

Staffordshire & Stoke-on-Trent Partnership NHS Trust

Living Independently Staffordshire - Cannock

Inspection report

Civic Centre Offices, Cannock Chase District Council
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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

Living Independently Staffordshire, Cannock provides personal care support to people living in their own homes in the community. At the time of our inspection, 25 people were receiving support. This is a reablement service, which is available for a specific time period (usually up to six weeks), to enable people regain their physical ability and re-build their confidence following a period of ill health. This announced inspection took place on 1 and 5 March 2018.

At our last inspection, we rated the service Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection, we found the service remained Good.

People continued to be safe receiving support, and staff understood how to safeguard people from harm. Risks were managed to reduce potential hazards. There were enough staff to meet people's needs, and the provider followed safe recruitment processes. Staff understood their responsibilities in relation to hygiene and infection control. Staff were encouraged to learn and make improvements when incidents occurred.

Support was delivered in line with good practice guidance, and staff had the knowledge required to provide effective care. Staff supported people to maintain their physical health and wellbeing and to prepare meals of their choice. People were enabled to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible.

People received support from staff who were kind, compassionate and caring. They were involved in making decisions about their care. People's privacy was respected, and their dignity and independence promoted.

The support people received was personal to them and they were involved in the planning and reviewing of their care. People's individual choices and preferences were considered, and their support reviewed to reflect their needs. People knew how to raise any concerns or complaints, and these were responded to in a timely manner.

The service was well led, and the management team were clear about their roles and responsibilities. Staff were motivated and enjoyed working at the service. People and staff were encouraged to give feedback, and their views were acted on to develop the service. The provider worked in partnership with other agencies and teams, and there were systems in place to drive ongoing improvements.

Further information is in the detailed findings below.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

Living Independently Staffordshire - Cannock

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 inspection took place on 1 and 5 March 2018. We gave the provider two days' notice as they provide support to people in their own homes, and we had to gain people's permission to contact them. The inspection was undertaken by 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. The expert by experience spoke with people on the telephone on the first day. The inspector visited the office location on both days to speak with staff and review care records, policies and procedures.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. As part of our planning, we reviewed information the provider sent us in the Provider Information Return (PIR). 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.

We spoke with eight people who used the service, one relative and a team leader from a local community team. We also reviewed recent feedback from five community professionals. We spoke with four support workers, a co-ordinator, and the manager. We looked at the care files of two people who used the service to see if their information was accurate and up to date. We reviewed one staff file to see how they were recruited and checked information about their training. We also looked at records relating to the management of the service. This included audits the registered manager had in place to ensure the quality of the service was continuously monitored and reviewed.

Is the service safe?

Our findings

People continued to be safe receiving support at home. One person told us, "The reassurance that someone is here if anything did happen makes all the difference." They added, "If I was concerned about my safety, I'd phone the manager." We saw people were given details of how to raise concerns and who to contact if they had any safeguarding concerns, when they first started to use the service. Staff demonstrated a clear understanding about their responsibilities to protect people from harm and abuse. They were able to describe the actions they should take, and were confident to report any concerns. We saw that safeguarding policies were followed when needed and actions taken as required.

Risks to people's safety were monitored and managed effectively. Support staff worked alongside other community professionals to ensure people had the equipment they needed at home to minimise potential risks. Staff were trained to use equipment correctly, and their work practice was assessed. People's home environments were checked to identify any hazards, and were encouraged to consider their safety when alone. For example, staff would routinely make sure that people had their emergency alarms with them at all times. Staff ensured that people's properties were secured, and we saw that risks were reviewed and people had been involved in these discussions.

There were enough staff to meet people's needs and support them to stay safe. People told us that the support workers would arrive on time and were not rushed during the visits. The reablement nature of the support meant that the level of assistance provided changed regularly. One staff member told us, "We will be given the call times for when our support starts; but if we find that things are taking longer than originally thought, we will stay as long as needed and let the office know. They will then look again at the call times. We know that it can take longer when people are doing things for themselves, but we never hurry them up." Staff worked within defined geographical areas, and were given time to travel between their calls. We saw that the provider followed safe recruitment processes and staff confirmed that the required employment checks were undertaken.

All the people we spoke with managed their own medicines. However, we saw that when people needed support to take their medicines, systems were in place to ensure this was done safely. One staff member told us, "We have to be trained before we can help anyone with their medicines." Another staff member commented, "When people first start with us, we will have two staff check their medicines and transfer the information onto their records. That reduces the risk of errors." We saw that when people received support in this area, accurate records were kept and support plans identified the assistance people required.

