

## Staffordshire & Stoke-on-Trent Partnership NHS Trust







# Living Independently Staffordshire - Lichfield & Tamworth

### Inspection report

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

We inspected this service on 9 November 2015 and the inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. This was the first inspection since registration in June 2013. Living Independently Staffordshire is a short term reablement service for people living in the Lichfield

and Tamworth area. This service supported people to maximise or regain their independence following a period of illness, hospital admission or to reinstate previous daily living skills. Support was normally

# Summary of findings

provided within a person's own home. This service was available to people between 7am and 10pm, seven days a week. There were 38 people using the service at the time of our inspection.

There was a registered manager 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.

Sufficient staff were available to meet people's needs and people received their calls as agreed. Staff had knowledge about the support people needed to enable it to be provided in a safe way. Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. Medicines were managed safely and people were supported to take their medicine as prescribed. The provider had undertaken thorough recruitment checks to ensure the staff employed were suitable to support people.

People's needs were assessed prior to the service being offered. Staff worked with people to develop a

reablement programme to identify and achieve their goals. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way. People had equipment in place when needed, so that staff could assist them safely and promote their independence. Staff understood people's needs and abilities and were provided with training to support them to meet the needs of people they cared for. The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. Staff knew about people's individual capacity to make decisions and supported people to make their own decisions. People's preferences were met when they were supported with their dietary needs and were referred to healthcare professionals when required to maintain their health and wellbeing.

People told us that staff treated them in a caring way and respected their privacy and supported them to maintain their dignity. There were processes in place for people to express their views and opinions about the service and people felt confident that they could raise any concerns with the manager. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People felt safe and staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented. People were supported to take their medicines as prescribed. There were sufficient staff to support people and recruitment procedures were thorough to ensure the staff employed were suitable to work with people.

Good



### Is the service effective?

The service was effective.

People's needs were met by staff that were suitably skilled. Staff felt confident and equipped to fulfil their role because they received the right training and support. Staff understood the principles of the Mental Capacity Act 2005 so that people's best interests could be met. People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing health needs were met.

Good



### Is the service caring?

The service was caring.

Staff were kind and caring and treated people respectfully. Staff supported people to maintain their dignity and privacy. People's personal preferences were met and they were supported to maintain their independence and autonomy. People were involved in discussions about how they were supported.

Good



### Is the service responsive?

The service was responsive.

The support people received met their needs and preferences and was updated when changes were identified. The provider's complaints policy and procedure was accessible to people and they were supported to raise any concerns.

Good



### Is the service well-led?

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided.

Good



# Living Independently Staffordshire - Lichfield & Tamworth

## 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, 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 9 November 2015 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 someone would be available at the office.

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. The expert-by-experience did not attend the office base of the service, but spoke by telephone with people who used the service.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. 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. However, we gave the registered manager the opportunity to provide us with information they wished to be considered during our inspection.

We reviewed information we held about the service. This included statutory notifications the registered manager had sent us. We looked at information received from people that used the service, from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke by telephone with ten people who used the service and four relatives. We spoke with the registered manager, three care coordinators and four care staff. We reviewed records held at the service's office, which included three people's care records to see how their care and treatment was planned and delivered. We reviewed two staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

People told us they felt safe with the staff that supported them. Comments included, “They do their best and make time for you.” And “They are really good to me.” People’s relative told us, “My relative is very safe with the carers, no worries.” And “They never shout, they are always there for my relative.” Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, “I have in the past reported a concern. I know we can report concerns to the local authority or CQC but I didn’t need to as the manager took action.” Staff confirmed they attended safeguarding training and learnt about the whistleblowing policy. This is a policy to protect staff if they have information of concern. One member of staff told us “I have had safeguarding and lone working training. It does help you to identify if something isn’t right.” Records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe.

People were assessed by the Community Intervention Service (CIS) prior to using the Living Independently Staffordshire Service (LIS). The CIS is a multi-disciplinary team that consists of physiotherapists, occupational therapists, nurses and community psychiatric nurses. Staff at the LIS worked closely and in partnership with the CIS to assess and monitor the support people required. This enabled people to meet their goals and outcomes and ensure their safety was maintained. Assessments identified people’s needs and we saw that when needed equipment was in place to support people and enable them to regain their independence. For example one person’s records confirmed that following an assessment from the CIS they were provided with a free standing toilet frame to support them in maintain their independence. The LIS staff had access to a range of different equipment which they called their ‘box of tricks’. These appliances supported people in daily activities such as dressing and washing and making telephone calls. Staff told us that if they identified any support needs whilst working with people they were able to show them the equipment available.

Staff assessed risks to people’s safety and took action to address any identified hazards.

