

Suffolk County Council

# Suffolk Coastal Home Care Service 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

Suffolk Coastal Home Care Service Home First provides an assessment and reablement service to people who require personal care, help with daily living activities and other practical tasks. This can include people who have not had care services before, who require care following discharge from hospital or whose care needs have recently changed. The service works alongside other agencies such as health and external care providers usually for the short term period of up to six weeks encouraging people to develop the confidence and skills to carry out these activities themselves and continue to live at home. People may be supported for a longer period of time; this is assessed on people's individual needs. At the time of the inspection visit on 17 January 2019, the service was providing the regulatory activity of personal care to 39 people. This was an announced inspection. The provider was given notice of this inspection to make sure that someone was available to see us.

At the service's last inspection of 31 May 2016, this service was rated good overall and in each key question. 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. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There were two registered managers in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 continued to receive a safe service. Risks to people were managed, including risks from abuse and in their daily lives. The service learned from incidents to improve practice. There were enough support workers to ensure that all planned visits for people were completed. Support workers were recruited safely. Where people required support with their medicines, staff followed safe practice. There were infection control processes to reduce the risks of cross infection.

People continued to receive an effective service. Support workers were trained to meet the needs of the people using the service. Where people required assistance with their dietary needs, this was provided. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide consistent care. The service understood and worked to the principles of the Mental Capacity Act 2005.

People continued to receive a caring service. People had positive relationships with their support workers. Staff respected and promoted people's dignity, privacy and independence. People's views were listened to and valued.

People continued to receive a responsive service. People received care and support which was assessed,

planned for and delivered to meet their individual needs. A complaints procedure was in place, improvements were being made around how complaints were documented. There were no people using the service who required end of their life care, but systems were in place should this be required.

People continued to receive a service which was well-led. The registered managers were knowledgeable about their roles and responsibilities in providing people with good quality care. There were systems to assess and monitor the service provided and implement improvements where required. There was an open culture and people were encouraged to share their experiences of the service and these were used to drive improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remained good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remained good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remained good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remained good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remained good.	<b>Good</b> ●

# Suffolk Coastal Home Care Service 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 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.

This announced comprehensive inspection was carried out on 16 and 17 January 2019. The inspection activity started on 16 January 2019 and ended 17 January 2019, and was undertaken by one inspector. On 16 January 2019, we spoke with three people who used the service, three relatives and one health care professional on the telephone. This was to gain their views about the service provided. On 17 January 2019, we visited the office and spoke with the two registered managers, four support workers, who the service referred to as reablement support workers, and two staff who were responsible for organising the visits to people. We reviewed five people's care records, records relating to the management of the service, training records, and the recruitment records of two new support workers. We also spoke with one person who used the service and two relatives on the telephone.

We reviewed information we held about the service, including notifications we received from the service. Notifications are required by law which tells us about important events and incidents and the actions taken by the service. We also reviewed information sent to us from other stakeholders for example the local authority and members of the public.

We used information the provider sent us in the Provider Information Return. This is information 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.

# Is the service safe?

## Our findings

At our last inspection of 31 May 2016, the key question for safe was rated good. At this inspection of 16 and 17 January 2019, people continued to receive a service which was safe.

People told us that they felt safe with their care workers. One person said, "I feel safe, they are very good." The service continued to have systems designed to protect people from avoidable harm and abuse. This included training for support workers, who understood their roles and responsibilities in safeguarding people from abuse.

Risks to people's safety continued to be managed well. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and risks in their own home environment. These were reviewed to ensure they were up to date and reflected people's current needs. Support workers spoken with understood their responsibilities in keeping people safe.

There continued to be enough support workers to complete the visits to people as planned. People told us that their support workers usually turned up for their planned visits. There were two people we spoke with who said that the support workers did not arrive for their visits when expected. One person told us that an apology was provided and another said that another support worker was sent later. They were both satisfied with what actions had been taken. One of the registered managers told us that they had introduced a missed visit and near miss log to reduce the risk of visits being missed. They told us how this had been successful because they had identified a pattern of missed visits and near misses which identified that a support worker was not using their electronic device appropriately. The registered managers told us that there were enough staff to ensure all visits were completed. If required, because the numbers of people could fluctuate quickly due to demand, the service used another care agency to staff visits.

The service continued to recruit support workers safely. We reviewed the recruitment records of two new support workers. The recruitment processes included checks that prospective support workers were of good character and suitable to work in the service. The registered managers told us how they used value based recruitment during the interview process. This ensured that the prospective support workers had the required values to work in the service.

Most people using the service managed their medicines independently, or had a relative who assisted them. Where people required support, this continued to be done safely. People's care records identified the support they required with their medicines, and the medicines prescribed. Medicines administration records (MAR) were completed appropriately and demonstrated that people received their medicines when they needed them. The registered managers were introducing an auditing system where support workers checked MAR for any discrepancies. Support workers had received training in medicines administration and their competency was assessed by the management team.

