

Staffordshire & Stoke-on-Trent Partnership NHS Trust

Living Independently Staffordshire - Newcastle

Inspection report

Civic Offices
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Tel: 01782485106

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 11 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available. At the inspection in July 2013 we found the service did not meet required standards as the quality and accuracy of records did not fully protect people from the risk of unsafe or inappropriate care. We asked the provider to make the necessary improvements to the quality and accuracy of the records. At this inspection we found the improvements had been made.

Living Independently Staffordshire is a short term reablement service, for people living in the Newcastle under Lyme area. The service supported people to maximise or regain their independence following a period of illness or hospital admission. This included a scheme for assessing the needs of people who were living with dementia to ascertain the level of support they required to remain in their own home. Support was usually provided within a person's own home and was available seven days a week between 7am and 10pm. At the time of the inspection 57 people were being supported by the service.

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 received outstanding personalised care and support. People were involved in all decisions about their care and the service had creative and innovative ways of enabling people to regain their independence and lead as full a life as possible. Support plans were extremely personalised and had been discussed and agreed with the people.

The service was very well-led. The registered manager was focused upon improving the quality of the service and there was a strong emphasis on continuous improvement. There were clear lines of management responsibility. Support workers told us they felt supported to fulfil their role and the registered manager was approachable. Systems were in place to continually monitor the safety and quality of the service. There were processes in place to monitor quality and understand the experiences of people who used the service. The registered manager and support workers demonstrated strong values and a desire to learn about and implement best practice throughout the service.

Robust systems were in place to ensure that people were supported by support workers who were of continuing good character and able to carry out their work safely and effectively. Support workers received full induction training, annual updates and refreshers to ensure they were fully skilled to provide the support. Support workers had regular opportunities to meet with their seniors either on a one to one basis or in support workers meetings.

People were supported in their own homes and told us they felt safe and comfortable with the service

provided. Support workers had received training in safeguarding adults from abuse and were aware of the procedures to follow if they suspected that someone was at risk of harm.

People were offered support in a way that upheld their dignity and promoted their independence. Care and support plans were written in a personalised way based on the needs of the person concerned. People's care and support needs were assessed and continually reviewed to ensure they received the appropriate support from the service to regain and maintain a level of independence.

People told us the staff and support workers were kind, caring and supportive. The principles of the Mental Capacity Act 2005 were followed to ensure that people's rights were respected.

People's medicines were managed safely; support workers were well trained and supported people with their medication as required. People were supported to obtain equipment to support them with their prescribed medication.

There was collaborative working with various health care professionals and other support agencies to support people with their healthcare needs.

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. Support workers met people's individual needs and kept people safe. Systems were in place to protect people from abuse and avoidable harm. Support workers knew the procedures to follow if they suspected someone was at risk of harm. Risks to people's health and wellbeing were identified, managed and reviewed. Robust recruitment procedures were in place. Medicines were safely administered and people who used the service received their medicines in the way that had been prescribed for them.

Is the service effective?

Good ●

The service was effective. The principles of the MCA were followed to ensure that decisions were made in people's best interests. Support workers had good knowledge and understanding of people's care and support needs. People were supported with their nutritional and healthcare needs when this was required.

Is the service caring?

Good ●

The service was caring. People were treated with dignity and respect. People were supported and encouraged to regain and retain their own level of independence.

Is the service responsive?

Outstanding ☆

The service was very responsive. People received individualised and personalised care which had been discussed and planned with them. Staff had a thorough understanding of how people wanted to be supported, care plans were person-centred and people received individualised care and support that met their needs. People's changing needs were identified promptly and support workers ensured these needs were met through the involvement of other agencies. People were provided with information about how to make a complaint.

Is the service well-led?

Good ●

The service was very well-led. The registered manager and all

support workers were consistent in their understanding of the principles of the service and passionate about the care they provided to people. All support workers had an excellent knowledge of the needs of all people who used the service. There were robust systems to assure quality and identify any potential improvements to the service.

Living Independently Staffordshire - Newcastle

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 11 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available.

The inspection team consisted of 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.

We looked at the notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners.

During our inspection we went to the provider's office and spoke with the registered manager, six support workers and a health care professional. This was to gain information on how the service was run and check that standards of care were being met. We reviewed the support records of five people who used the service, the personnel records for three support workers and records relating to the management of the service. We made phone calls to seven people who used the service and eight relatives to get their experience of the service they received.

Is the service safe?