We saw that a variety of risk assessments were in place regarding people’s home environment and their support needs. An assessment was used to minimise the risk of people having accidents within their home. . For example we saw that a home fire awareness checklist was completed by staff on their first visit to people. For some people, staff had identified hazards and actions had been taken to support people to address these risks, such as the ‘Olive branch’ project. This is a project with Staffordshire Fire & Rescue Service to identify potential fire hazards and other risks in the home. We saw that staff had referred people, with their consent, onto Staffordshire Fire & Rescue Service for a free home fire risk check. One member of staff told us about the work they had done to encourage a person to have this check and the subsequent fire safety equipment that was installed to reduce the risk of fire within their home. The staff member said, “Over a period of time I managed to gain the person’s trust and they agreed for the fire service to go in.”

People told us there were enough staff to meet their needs. One person said, “They have never missed a call, they come four times a day.” Another person said, “They come twice a day, they never miss a call.” People confirmed they generally received their calls on time and confirmed that if their carer was running late they were always contacted. One person said, “If they are late there is a very good reason, that’s because they are helping another person.” Staff told us that they supported people on a regular basis. One member of staff told us. “It gives us chance to bond with people and they trust us then.” We saw that in the last 12 months there had been one missed call and this person received support with 90 minutes of the missed call. This demonstrated there were sufficient staff available to meet people’s assessed needs

The provider checked staff’s suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

We looked at how staff supported people to take their medicines. We saw that assessments were completed to

## Is the service safe?

determine if people needed prompting to take their medicine so that staff could support the person according to their needs. The people we spoke with told us they didn't need any support with medicine. Staff told us they had undertaken medicine training and records confirmed this. Spot checks were also undertaken for coordinators to observe staff practice; this showed us that staff

competencies were checked. For those people who required support a medicines administration record was kept in the person's home and we saw that staff signed when people had taken their medicine. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines.

# Is the service effective?

## Our findings

Staff had the necessary skills and training to meet people's needs and promote their wellbeing and independence. People we spoke with said the staff met their needs. One person told us, "They know exactly what I need." Another person said, "They service stopped on Monday they were excellent, I can do things for myself now." Another person told us, "They are here for my rehab, I am much better now, next week they will be gone." A relative told us, "Staff have the knowledge, skills, experience, and the right attitudes." Staff were able to tell us about the support people needed and what they were able to do independently. One member of staff said, "We have to read the support plans and communication records. It's essential in this job as the level of support people need can change on a daily basis, so we have to continuously monitor this and adapt the support to promote their independence." Staff told us and we saw that they received the training they needed to care for people. . Staff confirmed they received regular supervision and an annual appraisal and we saw a plan was in place to ensure supervision was provided on a regular basis. One member of staff said, "We are always having supervision and get lots of support." This showed us the staff were supported by the management team.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager confirmed that none of the people supported lacked capacity to make their own decisions.

Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. We saw

that staff were provided with training to support their understanding around the Act. This was supplemented with workbooks that had been developed by the registered manager regarding consent and best practice. We saw that people had signed their support package to demonstrate their agreement. Staff told us they obtained people's consent before they supported them. People confirmed that staff explained what they were doing and sought their consent before they provided them with support. One person said, "Oh yes, they are the best, always ask what I prefer." Another person said, "They are lovely, when they help me they say, is it alright." This showed us that staff respected people's wishes and ensured they were in agreement with the support they received.

Several people we spoke with were supported with meal preparation. People told us they were happy with how this was done. One person told us, "We make choices about food together." People were supported to maintain their nutritional health and information was available to staff regarding the support people needed. Staff told us and we saw records to show that weekly reviews took place to assess people's progress. Any additional support identified, such as aids to support people with meals was referred to the CIS team for them to assess and provide equipment as needed. This enabled people to regain their independence.

We saw that people's health care needs were monitored and met as referrals were made to the appropriate health care professionals when needed. People told us that staff supported them with their healthcare needs. For example, supporting people with making and attending appointments. Written feedback from one person's relative stated, 'The staff had helped me sort out appointments of which there were many and I would have struggled to cope without their support.' People's health needs were identified in their care plans. The daily records demonstrated that staff monitored people's health care and sought appropriate professional guidance as needed. For example one person had been referred to the occupational therapist regarding their mobility. An exercise plan was provided for this person to complete daily to promote their mobility.

# Is the service caring?

## Our findings

People described the care they received as excellent or very good. One person said, "The carers are genuinely caring, the way they talk, respectfully and check if you are okay." Another person said, "They do their best and make time for you." One relative told us, "The staff treat my relative with great respect."

People told us that staff supported them to regain their independence. One person said, "They know what I like and let me do what I can." We saw that support packages were individualised to enable people to maximise or regain their independence. One member of staff told us, "We are continuously monitoring and assessing. Our aim is to enable people not disable them, so it's important that we monitor closely." We saw that people's achievements were

reviewed on a weekly basis by the LIS coordinators and CIS team, this was to review the level of support needed. We saw that when there was a change in the support required people were consulted.

People told us that staff supported them to main their dignity and privacy. One person told us, "When the carer helps me with my wash, they cover me up and shut the bathroom door." Another person told us, "They wait for my response and only come in when I say come in, or if I don't hear they say are you alright." Another person said, "They always knock on the door."

