

Suffolk County Council

# Suffolk Home First South

## Inspection report

Floor 2 Landmark House  
4 Egerton Road  
Ipswich  
Suffolk  
IP1 5PF

Tel: 01473263271

Date of inspection visit:  
08 June 2016

Date of publication:  
21 July 2016

### 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 Home First South provides an assessment and re-ablement 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 six to ten weeks encouraging people to develop the confidence and skills to carry out these activities themselves and continue to live at home.

When we inspected on 8 June 2016 the service was providing the regulatory activity of personal care to 117 people. This was an announced inspection. The provider was given 24 hours' notice because the location provides a care service within the community and we needed to know that someone would be available.

A registered manager was in post. 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 were complimentary about the approach of the care staff. They told us they felt safe and received effective care, tailored to meet their needs, from a consistent staff team who were competent and well trained.

Systems were in place which provided guidance for staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe and actions were taken when they were concerned about people's safety.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of staff who had been recruited safely and who had the skills and knowledge to provide care and support to people in the way they preferred. Staff had developed good relationships with people who used the service and understood the need to obtain consent when providing care.

People received care and support which was planned and delivered to meet their specific needs. People and/or their representatives, where appropriate, were involved in making decisions about their care and support arrangements.

Where required, people were safely supported with their dietary needs. Where staff had identified concerns

in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

The service had an open and empowering culture. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. There was decisive and effective leadership in the service. The service had a quality assurance system in place and as a result the quality of the service continued to improve.

## 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.

Staff understood how to keep people safe and what action to take if they were concerned that people were being abused.

There were enough staff who had been recruited safely and who had the skills to provide people with safe care.

Where people needed assistance to take their medicines they were provided with this support in a safe manner.

### Is the service effective?

Good 

The service was effective.

Staff received regular supervision and training relevant to their roles. People told us the staff were competent and had the knowledge to meet their needs and individual requirements.

People's rights were protected because staff were aware of how to obtain consent when delivering care.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

### Is the service caring?

Good 

The service was caring.

People told us the staff treated them with dignity and respect and their independence was promoted.

People and their relatives were positive about the effective relationships that they had built up with the management team and care staff.

People and their relatives were involved in making decisions about their care and these were respected.

### Is the service responsive?

Good 

The service was responsive.

People were involved in contributing to the planning of their care and support. This was regularly reviewed and amended to meet changing needs.

People's references and what was important to them was known and understood by the care staff.

People received opportunities to share their experience about the service including how to make a complaint.

### **Is the service well-led?**

The service was well led.

There was an open culture at the service. People and staff were asked for their views about the service and their comments were listened to and acted upon.

The management team were approachable and a visible presence in the service.

Systems and procedures were in place to monitor and improve the quality and safety of the service provided.

**Good** ●

# Suffolk Home First South

## **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 inspection took place on 8 June 2016, was announced, and undertaken by one inspector. The provider was given 24 hours' notice because the agency provides a care service within the community and we needed to be sure that a senior member of staff would be available on our arrival at their office base.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also sent out questionnaires to people to gain their views about the service provided. We received questionnaires from 17 people who used the service, two people's relatives and friends, five members of staff and one community professional.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

As part of the inspection we spoke with 11 people who used the service, and five people's relatives. We spoke with the registered manager, deputy manager, an occupational therapist, an administrator and five care staff.

In addition we received electronic feedback from three community professionals.

To help us assess how people's care needs were being met we reviewed six people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People told us that they felt safe and comfortable with the care they were being provided with. One person said, "All my carers [care staff] are very good at putting me at ease and making sure I am safe." One person's relative told us, "[Person who used the service] is very relaxed and comfortable in the presence of the care staff that attend to [them]. I have no worries about [their] safety. None whatsoever."

People told us that the care staff wore their uniforms and identification badges so they were assured that the people arriving to their home were representatives of the service. People also said that the care staff made sure that they secured their homes when they left, which made them feel safe and secure. One person said, "We have a good routine. They [care staff] shout out when they come through the front door as I don't hear very well so I know they are here. Before they go they ask if I want the windows shut and they always lock up properly. So I have no reason to not feel safe."

Systems were in place to reduce the risk of harm and potential abuse. Care staff had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing [the reporting of poor practice] procedures and their responsibilities to ensure that people were protected from abuse. Care staff knew how to recognise and report any suspicions of abuse. They described how they would report their concerns to the appropriate professionals who were responsible for investigating concerns of abuse. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to care staff when learning needs had been identified or following the provider's disciplinary procedures.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Care staff were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines and risks that may arise in the environment of people's homes. People who were vulnerable as a result of specific medical conditions or dementia, had clear plans in place guiding care staff as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Care staff told us and records seen confirmed that the risk assessments were accurate and reflected people's needs.