Support workers were provided with training in infection control and food hygiene. There were systems in place to reduce the risks of cross infection including providing support workers with personal protection

equipment (PPE), such as disposable gloves and aprons. As well as this infection control equipment support workers were also provided with a torch, personal alarm and snow shoes.

# Is the service effective?

## Our findings

At our last inspection of 31 May 2016, the key question for safe was rated good. At this inspection of 16 and 17 January 2019, people continued to receive a service which was effective.

People's care needs continued to be assessed holistically. This included their physical, mental and social needs and protected characteristics relating to equality. Needs assessments were undertaken in consultation with the person and their relatives, where required. One person's relative told us, "Someone came in to assess [family member]. One [staff member] calls me regularly to ask how [family member] is getting on." The registered managers told us about how they maintained positive relationships with health care hospital discharge professionals. This provided people with a smooth transition to start using the service.

People were provided with a reablement care package, which was usually six weeks, but could be longer or shorter depending on need. If people required longer term care, the service may support them in identifying longer term care agencies they could use, this included signposting them to published CQC reports. If people did go on to use other agencies, the service supported them to have a smooth transition. This included shadowing the new care provider or advising on the person's needs and preferences. One person's relative told us, "It [their family member's support package] is coming to an end, they have been very good in helping us find another care company."

People told us that they felt that the support workers had the skills to meet their needs. One person said, "They do a good job." One person's relative commented, "They have a nice attitude, I think they are skilled and know how to support my [family member]." The service continued to have systems to provide support workers with the training they needed to meet the needs of people effectively. Training included moving and handling, safeguarding, medicines, and infection control. The registered managers were introducing further learning opportunities for support workers, for example quizzes and discussions in team meetings. Support workers were provided with the opportunity to achieve recognised qualifications relevant to their role. New support workers were provided with an induction which included training and shadowing more experienced colleagues. They also completed the Care Certificate, which is an industry recognised set of induction standards.

Support workers continued to receive one to one and group supervision meetings. Supervisions provided support workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. The support workers we spoke with told us that they felt supported. The registered managers were introducing group supervisions in the service to provide further support.

The service continued to work with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. One health care professional told us that they felt that the staff were proactive and made appropriate referrals. People were supported to maintain good health and had access to health professionals, where required. One person's relative said, "They have been very helpful, they give us the telephone numbers and tell us who to contact when we have needed help." Another



person's relative commented, "They helped us to get the right support, they do a grand job."

The service continued to support people to maintain a healthy diet, where required. Records demonstrated that people were provided with the support they needed in this area. This included supporting people to improve their independence in preparing their meals.

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 told us that the support workers asked for their consent before providing any care. People's care records included information about if people had capacity to make their own decisions. Records identified that people had consented to the care and support they were being provided with. Support workers received training in the MCA.

## Is the service caring?

### Our findings

At our last inspection of 31 May 2016, the key question for safe was rated good. At this inspection of 16 and 17 January 2019, people continued to receive a service which was caring.

People told us that their support workers treated them with kindness and respect. One person said, "They are very polite, they are lovely [support workers]." Another person told us, "They come in with a smile on their face, it starts the day off well." One person's relative commented, "They are absolutely superb. There is not one [support worker] who I wouldn't want in our home. They are professional, kind and always polite."

All staff spoken with, including support workers and the registered managers, talked about people in a compassionate manner. They clearly knew the people who used the service well. Support workers we spoke with gave us examples of how they had supported people with their reablement. They were clearly committed to their role and proud of the achievements people had made, with their support.

Support workers were provided with guidance on how to promote people's rights to privacy, dignity and respect in people's care plans. People told us how they felt their privacy and dignity was respected by their support workers when they were provided with personal care.

People told us how they were supported with their independence. One person said, "They are working with me to get back to how I was, I don't think I will be needing them soon." People's care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected. One of the main roles of the service was to assist people with their reablement. This included when they had been admitted to hospital and/or had an illness and needed support to regain their independence.

People told us that the support workers listened to them, acted on what they said and they were consulted relating to their care provision. One person said, "I am very happy, they do whatever I ask of them." Another person said, "They fit in with my choices not theirs." People's care records identified that they had been involved in their care planning. This included their preferences and choices about how they wanted to be cared for and supported.

## Is the service responsive?

### Our findings

At our last inspection of 31 May 2016, the key question for safe was rated good. At this inspection of 16 and 17 January 2019, we found that people continued to receive a responsive service.

People told us that they were very happy with the service provided, which met their individual needs. One person said, "So far, it has been excellent, all the way around." One person's relative commented, "We are very happy, [family member] is well cared for." One person told us about how their support worker was responsive in a way which they felt was over and above what they expected. This included returning to their home after their care visit to replace batteries in their fire alarm which was continually bleeping.

The service provided reablement care and support. This was to support people in areas including regaining their independence following an illness and/or hospital admission. In addition, the service provided care and support as a last resort, for people who required care and their support package with other agencies had broken down, for example. This could be longer term. There were trained risk assessors working within the team to enable ongoing assessment of need. The trained trusted assessor staff could order items required by people to develop their independence, which reduced the time they had to wait for equipment. There were occupational therapists working in the service who could also assess people for the use of equipment. This demonstrated that the service had systems to support people to meet their needs and ensure they had the equipment they needed to promote their independence.