Our findings

People who used the service told us they felt safe and comfortable when support workers visited them in their own homes. One person said: "I feel very safe with the care staff that supports me; they wear gloves and aprons when doing my personal care and help me shower. I feel comfy in the house with them here". Another person commented: "I felt safe with the girls as they were very kind and friendly". A relative of a person who used the service told us: "The service is safe and caring, equipment was all in place and the staff encouraged my father to live independently".

Systems were in place to ensure people were as safe as they could be in their own homes. We saw that some people had given support workers permission to enter their homes via a key safe. A key safe is a secure method of externally storing the keys so support workers could gain access when they arrived for the care call. This agreed arrangement ensured people were safe but supported them to have control over their life. The registered manager told us the arrangements and procedures in place to ensure the support workers were safe when working alone in the community. The provider had a lone worker policy which gave support workers the information regarding their personal safety when at work. This meant the provider reduced the risks for people who were involved with the service and attention was given to ensuring their safety.

Support workers said they had received training in safeguarding people from abuse. They went on to tell us they would report any concerns straight away to the registered manager, the senior coordinators or the nominated staff member on call. The provider had an out of hours' on-call system in place and support workers could contact them for advice relating to any concerns they had regarding the safety and welfare of people during the out of hour's period. The registered manager gave us examples of safeguarding issues that they had raised when they had suspected abuse. We saw that the registered manager kept a safeguarding file which held details about any safeguarding referrals that had been made to the local authority, along with notifications to the Care Quality Commission and the follow up action that had been taken.

Assessments were undertaken to assess any risks to people who used the service and to the support workers supporting them. These were recorded in people's support plans. For example, some people were at risk of falling due to mobility problems. We saw clear guidance for support workers to remind the person to use their walking stick and personal alarm when they wished to move around. Some people were at risk of malnutrition, we saw information was available so that support workers knew how to support the person with their daily nutrition requirements. Food diaries were completed daily until people's appetite had improved and the risk of malnutrition was reduced. Support staff told us the diaries would be completed until such a time as the person's appetite had improved sufficiently and they were able to eat adequate amounts of food to keep well nourished. We saw environmental risk assessments had been completed which ensured information was available for minimising risks and hazards when visiting and working in people's homes.

People confirmed they generally received their calls on time and said that if their care worker was running late they were always contacted. One person told us: "If some care staff are running late they will always get

someone else out in the mornings to help me". A relative commented: "They are never late for calls and are spot on with everything. My mum is very impressed with the care she gets". The registered manager told us care packages were structured in such a way as to assess, review and meet the support needs of people in a timely but flexible way.

The registered manager told us and we saw that safety checks had been undertaken prior to people being employed. References and Disclosure and Barring (DBS) checks were completed to ensure that prospective support workers were of good character. The DBS is a national agency that keeps records of criminal convictions and helps employers make safer recruitment decisions and prevent unsuitable people from working with people in their own homes. We saw the registered manager had on-going discussions with support workers regarding their good character status and recorded the findings of the discussion. These regular checks and self-declarations of a carer's good character status ensured the right staff were employed to keep people safe. This showed the provider had suitable recruitment processes in place to ensure support workers were fully suitable to work with people in the community.

Some people needed support with taking their daily medicines. Assessments had been completed which identified whether the person was able to self-medicate or they required support with their medicines. One relative told us: "The care staff are very good at supporting my mum to become more independent, they support her to have her medication on time and log this on their medication administration record. The notes they keep are excellent and the girls are very good". We saw one person required support to take their medication at the prescribed times. An automatic pill dispenser had been suggested by the staff to support the person with this. A pill dispenser automatically dispenses medication at pre-set times, providing an audible alert to the user. If the user fails to access the medication at the given time, an alarm sounds so alerting the person that their medication was due. The person used the pill dispenser so was able to independently manage their own medication.

Is the service effective?

Our findings

People we spoke with were satisfied with the delivery of care as agreed through their care and support plan. One person who used the service told us: "The care staff are very careful with me, they know what they are doing and they know how to use the equipment that I need". A relative commented: "Excellent - they are good people and well trained". Support workers told us they received the training they needed to gain the skills required to provide care and support to people. One care worker told us: "I received an in-depth induction which included a lengthy shadowing period, training and supervision". The registered manager told us and we saw the systems in place to ensure support workers received training, regular updates and one to one supervision throughout the year. This meant people could be assured that support workers had the skills, knowledge and experience to meet their individual needs.

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. The registered manager told us that capacity assessments were completed by health professionals where people may not have the capacity to make specific decisions. Best interest decisions on behalf of people who lacked capacity would be made in collaboration with the person's representatives and any other professionals involved with the person's care. The registered manager told us that people were supported to make decisions and choices with all aspects of their daily lives.

