people did not feel socially isolated during their period of receiving support and care. This was monitored and discussed by staff during their meetings and review of people's progress.

Planning also included preparation for the time when Home First would withdraw support. At this stage planning was put into place for alternative services to take over where needed, perhaps medical support or

to prevent the person feeling isolated at the point of discharge. This fully supported individual needs and facilitated continuity of care and support for people.

The registered manager explained that they did not accept referrals that required end of life care. However, they did support people at such a stage when this had developed after a referral had been accepted. Staff would then continue their support and not just stop this due to such a change in the needs of the individual.

Is the service well-led?

Our findings

People and relatives spoke highly about the management and organisation of the service. One person told us, "I could not have done without them. They are always helpful." Another said, "Oh yes, I can always approach any staff, they check on things too, they are very good."

People and their relatives we spoke with told us that they felt the service operated well and was appropriately managed. People were receiving support and care from a service that was managed by a registered manager who fully supported the staff team. One person told us, "Staff always seem happy and we can talk to anyone."

Staff told us they felt well supported and found the registered manager supportive and approachable. A staff member said, "We have regular get together meetings but we can always speak with [registered manager] any time we need." Staff spoke about their job as being, "Challenging at times but we love it that way." Another said, "I would not want to work anywhere else."

Staff felt that they had the opportunity to develop their personal skills and they felt valued. We spoke with a few staff who had taken on additional responsibilities or a more senior role within the organisation. They explained that this was evidence that the registered manager saw their potential and encouraged their development and skills. There was an open-door management policy in place that enabled staff to access the registered manager when needed.

Records showed that there was an ongoing training programme in place. This was constantly monitored to ensure all training was updated when required. Staff told us that training was discussed at their regular supervision meetings and appraisals. Our sampling of records also confirmed this.

Care staff were aware of their responsibilities regarding whistleblowing procedures or raising any concerns. Regular meetings, at all levels, covered the mood and any highlighted issues regarding each person receiving care and support. This then assisted staff to pick up on any areas of concern.

We attended part of one of these meetings and saw that staff spoke openly and considered all aspects of a person's welfare. These were regularly attended by various agencies to make certain that the correct support was available and arranged in a timely manner. This meant that any areas requiring adjustment or addressing were highlighted quickly. This also ensured that when any minor issues had been raised, these were promptly addressed and prevented any formal complaints being raised. Records showed that any matters brought to the attention of the registered manager were investigated, addressed and handled sensitively and professionally.

The quality of the service was regularly monitored and audited, with improvements being made when required. The ever-changing working processes of the organisation showed that they reacted to the needs of

people. Where staff had highlighted an area that may need their attention or a different approach, this was taken forward and developed to meet the needs of people. This provided a service that supported people to become independent in their own homes.

Questionnaire forms were issued on a regular basis to people for them to comment on the service they received. We saw a sampling of the most recent questionnaires and comments included, "Brilliant service. They knew that I could not [description] and my foods." Another stated, "Thank you all for your help." We also saw that any comments needing addressing had been followed up. Such information was used to adjust the routines and systems in place, ensuring full needs and efficiencies were being met.

Audits and monitoring systems were in place to check the quality of the service. These covered such areas as medicine administration records, daily notes and support plans. These routine auditing systems and spot checks, coupled with regular staff meetings, ensured that the service complied with current standards and regulations. There were appropriate policies and procedures in place that were constantly adjusted and reviewed. These supported staff in their role and ensured they were aware of current standards and practices.

The provider worked closely and regularly with healthcare professionals and other agencies to improve people's lives. This meant the service worked to provide a totally person-centred care experience that enabled people to become independent in their own home.