

Northumberland County Council

West STSS (Short Term Support Service) Hexham

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The inspection took place on the 4 and 13 July 2017 and was announced. We gave the provider 24 hours' notice because the service is a domiciliary care agency and we wanted to make sure that staff would be available at the office to assist us with our inspection. There has been a delay in reporting on our findings, due to no fault of the provider, we therefore conducted a third date in December 2017 to validate our initial findings and produce an inspection report.

At our previous inspection in June 2015 the service was rated good overall, with the responsive domain being rated as outstanding.

West STSS (Short Term Support Service) Hexham provides domiciliary care and support to people in their own homes, often following hospital discharge. It is registered to deliver personal care. At the time of the inspection the registered manager told us they supported around 52 people over the wider rural area of West Northumberland. She said this number fluctuated regularly depending upon when people were discharged from hospital and referrals from primary care services.

The service had a registered manager who had been registered with the Care Quality Commission since October 2010. 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.

All staff we spoke to were confident in the safeguarding policies that were in place and how they would ensure people were protected from abuse. Staff were also knowledgeable in relation to whistleblowing and said they would have no concerns in speaking up if they felt people were not receiving appropriate care.

We saw that medicines were managed safely. The service had a pharmacist who regularly supported the provider and was assisting them in continuously reviewing their medicines systems and audits to ensure people were safe.

People we spoke with were all very positive about the skill set of the staff. Staff themselves told us they received a variety of training which equipped them to do their job. They told us how they had raised that one particular area they would like more education on. We spoke to the registered manager and noted they had already acted upon the staff request and training had been sourced and booked to support them. We noted how responsive the manager was to staff identifying learning needs.

We reviewed the service in line with the Mental Capacity Act and concluded they were meeting all requirements of the Act. People's consent was clearly documented and they told us they were involved in planning their care.

Everyone we spoke to was extremely positive about the service and in particular they mentioned the caring nature of the staff and how much emphasis was placed on helping them to regain their independence. We saw that people had clear risk assessments in place and also measurable goals around promoting independence and building confidence.

Staff were exceptional in enabling people to become independent in various activities of daily living. On reviewing people's care plans we noted that each area of improvement was clearly documented. We saw that people had set regular goals and staff encouraged people to strive for improvement. People we spoke to told us how the staff supported them to gradually make improvements and to change their life.

People told us how the service was very responsive. They mentioned that the service always adapted to their need. Staff told us they completed regularly reviews of people's care to ensure it was meeting their needs and also so they could listen to people's feedback and tailor the care if needed. We found the service was exceedingly flexible and responsive to people's individual needs and preferences. People told us that if it was not for the service they would have spent much longer in hospital. Many told us they were surprised such a service existed.

We saw that mechanisms were in place to assess how effective the service was. This included the impact it had on people, especially around promoting their independence, but also the impact it had on the local community and the local NHS Trust. The provider had completed an analysis on the impact they were having on the local NHS Trust including a review on the number of people they had supported within the year and the hours of care they had provided.

External professionals spoke highly of the service and said that they could depend on it, that the registered manager and the staff were very responsive and always tried to do whatever they could to support people, especially to come out of hospital and be home as soon as possible.

The registered manager was involved in work within the local community and demonstrated a passion in continuously driving the service forward and was always looking for opportunities to develop.

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.

People told us they felt safe when being visited in their own homes.

There was sufficient staff to provide support to people.

Appropriate pre-employment checks had been carried out.

Staff understood how to identify and report potential abuse.

Is the service effective?

Good ●

The service was effective.

Staff had received appropriate training.

The service worked in conjunction with other health and social care providers.

People received adequate support with nutrition and hydration where necessary.

Is the service caring?

Outstanding ☆

The service was very caring.

People, relatives and health and social care professionals told us the service worked exceptionally well at enabling people to remain independent.

People and relatives were extremely positive about the caring nature of staff.

People's care and support was planned with them. Staff used inclusive ways of involving people so they felt consulted, listened to and valued.

Is the service responsive?

Outstanding ☆

The service was particularly responsive.

People, relatives and health care professionals described the responsiveness of the service as "Exceptional."

The service was very responsive to people's individual needs and preferences.

Various inclusive feedback systems were in place. Reviews were carried out once or twice a week by supervisors to monitor people's plans of care and ensure they were happy with the service provided.

People were actively encouraged to give their views and raise concerns or complaints. There was a complaints procedure in place.

Is the service well-led?

The service was extremely well led.

People and relatives praised the service.