People required varying levels of support with meal preparation and their daily nutritional needs. People told us the support workers offered them a choice of meal and supported them to prepare the food until they felt confident and able to do this for themselves. One person said: "When I first came home I had problems with cooking hot meals, they helped me until I felt I could do this myself". Assessments were completed regarding people's nutritional status and where support was required instructions were recorded of the level of support that was needed. Records were completed at each care call in relation to people's dietary needs and intake so that following support workers would have information about people's nutrition.

Support workers supported people with their health care needs where this was required. We saw where contact was made with the district nursing services when concerns with a person's health condition had deteriorated. A relative told us: "The staff are very well trained and friendly and if there are any worries relating to my mum they will contact the various professionals involved in her care. They spoke to the doctor recently when my mum had a health problem". Support workers told us they regularly reviewed the health and social care needs of people. Where concerns were identified these were referred to the support workers, social workers or other health care professionals for further action to be taken.

Is the service caring?

Our findings

People told us the support workers were kind, caring and supportive. One person who used the service said: "They were there to help and support me and encourage me. The girls were all lovely and did anything that was needed, they really boosted my confidence". Another person said: "The staff are lovely. They encouraged me to do things for myself and now I can use the microwave for my meals as they showed me what to do".

People told us that support workers supported them to regain their independence. One person said: "An assessor came to the hospital and said I would need two weeks of support, three times a day. Care staff came and encouraged me to do things for myself so that I got my confidence back. I am now very independent". We saw that support packages were individualised to enable people to maximise or regain their independence. One care worker told us, "We are continuously monitoring and assessing. Our aim is to support people to be able to stay in their own homes and to live as independent a life as possible". We saw that where additional support was needed or there was a change in people's level of support, other health and social care professionals were consulted.

Support workers we spoke with had knowledge of people's care and support needs in relation to the support packages. They told us that working within a team of carers ensured that people received care and support in a consistent way. One care worker told us of the importance of good communication and felt the systems in place supported this. A relative commented: "The notes they keep are excellent, it's very reassuring". Information regarding the person's needs was in their home and was updated during each care call; this ensured that subsequent support workers had the most up-to-date information.

People were treated with dignity and respect and their privacy upheld. One person said: "When I have been unwell they [care worker] know I cannot get dressed so they just make me comfortable, they treat me very well and always close the curtains when they get me up and dressed they treat me with respect". Support workers told us they made sure they knew how to address a person by their preferred name; this was always recorded in the support plan and discussed with the person. Support workers told us they always knocked on the person's door before entering even if the person had given permission for a key safe to be used when entering the premises.

Is the service responsive?

Our findings

People received short term individual care and support to enable them to regain and retain their independence. A person who used the service told us of their experience: "When I came home from hospital they came to help me until I was able to look after myself. They were excellent they looked after me well. When I first came home I had problems with cooking hot meals so they helped me. I was nervous about having a shower so they helped and supported me until I could cope myself". A relative told us: "They have assessed my mum well and understand her needs and arranged for all of the equipment that she needed to be in place before she came home. They have been very pro-active with my mum". One support worker said: "The 'first visit' paperwork is really important; we visit the person and discuss and agree exactly what support is needed. We get information from the hospital and social worker in advance of providing support but people can be very different when they're actually back in their own home. It's important that we give people the time to readjust to be back in their own home".

People and relatives we spoke with described how they were involved in discussions regarding people's individual requirements prior to care visits. A relative told us: "My mum's care plan was fully discussed with us both so they knew everything about my mum". Support workers were aware of people's individual social and cultural diversities, and how people's values and beliefs may influence their decisions on how they want to receive care and support. All staff we spoke with were motivated to provide high quality care and to achieve positive outcomes for the people they cared for. We found all levels of staff were compassionate, showed respect and a caring attitude when dealing with day to day issues within the service provision. Support workers we spoke with were keen to demonstrate how they had supported people in a person centred way. They were aware of people's social and cultural diversity, and understood how people's individual values and beliefs supported and upheld their quality of life. Support workers told us they respected people's individuality and empowered and supported people to achieve their aspirations while settling back into life at home. We saw there was a significant amount of detail in each care file we reviewed so that support workers had the background information pertinent to a person before providing care and support. People's level of support was assessed and reviewed throughout the period of the care package and amended when additional or less support was needed. People were provided with a care package that was flexible and responsive to their needs, person centred and individual.