Regular reviews of care and people's needs were carried out as part of the ongoing assessment process. This involved people who used the service and their representatives, where appropriate. This ensured that people's risk assessments were current, reflected their individual needs and they received safe care. One person told us, "I have had people [care staff and occupational therapist] pop by to check how things are going see if I am happy. I had someone talk to me about different things [daily living aids] I could try that might help me to do things safely. Like putting on my socks without falling over. That was good."

There were sufficient numbers of staff to meet the needs of people. People and relatives told us that the care staff usually visited at the agreed times, stayed for the planned amount of time and there had been no

instances of any visits being missed. They described how the management team tried wherever possible to ensure people received a consistent service from a care staff team who were known to them. One person told us, "They [care staff] all come when they should and stay for as long as it takes. They never ever rush me and I feel they give me 100% of their attention." Another person said, "There are four carers that see to me. They are really nice ladies and gentlemen who treat me very well. I always know in advance who is coming and any changes are rung through to me from the office. Never had any missed visits."

Staffing levels were based on the assessed needs of people and the length of time needed to meet them. The rota was completed to ensure that all scheduled visits to people were covered. One relative said, "The visits are known in advance, a rota is sent to my [relative]. Any changes are phoned through but that hardly ever happens." Our conversations with people and staff and records seen confirmed there were enough staff to meet people's needs.

People were protected by the provider's recruitment procedures which checked that staff were of good character and were able to care for the people who used the service. Both care and office staff told us and records seen confirmed that appropriate checks had been made before they were allowed to work in the service.

Suitable arrangements were in place for the management of medicines. At the time of our inspection people were managing their own medicines with a small minority who required prompting from care staff. One person said about self-administering their medicines, "I do this myself but I know my [family member] likes them [care staff] to check I have taken them. Doesn't hurt to be reminded there is a lot to take."

Staff were provided with medicines training. People's records provided guidance to staff on the level of support each person required with their medicines and the prescribed medicines that each person took. Records showed that, where people required support, they were provided with their medicines as and when they needed them. Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if people's needs had changed and if they needed further support. Regular competency checks on staff were carried out. The registered manager advised us that they were developing a separate medicines records audit to be conducted as part of the assessment of needs process to help ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required. This showed that the service's medicines procedures and processes were safe and effective.



## Is the service effective?

### Our findings

People fed back to us that they felt that the care staff had the skills and knowledge that they needed to meet their needs. One person said, "I have an excellent team of carers [care staff] that visit me often and understand me and what I need. They are sensitive to my moods; very patient and understanding. I think that demonstrates they are well trained as they don't treat you like a piece of meat but as a person." Another person said, "They are very capable and know what they are doing."

A community professional fed back to us that the care staff were, "Well trained, so no worry about the use of equipment or manual handling and this is backed up by having their own OT's (occupational therapists). The wellbeing of the customer is paramount."

Discussions and records showed that care staff were provided with the mandatory training that they needed to meet people's requirements and preferences effectively. This included food hygiene, medicines, moving and handling and safeguarding. This was updated on a regular basis. This meant that staff were provided with up to date training on how to meet people's need in a safe and effective manner. In addition, care staff were provided with risk assessor training and re-ablement training to support their respective roles.

The provider had systems in place to ensure that care staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided care staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

We received positive feedback from the office and care staff about their experience of working for the service and support arrangements in place. One care staff member said, "I feel 100% supported. The training is the most thorough I have ever had and the [team leaders] encourage you to develop if you want to. I don't have any worries about picking up the phone or dropping by the office if I have any issues. Very supportive workplace."

Care staff told us that they felt supported in their role and had regular one to one supervision and team meetings, where they could talk through any issues, and seek advice and receive feedback about their work practice. The management team described how staff were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best practice and supported staff with their continued learning and development.

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 and the management team had a good understanding of the MCA and what this meant in the ways they cared for people. Records confirmed that care staff had received this training. Guidance on best

interest decisions in line with MCA was available to care staff in the office.

People were asked for their consent before care staff supported them with their care needs for example to mobilise or assisting them with personal care. One person said, "Each time they come without fail they check how I am, what I need and ask me first."

Care records identified people's capacity to make decisions and reflected they had consented to their planned care and terms and conditions of using the service. Where people had refused care or support, this was recorded in their daily care records, including information about what action was taken as a result. For example, a member of care staff told us how one person had repeatedly refused to have personal care. They had respected this but were concerned and reported this to the office to make them aware of the potential risks. This action triggered a discussion with the member of staff and the occupational therapist to explore how staff could best support the person to ensure their safety and wellbeing. This included trying different techniques and approaches to be followed up at the person's upcoming care review assessment.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or referrals to health professionals.