Staff understood their responsibilities to ensure high standards of hygiene were maintained. One person told us, "The carers never need reminding to use their disposable gloves and aprons, and they always wash their hands between tasks." Staff confirmed that they were able to access stocks of personal protective equipment as required.

Staff completed 'reflective logs' when incidents happened. One staff member told us, "It really helps to sit down and look at what happened and why. We can then consider what to do differently in the future." We

saw the provider had put actions in place when these situations had occurred. This demonstrated that staff were encouraged and supported to learn from incidents, and information reviewed to make improvements.

Is the service effective?

Our findings

People's support was delivered in line with good practice guidance. The ethos of the service was to enable people to regain their physical ability and re-build their confidence following a period of ill health. For example, after a hospital admission due to a fall or a stroke. Staff understood the importance of 'stepping back' and encouraged people to re-learn skills. People's support was based on the outcomes they wanted to achieve, rather than time slots and tasks. There was active ongoing assessment and good communication in place as people's needs changed. People were aware that the support was time limited, but arrangements were made if people required support in the future.

Staff had the knowledge they needed to provide effective support for people. New staff received an induction that prepared them for their role, and staff told us how this was tailored to meet their learning needs. Ongoing training was available for staff to ensure their practice remained up to date. The service was going through a period of change, and the provider ensured that new and existing staff were trained to undertake the new areas of work this would involve. One staff member commented, "I know that I won't be asked to do anything until I have been trained properly and my competence is assessed. It's an exciting time for us, and it will be good to have more responsibilities."

People made their own decisions about their meals and drinks, and staff would support them to do this independently. One person told us, "I still need some help to do this, but the carers encourage me all the while. I think I have as balanced a menu as anybody else and I make sure I've got plenty of fruit which I have by my chair during the afternoon and evening if I get peckish." If staff had concerns about a person being at risk nutritionally, they reported this to the office, and referrals were made to the relevant community professionals.

We saw that the staff team worked across different organisations to deliver effective care. One community professional told us, "All of them are very good at referring any issues to the nurses, therapists and advanced practitioners. They are proactive, and the joint working is good. It is an effective reablement service for people." We saw that when people were discharged from hospital, their assessed needs were reviewed straight away. One staff member commented, "If someone has been in hospital for a while, they can be quite different when they get back home. So that is when we really look at their reablement needs and adjust their support plan as required."

People we spoke with were able to make their own arrangements in relation to their healthcare. However, we saw that referrals were made to healthcare professionals in a timely manner when needed. One staff member commented, "We will encourage people to ring up their doctor if we are worried about them, but on the whole, people will do this for themselves." This demonstrated people were supported to maintain their health and wellbeing.

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

make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People we spoke with were able to make decisions about their care and support. One person told us, "Some mornings I really don't feel like having a proper wash and the carers never force me to have one. If I just feel like getting dressed of a morning without having a wash, then I will do so. The carers always tell me that they're here just to assist and support me and not to tell me what I should be doing." We saw people had signed their support plans to demonstrate their agreement to receiving the assistance. When people were not able to agree to the reablement support, we saw the decision was made in their best interests and their capacity had been assessed. Staff demonstrated their understanding about the MCA and were aware of how this could impact on their role.

Is the service caring?

Our findings

People were positive about the caring attitude of the staff who supported them. One person told us, "They have all been lovely and it has been nice to get to know them." Another person commented, "No one has ever shouted or swore at me, and they are most careful about everything that I have here in my home. I have never had to have strangers in my house before, but I have been very impressed with how professional everyone has been. I wouldn't hesitate in recommending them to other people." Community professionals consistently reported that the staff were caring, compassionate and respectful.

People were involved in making decisions about their care. One person told us, "I was asked what was important for me to be able to do by the end of the six weeks and that's what they have been prioritising through the support that I have." Staff listened to what people told them, and respected their views about the support they received. One staff member commented, "It can be quite traumatic for people when they first come home; so we have to really take on board what they are telling us. We will take our time so that people go at a pace that works for them." This demonstrated that people were enabled to have as much control in their lives as possible.

People's privacy was respected. One person told us, "The carers will all call out as soon as they have come through the front door so I know who it is and I don't panic. They will always knock on my bedroom door, even now when I usually leave it open and they never come in until I say they can do. I have to say they're very polite." The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that people's personal information was protected. People had a copy of their care records in their home and could choose who to share these with. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Staff supported people to regain their independence, and this was central to the care people received. One person told us, "All of the carers have been brilliant. They have supported me now for four weeks, and I have gone from four visits a day, down to just the one in the morning. I am hopeful that within the next couple of weeks I will have my confidence back, so that I can manage on my own. If you had told me six weeks ago that this would be the outcome, I wouldn't have believed you." Another person commented, "I'm certain, by the time the carers finish next week, that I won't need to have anybody in looking after me in the future because I've been able to regain my independence with the help and support of these carers. I think they've all been really marvellous because the support they have given me has been excellent and I can't thank them enough." This demonstrated that people's independence was promoted.