Each person had a care file which recorded their individual needs, preferences and aspirations. The plans included information about the most important things for people and how staff should support people effectively and in response to their individual care and support requirements. We saw that the support plans also focused on the person's current abilities and strengths, as well as the support they required. Staff spoken with were very knowledgeable about people's needs and clearly understood people well. We saw that people had been encouraged to consider their goals and say how they liked to be supported. People had signed their support plans to confirm that they had seen and agreed with the information contained within them. The care and support plans were updated as and when needed and recorded the level of support each person required at any given time. Support workers told us the importance of accurately recording a person's condition following each call visit so that the multi-agency team had the information for the weekly feedback meeting. This meeting was held to discuss people's progress and any further

support that may be needed. The provider worked closely and collaboratively with the care worker team and other agencies to ensure the person's well-being and welfare.

A person who used the service told us: "The company came to reassess me and calls they made in first few weeks were very important to me. I have all the equipment that I need to help me stay independent that they arranged on my behalf". Support workers told us of the support they offered to people with regaining their independence following a period of illness. We spoke with professionals who were involved with the service. They told us the service was very focused on providing person-centred care, were innovative in suggesting additional ideas that people themselves might not have considered and achieved exceptional results in enabling people with independent living. We spoke with a social care assessor who told us they had worked with one person who found it very embarrassing and distressing with accepting personal care. The social care assessor told us of a specialist piece of equipment that they had sought and provided for the person so that they could attend to their own personal hygiene independently. This meant the person regained a sense of well being, independence and quality of life.

Other support workers told us of the wide and varied equipment that was available to support people with maintaining their independence. For example, some people found it difficult to apply creams and lotions to their legs. Support workers had suggested the use of long handled medicine lotion applicator so that the people could independently complete this task themselves. Perching stools had been suggested and provided for some people when they found it difficult to stand for periods of time, for example with preparing meals or washing up. Equipment such as these supported people with independent living. The provider was receptive to the individual needs of each person and responsive with finding solutions. These innovative solutions ensured people were provided with person centred care, supported and empowered with living life independently.

One care worker told us they predominately worked with and supported people who were living with dementia. The service provided a short term care package to assess and support people who were living with dementia and aims to support people to remain in their own homes in a safe way. A care worker told us they had received training in dementia awareness and this gave them a greater understanding of dementia and the effect this had on people. They showed us the fiddle muffs that could be available and support people who were living with dementia. Fiddle Muffs are a tactile, multi-sensory comforter which may support people living with dementia to keep fingers exercised and relieve tension and restlessness. This meant the provider was responsive and innovative in providing person centred care and support.

The provider had a complaints procedure in place, a copy of which was offered to all people at the start of their care package. A person who used the service told us: "I have no complaints everyone is fantastic". A relative told us: "I complained about a carer that left my mum in the shower on her own she was cold and frightened, since then they are better". The registered manager told us that all complaints and concerns were taken seriously and investigated thoroughly and included a visit to meet with the complainant if someone was unhappy with the service provided. The registered manager went on to inform us concerns were discussed at care worker meetings so that they would learn from any incidents and improve their practice. People's feedback in relation to the service provision was valued and the responses to the matters people raised were dealt with in an open, transparent and honest way.

Is the service well-led?

Our findings

At the inspection in July 2013 we found the service did not meet required standards as the quality and accuracy of records did not fully protect people from the risk of unsafe or inappropriate care. We asked the provider to make the necessary improvements to the quality and accuracy of the records. During this inspection we saw the improvements had been made. We found that information requested was very well organised and readily available. We saw people's care records were regularly updated and the daily records gave a clear comprehensive overview of the day to day care and support provided. This meant that visiting carers had current and up to date information regarding a person's care and support needs. The registered manager told us support workers had received training in record keeping and this was discussed at the individual one to one supervision meetings.

We saw effective systems were in place to monitor the quality of the service that people received. The registered manager was aware of her responsibilities and was responsible for monitoring the quality and safety of the service, which had been carried out to a high standard. Direct observations were regularly carried out on support workers which looked at how they supported people in their own homes. We viewed samples of these and saw that if there were any issues with these monitoring visits the registered manager would address any issues with individual staff. We saw records which evidenced these were carried out frequently and support workers we spoke with confirmed this. There were regular and detailed care plan reviews undertaken which included the health and social care professionals who were involved with the person's care. A number of audits were routinely undertaken; these included a quality audit review of care files, review of handover sheets, daily logs, accidents and incidents reports and medicines records. Robust records of these audits were kept. This meant any themes, issues or risks associated with the service provision could be identified quickly and remedial action taken. This demonstrated the registered manager had oversight of the quality of care being provided in all aspects of the service.