People had access to health care services and received ongoing health care support when required. Care records reflected where the care staff had noted concerns about people's health, such as weight loss, or general deterioration in their health, actions were taken in accordance with people's consent. This included prompt referrals and requests for advice and guidance, sought and acted on to maintain people's health and wellbeing.

# Is the service caring?

## Our findings

People said that the staff were caring and always treated them with respect and kindness. One person said, "Marvellous all of them. Very considerate and gentle, nothing too much trouble." Another person said about the care staff, "Have done wonders for my confidence they have helped come on leaps and bounds. Very impressed with them. Very dedicated bunch of people."

The questionnaires we received from people who used the service showed they were satisfied with the care they received. One comment stated, "I was grateful to the carers who helped me after my [procedure]. Glad to now be independent again. I had no reason to complain about anything. They were all kind and helpful. I now have a knee problem and may need the same service in the future and would hope for a similar service." Another person said, "I would just like to say how wonderful the care team have been. They have been so helpful and I wouldn't be able to manage without them. The service you give is simply wonderful. The care workers are simply great."

One persons' relative in the questionnaire stated, "It has been apparent to me that on all occasions that the various carers have visited my [family member] that they have given [them] a caring and professional service and this aided [their] recovery both in a physical and mental sense too! Top marks to all the carers who have visited for their friendly demeanour in the home and providing a first class service."

Care staff told us they were respectful of people's needs and described how they provided a sensitive and personalised approach to their role. They told us they enjoyed their work and showed commitment and a positive approach.

People's independence and privacy was promoted and respected. People shared examples with us about how they felt that their privacy was respected, which included closing curtains, shutting doors and using towels to cover them when supporting people with personal care to maintain their dignity. One person told is, "They respect my privacy and never talk about aspects of my care or other personal matters in front of my family or any visitors." People's records provided guidance to care staff on the areas of care that they could attend to independently and how this should be promoted and respected.

Staff knew about people's individual needs and preferences and spoke about people in a caring and compassionate way. People's care records identified people's specific needs and how they were met. The records also provided guidance to care staff on people's preferences regarding how their care was delivered. People told us how they were asked for their preferences, including visit times, and wherever possible this had been accommodated.

People told us that they felt that the care staff listened to what they said and acted upon their comments. One person described how the care staff, "Listen to me and take note." Another person said, "The carers can tell what type of day I am having and we take it from there. They ask me what I think I can do and we try. If I am struggling we leave it. They absolutely respect my choices. Definitely feel listened to."

Records showed that people and, where appropriate, their relatives had been involved in their care planning and they had signed documents to show that they had agreed with the contents. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records. This told us that people's comments were listened to and respected.

People were supported to express their views and were involved in the care and support they were provided with. One person said, "I have been included from the start making decisions about what works for me and will fit in with my family and every daily life. My views have been considered, respected and taken on board." A relative described how their feedback about changing the time of the visits had been acted on. They said, "Whilst I appreciate you do not get a dedicated arrival time of when to expect them [care staff]. You are given a window of time when they will come. We originally chose to have early morning time slot but it was clear it wasn't working for [person who used the service], they were not progressing as well as we had hoped. One of the managers came to talk to us and we suggested trying a later time to see how [family member] responded as they seemed to perk up later in the day. This was put into place with immediate effect." This showed us that people's comments were listened to and respected.

Care staff told us that people's care records provided enough information to enable them to know what people's needs were and how they were to be met. One care staff member said, "The care plans and risk assessments are accurate. Plus our [work mobile telephones] have up to date information we can access including the last visit and anything another carer [care staff colleague] wants me to follow up on. Say if someone hasn't been well and they were worried. This gives you a heads up before you walk in the door."

## Is the service responsive?

### Our findings

People were complimentary about the care provided and that the service was responsive to their needs. One person commented about the care staff approach, "I have been very fortunate with the team of people around me. We have responded well to each other establishing a good relationship and understanding. I am sure this has helped my recovery. The care staff have great empathy and adjust to meet your needs effortlessly."

The service provides short term personalised care and support to people to help them regain the skills they may have lost, such as improving their mobility, independence and wellbeing. Care staff including assigned occupational therapists support people with personal care tasks where assistance is required. In addition to care plans and risk assessments, people had person centred plans that identified their individual's aspirations. People told us they had set personal goals with the care staff that were regularly reviewed as part of the ongoing assessment process. One person said, "We talked about getting me up and on my feet again and how best to do this. Sadly whilst the mind is willing the body needs a little more time. But with their [care staff] help and patience I am getting there."

People's care and support was planned with their involvement. People told us they were encouraged to maintain their independence and that care staff were patient and respectful of their need to take time to achieve things for themselves. One person described the approach of care staff, "The carers encourage me to try to do things for myself and are very supportive."