We saw that people had taken the time to compliment the service regarding the support they had received. One person had written, 'I want to heap praise on the team who cared for me. They were without exception an excellent team. From day one they assisted and encouraged me to become independent again, giving me helpful hints on how to become more confident. At all times they were polite guarding my dignity and privacy.'



# Is the service responsive?

## Our findings

People confirmed that the support provided to them met their needs and preferences as an individual. One person said, "Yes I understand them and they understand me." All of the people we spoke with told us the staff provided them with what they asked for, and said the staff were always courteous and available to support them as agreed.

A single point of access was in place for all referrals to the service. People's needs were assessed and determined before the service was offered, to ensure people received the right support for them.

People confirmed they were involved in their reviews of care. One person told us, "I have looked at my relatives care plan it's definitely up to date. We sat down and discussed their specific needs with the staff." People's care packages were individualised according to their needs. This demonstrated that people were consulted about the level of support they needed on an ongoing basis to enable them to regain their independence. One person told us, "I don't need much help now, I did my own tea." Another person said, "They have made some changes in the support I receive after just one week." We saw that staff had information on what people could do independently without their support. This showed us that the service worked with people to maintain their independence.

A document called 'My Reablement Journey' was in place for each person. This looked at the person's goals and the support they needed to achieve this. For example one person's journey stated they wanted to get back to the level of independence they had prior to their illness. This was regarding their mobility, undertaking their own personal care and cooking meals safely. We saw that staff worked

with this person to build their confidence and support them in achieving their goals. Assessments were undertaken by the CIS team to provide equipment for this person to promote their independence.

We saw that people's preferences regarding their daily routine were included in their support package. For example one person had information on when they preferred their main meal of the day, how they preferred to wash and when they liked to collect their daily newspaper. We saw that the staff supported this person to maintain this routine.

People we spoke with were aware of the office number and knew where to find it in the paperwork that had been provided to them. People we spoke with were confident they could request a change from the office. One person told us, "Yes I spoke to them, they are very good."

Staff told us that any complaints or concerns made to them would be reported to the registered manager. People we spoke with were aware of the procedure for making complaints and told us they had not had any reason to make a complaint. The registered manager confirmed that no complaints had been received.

A complaints procedure was in place and this was included in the information given to people when they started using the service. The information included the contact details of an independent complaints advocacy service. This could be used if people did not want to raise their concerns directly. This service provided people with free advice, guidance and assistance in raising concerns and was able to act on people's behalf if they wished. This showed us that the provider had systems in place to support people in raising concerns or complaints.

# Is the service well-led?

## Our findings

People told us that they felt the service was managed well and said their suggestions regarding their support were listened to and acted upon. People complemented the management and team and said they were approachable. We saw that people's views were sought throughout their reablement support. Reviews took place with people every week to review their achievements and assess the level of support they required. This demonstrated that the staff worked in partnership with people to promote their independence.

People were asked to complete a mid-service questionnaire and an exit questionnaire regarding their views on the service. The questions asked for people's views on staff conduct, if their privacy and dignity was respected, if they knew how to make a complaint, if they were satisfied with the information they had been provided with about the service and if they felt listened to and their views respected. We looked at a sample of these questionnaires and saw that people had given positive responses regarding the service and support provided to them.

The management team and staffing structure were clearly described. Staff were aware of the staffing structure and demonstrated that they understood their roles and responsibilities. People using the service and their relatives were clear who the manager was and told us that the management team were approachable. We looked at compliments received from people in October 2015. One person had written, 'Thank you for your care and support whilst I have been recovering from my hospital stay. I don't know what I would have done without you. You all listened when I was down and encouraged me to get back on my feet.' Another person wrote, 'Thank you to all the LIS carers. I am feeling much better with all the help you have given me.' This showed us that people's needs were met by the staff team.

Staff told us they were supported by the management team and said that the registered manager and coordinators were approachable, helpful and available to

them as needed. One member of staff said, "We are led very well, any issues at all and we can ring for advice. If people need equipment we can refer them to the CIS for assessment." Another member of staff said "I love my job, I have learnt so much and I get lots of training. The manager has been fantastic from day one." Team meetings were provided and staff told us that if they were unable to attend minutes were available to them. This ensured staff were kept up to date with any changes. An on call system was in place to support staff out of office hours. People told us and we saw that information was provided to them regarding the number to call outside of office hours if needed.

Staff had the relevant guidance to enable them to support people in line with the Care Act 2014 Regulations. We saw that the provider's audit tool linked to the new fundamental standards and associated key lines of enquiry to promote good practice.

Regular audits were undertaken to check that people received good quality care. The registered manager and coordinators conducted regular checks of completed medicine records, this enabled them to analyse and identify any trends in errors. We saw evidence to show that the management team undertook spot checks on staff practice and the support provided to people. Audits were undertaken on the assessments and support plans in place to ensure accurate records were maintained. Monthly audits were completed regarding staff training and attendance to enable the provider to monitor the performance of the service.

The management team sent a report to the provider every morning to show their availability to support new people. This showed us that there was an ongoing monitoring system in place to ensure the service had the capacity to meet the needs of the people they supported.

We saw the data management systems at the office base ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team.