There were clear lines of accountability and responsibility within the various support worker teams and support workers knew who to report to. Feedback on how the service was managed and the culture within the team was very positive. Support workers told us the registered manager and the management team were supportive, fair and understanding but the manager expected high standards of care and support to be provided. Support workers spoken with had an understanding of the high standards expected and explained how they put the standards into practice. There were systems in place to monitor the high standards expected and this was reinforced with support workers during the supervision and appraisal procedures. The registered manager was very visible in the team and proactive throughout the inspection in demonstrating how the service operated and how they worked closely with the care workers and other health and social care professionals to drive improvements in the service.

We saw the coordinators were supportive and helpful when a support worker identified some concerns with a person's health and wellbeing whilst completing a care call. The office was well organised and structured; office staff had well-defined roles and worked well together. We saw that good working relationships had been developed and maintained between the provider, managers, senior workers and support workers. A positive and supportive culture had been developed and sustained to ensure all staff were empowered to

voice and express their opinions. This showed the importance of the values, behaviours and ethos presented by the service.

People told us the communication and contact with the management and office staff was very good. One person who used the service told us: "I knew who to contact in the office, the service I received was 100%. I no longer need the support now and can manage on my own so the service is now finished, everything was very good and communication very good". People had regular opportunities to discuss their care package with the support workers, the coordinators, social care assessors and the management. People were offered varied opportunities to have their experiences and opinions heard which resulted in a positive learning and open culture. The provider has recently awarded the service a 'gold certificate of achievement' for achieving their targets of service user and carer surveys with 100% of respondents who said they would recommend the service.

Satisfaction surveys were available to people at the beginning of their care package and included in the care file. Additional mid service questionnaires were distributed to people to gain their feedback and experiences of the service. The surveys were produced in an 'easy read' format to ensure they were clear and easy for people to understand and may be beneficial for people with conditions which affect how they process information. Comments received from people were positive, 'I am happy with the service; they supported me and promoted my independence and confidence with personal care, medication and food preparation'. The registered manager told us if any negative comments were recorded within the survey, the person who made the comment would be visited by one of the senior support workers to ascertain the concerns and improve the service for the individual. In addition to the user experience form, comments card were left with people and carers at the start of support with the service. The registered manager informed us that people completed them if they wished to do so and send their comments by freepost directly to the provider. This meant people were enabled and empowered to share their views and opinions of the service.

The registered manager told us it was essential to employ suitable people. The provider operated a very robust recruitment procedure for vetting prospective members of staff, reducing the risk of an unsuitable person being employed to work with vulnerable people. Information gathered prior to a person being employed were comprehensive and wide ranging, to ensure people received their support from staff of suitable character. Good character checks for all staff were made annually to ensure they remained suitable to work in the community. Once employed support workers received in depth induction training, updated and refresher training. This included specialist topics for example dementia awareness. All support workers had regular one to one supervision sessions and annual appraisal. As a result, people received a highly individualised service from a well-trained and committed staff team. Systems were in place to ascertain and check support workers competencies, good character and working practices.

Staff meetings took place at regular intervals and were arranged for all disciplines of staff. At a recent support worker meeting discussion took place on documentation and the importance of 'recording with care', the staff survey and the flu jab. It recorded the flu jab is not just to protect workers but the service users as well. This meant the provider ensured the continuing good health of the support workers. A recent coordinators meeting was held and discussions took place about the quality audit processes, safeguarding and staffing. Two support workers reported they had attended a mortality review group (MRG) following the death of a service user; the MRG commended the support workers for their compassion. This meant groups of staff had the opportunity to discuss any issues, identify any learning and improve the service.

Links with the local community were being developed and maintained. A support worker and the registered manager told us of their recent attendance at a local careers event. Their stand included reducing the risk of infection by demonstrating effective hand washing, fiddle muffs and items of low level equipment. Items

included a long handled sponge, monitored dose medication boxes, the pill dispenser which automatically dispenses medication at pre-set times and the implement for putting on socks. The support worker told us the event was so successful that they now plan to attend local schools as there was much interest from students at the exhibition. The registered manager confirmed they did their utmost to ensure they provided an excellent service through research and reflection. They told us they kept up to date with current good practice through various ways, such as receiving support and information from the local authority, Healthwatch, attending meetings with other registered managers and receiving updates for example from CQC.