People's records included care plans which guided care staff in the care and support that people required and preferred to meet their needs. Care staff told us that the care plans provided them with the information that they needed to support people in the way that they preferred. Changes to people's health and wellbeing were reported to the office, triggering where required an assessment of their needs and review of their care. Comments received from people were incorporated into their care plans and the assessment process where their preferences and needs had changed.

People and their relatives told us they had been provided with information that advised them of what they could expect from the service. They told us that they knew how to make a complaint and that concerns were listened to and addressed. One person said, "I would speak to my carers [care staff] if I had any issues. If it was really serious then I would ring the office. Can't see me doing that anytime soon as I have no complaints. Very happy with everything."

There had been numerous compliments received about the service within the last 12 months. Themes included, "Polite, helpful, caring, kind, cheerful care staff approach," and, "The service is more than expected." In addition, several people had commented in the questionnaires we sent out that the care provided had contributed towards their recovery.

Three formal complaints had been received about the service in the last 12 months. One was currently being investigated and was being dealt with in line with the provider's complaints processes. The other two had

been concluded with lessons learnt to avoid further reoccurrence and to develop the service. This included improving the key safe access system and addressing quality of care issues such as confusions over the application of creams. In addition following feedback received information about the times of visits for people was improved to make information clearer and that they indicated their preferences on at the start of the service.

There were pre-paid addressed envelopes included in the information packs people received at the start of the service to enable them to share their experiences at no cost to themselves. The registered manager demonstrated how they and the management team took immediate action if people indicated when they were not happy with the care received. This swift response had reduced the number of formal complaints received. Records identified how the service acted on people's feedback including their comments. These comments were used to prevent similar issues happening, for example changing staff visiting people, additional training and disciplinary action where required.

## Is the service well-led?

### Our findings

Feedback from people and the relatives we spoke with about the staff and management team were positive. People told us that they knew who to contact if they needed to. One person said, "I ring the office and speak to [team leader] if something is amiss. They are very efficient and get the job done. No matter what it is." One person's relative said, "On the odd occasion I have contacted the office I have been impressed with how they have quickly dealt with things." A community professional stated, "This is a positive and well managed service

People were regularly asked for their views about the service and their feedback was used to make improvements in the service. This included opportunities through regular care assessments, telephone welfare calls and quality satisfaction questionnaires where people could share their views about the service they were provided with, anonymously if they chose to. We reviewed some of the feedback received from people and relatives and saw that comments were positive. For example, one person said, "I have no complaints. I am satisfied with my care."

Care staff were motivated and committed to ensuring people received the appropriate level of support and were enabled to be as independent as they wished to be. They were encouraged and supported by the management team, were clear on their roles and responsibilities, and committed to providing a good quality service.

People received care and support from a competent and committed care staff team because the management team encouraged them to learn and develop new skills and ideas. For example care staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged.

Meeting minutes showed that care staff were encouraged to feedback and their comments were valued, acted on and used to improve the service. For example, they contributed their views about issues affecting people's daily lives. This included how care staff supported people with personal care and to be independent. Care staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed. One care staff member told us, "There is a lot of knowledge and experience in the team which has been practical learning for me."

The service worked in partnership with various organisations, including the local authority and health cluster teams, clinical commissioning groups, district nurses, and mental health services, to ensure they were following correct practice and providing a high quality service.

The service was part of the rotational apprenticeship programme working with other organisations such as Leading Lives, NHS and equipment services engaging with young people interested in a career within the care industry. Apprentices joined Suffolk Home First South for four months and experienced how the service operated developing their skills and gaining an insight into the different aspects of the service. The management team told us the apprentices brought new ideas to the team and were hopeful that in due course they may apply for positions within the service.

The management of the service worked to deliver high quality care to people. Audits to assess the safety of the service were regularly carried out. These included health and safety checks and competency assessments on care workers. Regular care assessments were undertaken and included feedback from family members, staff and the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

As part of the provider's commitment towards continual improvement the service was involved in a new project. A residential care home with the facility of 'step up beds,' which could accommodate enablement for up to four people following discharge from hospital before they returned home from hospital. Where all four beds were occupied and required double assistance (the use of two care staff) then this care and support was provided by Suffolk Home First South as part of collaborative working arrangement.

The registered manager shared with us their action plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included an upcoming meeting with the human resources and legal team to discuss improvements to record keeping and retention of records in line with best practice. Working with a barrister in designing a bespoke training programme in line with best practice principles for recording information. In addition there were plans to develop people's documentation to ensure consistency and fully embed a person centred approach in line with the provider's vision and values as part of the care review process. These measures demonstrated how the service continued to improve.