Is the service responsive?

Our findings

People were involved in the planning of their support. One person told us, "We spent a long time talking about what help I would need when I got home. This was all written up into the care plan that lives in the folder where the carers write their notes every day." We saw that people's care plans contained information that was personal to them. This included details regarding their protected characteristics, for example their race, religion and belief. We saw that people's communication needs were also considered within the care planning process. If people required information in an alternative format (for example large font on a different coloured paper), the provider was able to action this. We also saw that some information was available in pictures and symbols to assist people's understanding. Staff confirmed that they found the care plans to be useful documents that helped them provide personalised support to people.

The provider had ensured that people's individual choices and preferences were taken into account. One person told us, "I was asked if I had any preferences about having male or female carers, but I told them I hadn't." The care records detailed how people would receive the support, and described the outcomes people wanted to achieve. People were fully aware that the nature of the service was reablement, and one person commented, "From day one, the carers have always explained that their role is to be there to support me to regain as much independence as I can. And that's what I want to do."

People's care was reviewed on an ongoing basis throughout the time they received support. We saw that staff would discuss people's progress with them and other professionals involved. One staff member told us, "These discussions are so important as we can check if people are on track to achieving their goals. It's always so rewarding when we go back into someone and see how they have come on, and often amazes me how well they are doing." We saw that people's individual profiles were updated so that their routines and preferences were amended as their needs changed.

The support was responsive to people's needs and one staff member explained, "The first visits we do are really important; and we can get to understand just how things are going to work. We may need to increase the time we are with people to start with, and then look at reducing it later on. If we think we may need two support workers, we just tell the office and they will make the changes."

We saw the manager was committed to promoting equality and diversity within the work place as well as for people who used the service. This included recognition that respecting people's human rights was fundamental in ensuring their quality of life. One community professional stated, 'Care that is provided is always person centred, and the service users and their families diversity is respected in all interventions.' The provider encouraged teams to reflect on how they demonstrated the key values of the organisation, and we saw this happened.

People knew how to raise any concerns or make a formal complaint. One person told us, "If I wasn't happy about anything, I would phone the office and I ask to speak to the manager. However, I've not had a single thing that I've even taken issue with, let alone had anything to formally complain about." We saw that people were given a copy of the provider complaints policy, and when required, the registered manager had

responded to people in line with this.

At the time of this inspection, the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

There was a manager in place, who had recently transferred from one of the providers other services. They were registered as a manager for the other location and were in the process of registering for the Cannock location. 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 found the service to be well led. One person told us, "Things are organised well; I can rely on the support, and there is always someone at the end of the phone should I need to speak to anyone." People were given the direct dial numbers for people to use, and there was an on call system in place. The manager was supported by a team of co-ordinators who were responsible for the day-to-day support people received. They in turn provided management to the support workers in the community. One staff member told us, "Everyone in the office is good; I know I can ask them anything, no matter how small. If I have any worries I can speak to them and they get things sorted."

Staff were supported and motivated in their roles. They received supervision sessions that gave time to discuss their learning needs and future development. One staff member told us, "We get all the support we need to do our jobs and make a difference in people's lives. The role has changed a lot over the years, but seeing people improve gives a real sense of job satisfaction. I really enjoy my role and the team I work with." Staff were encouraged to share their ideas to develop and improve the service. They told us about the team meetings they attended and how they contributed to this.

The provider had been working with the hospitals to consider how the service could be developed to minimise delayed discharges. One staff member explained, "We will still be providing the reablement support for people for a fixed time period. But the main difference will be that people can leave hospital sooner as the support staff will be upskilled in various areas; like taking blood pressure and wound management. Over the first 72 hours that people receive support at home, we will be able to decide on their potential for reablement, rather than doing this in the hospital setting. This will be far better as people will be in their familiar home environment."

People were able to provide feedback about the support they had received once their period of reablement had finished. We reviewed the responses for the previous two months, and the comments were consistently positive. We saw the provider also gave people surveys that were written in an accessible format, for example using symbols. This enabled people who may have struggled with written words to share their experiences.

The manager had effective systems in place to monitor the quality of the service. These included a number of internal checks and audits as well as a provider audit. They used this information to identify any trends and then put any required actions in place. Staff were also given opportunities to reflect on colleagues practices to drive improvements. For example, in how daily logs were written and how these could be

improved on. The manager understood their responsibilities and worked closely with their senior managers to ensure people received good quality support. We saw our latest rating was displayed at the location, as required.