People received a personalised service and they were central to the care and support they were provided with. Care records identified how the service assessed, planned and delivered person centred care. People's specific needs were identified in the care plans and how these affected them in their daily living and relating to the care provided. The care plans guided support workers in how people's needs were to be met. People worked on their own goals which they wanted to achieve in the time they were supported by the service. This included for example, preparing their food and drinks. Records demonstrated how people's progress was encouraged and monitored to ensure they received the support they required. These were kept under review identifying people's progress and when goals had been achieved, others were developed. The electronic systems supported support workers to let senior staff know if people had, for example, achieved goals and were ready for the next steps in their reablement. This was updated in their care plans immediately so a consistent service was provided which met people's needs and preferences.

People told us they knew how to make a complaint and felt that they would be addressed to their satisfaction. One person said, "I was not happy with the timings, I told them and they changed it. I am much happier now." There was a complaints procedure in place, each person was provided a copy with their care plan documents. One of the registered manager told us they were unable to locate records of complaints prior to managing the service. They had introduced a system to address this. We saw records of a complaint received which was in the process of being addressed. People were provided with 'have your say' leaflets, where they could comment on the service provided. They were also provided with envelopes which had the postage paid should they wish to return them. This demonstrated that the service actively encouraged people to comment on the service they received.

We saw letters and card sent to the service by people who used the service and relatives thanking them for the care and support they provided. One stated, "Thank you very much for your kind service and care for my well-being. It has been a pleasure having you looking after me." Another stated, "All of your carers we saw were, without exception, truly lovely – pleasant, friendly, competent, and of course, caring...We have nothing but good memories of the time we were under your care."

Because of the remit of the service, being supporting people in their reablement following illness or hospital admission, it was not a routine to support people with end of life care. However, there were systems in place, should this service be required, such as a person's health deteriorated. End of life care was included in the service's training. In addition, the service had policies and procedures relating to end of life care.

## Is the service well-led?

### Our findings

At our last inspection of 31 May 2016, the key question for safe was rated good. At this inspection of 16 and 17 January 2019, we found that people continued to receive a service which was well-led.

There were two registered managers in the service. They had been registered as managers for this service in December 2018. They were also the registered managers for another two of the provider's services. They told us how they were introducing systems for assessing and monitoring the service provided into this service. They had a good understanding of their roles and responsibilities in managing the service effectively. The registered managers told us that they felt supported by the provider's senior team. The registered managers led by example, were committed to provide a good quality service at all times and were knowledgeable about their role and responsibilities.

The service had a programme of audits which evidenced that the care people received was assessed and monitored. The new registered managers had developed an action plan and were in the process of improving the quality assurance systems. A system was being introduced for audits on medicines records these to be undertaken by teams of support workers. This would provide development for support workers and the inclusion on how the service was run.

The registered managers had introduced the monitoring of missed visits and near misses, such as the potential for missed visits. In addition, improvements ongoing included the setting up of staff group supervisions and learning opportunities. Times of visits were flexible, which meant that people received as much time as they needed at each visit. There were reports of times spent with people at each visit. These were analysed and used to assess if people required more or less time with their visits, for example if they needed more support with their reablement or if they were progressing well with their goals. This was also done in consultation with support workers to check why visits were longer or shorter than expected. Incidents and accidents were analysed and used to drive improvement.

There was an open culture in the service, people and staff, including support workers were asked for their views and these were listened to and valued. The registered managers told us that a focus group for people who used the service was held in November 2018 had been successful and there were plans to hold these annually, for which they had already booked a venue in November 2019. Plans were to use the improvements across all the provider's locations. People also gave their opinions of the service in satisfaction questionnaires, care reviews and telephone monitoring and visits. Comments from people were analysed by the provider and any areas for improvement were fed back to the registered managers. People were complimentary about the service they received and the support workers who supported them. One person said, "They all enjoy themselves in their work and in turn make the customer feel valued." One person's relative said, "I would recommend them to anyone."

Support workers told us that they felt supported. They were committed to providing a good quality service to people and understood their roles and responsibilities within the reablement service. There was an electronic system in place to advise support workers of their work schedule, this could be changed in the

short term if required and support workers received notice of the change immediately. The staff responsible for organising people's visits told us that they also contacted support workers to advise of any changes. This system provided support workers with a map and details of how to find people's homes and a pen picture of the person. Support workers were required to log into people's homes and any lateness or missed visits could be followed up to check that support workers were safe and people were receiving their visits. The system also had a 'protect me' function which alerted staff in the office if there were concerns about support worker's safety. The out of hours team was also aware of this.

The registered managers told us about the positive relationships they maintained with other professionals. This included those who commissioned the service and other professionals involved in people's care. This was confirmed by a health care professional who told us that the service's staff worked in partnership with them to provide support in a consistent way. In addition, the registered managers told us about how they worked well with health care professionals involved with people's care, this included hospital staff.