There was a joined up approach to providing care that met the needs of people. This was enabled by an integrated system of leadership to help ensure people experienced the best possible outcomes.

There was a strong emphasis on continually striving to improve. Numerous checks were carried out to monitor the quality and safety of the service and ensure that people received excellent outcomes.

Staff were highly motivated and demonstrated a clear commitment to providing dignified and compassionate care and support.

Outstanding 

West STSS (Short Term Support Service) Hexham

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.

The inspection was carried out by one inspector.

We visited the service on 4 July 2017. The inspection was announced. We gave the provider 24 hours' notice because the service is a domiciliary care agency and we wanted to make sure that staff would be available at the office to assist us with our inspection. We telephoned people who used the service on 13 July 2017. There has been a delay in reporting on our findings, due to no fault of the provider, we therefore conducted a third visit in December 2017 to validate our findings.

We checked information which we had received about the service prior to our inspection. This included notifications which the provider had sent us.

We spoke with six of the people who used the service and two relatives. We also spoke with 18 staff including the registered manager, deputy manager, the senior manager for the service, team supervisors, physiotherapists, a pharmacist and care workers. We requested information from healthcare professionals who liaised with the service.

We looked at four records of written care and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction. We saw a record of training and a training plan. We looked at quality monitoring documents and we checked records relating to the management of the service such as audits and surveys.

Is the service safe?

Our findings

We spoke with people and asked if they felt safe when staff who came into their homes. One person told us, "I trust them 100 percent, I have no worries." Another person said, "Oh yes I feel safe."

There were safeguarding policies and procedures in place. Staff were able to demonstrate their knowledge on how they protected people from bullying, harassment and avoidable harm. Staff explained that they had all had training that ensured they were able to protect people from abuse. They were able to tell us what kinds of abuse there were and how they would raise concerns about them. If staff were concerned about the actions of a colleague there was a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

Safe systems were used when new staff were recruited. The service gave assurances that all candidates for jobs completed an application form and underwent a formal interview with senior staff and people who used the service present. We checked staff recruitment files and noted that Disclosure and Barring service checks (DBS) and references had been obtained. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions.

We looked at the way medicines were managed and spoke with a pharmacist who liaised regularly with the service. They explained that as part of helping people remain independent, the service promoted self-administration of medicines. There was clear guidance in place for staff as to what this meant and when to complete a medicines administration record. Where staff did support people with their medicines, there were policies, procedures and regular training to ensure this was done correctly.

A computerised management system was used to allocate care workers to calls. The system was also used to monitor staff safety in line with the provider's lone working policy. We spoke with the registered manager and asked how they ensured there was sufficient staff to meet people's needs in times of crisis or when people required additional support. They explained that staffing levels were based on people's needs and if those needs changed staffing levels could be increased by offering extra hours to staff within the service.

People were risk assessed before they entered the service to ensure that staff were able to provide support safely. Potential hazards to people's safety and welfare had been identified and actions taken to reduce or manage any risks. We saw that people's written records of care held important information for staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. For example, if a person had restricted mobility consideration was given as to how staff entered their home without the person having to mobilise unnecessarily to let them in.

There were systems in place to deal with any emergencies. This included access to four by four vehicles to maintain staff safety and support access to people living in rural areas during inclement weather conditions.

Staff had access to protective clothing such as gloves and aprons while carrying out personal care. Staff told us that infection control was part of their training and was regularly updated. This helped to ensure that people were cared for by staff who followed appropriate infection control procedures.

Is the service effective?

Our findings

We spoke with people who used the service and asked if they thought the staff knew how to support them properly. One person said, "Yes, honestly I praise them to everyone." A relative commented, "They are all fantastic."

All staff informed us that they felt equipped to carry out their roles and said there was sufficient training available. We looked at training records which showed staff had completed a variety of training pertinent to their role. This included safeguarding adults, health and safety, first aid and moving and handling. Staff had also completed training on the specific needs of people who used the service such as catheter care. The staff told us they had expressed a desire to undertake further training around mental health issues. The registered manager showed us confirmation that this had been arranged on the staffs request. When we reviewed the service in December we noted that all of the training had since taken place.

Staff told us that they felt well supported. Staff received regular supervision and an appraisal system was in place. Supervision and appraisals are used to review staff performance and identify any training or support requirements. Staff told us, "[Senior staff] are very approachable." And, "We see the [registered] manager at least once a week."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People 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 told us no one currently using the service was subject to any restriction of their freedom under the Court of Protection, in line with the Mental Capacity Act 2005 (MCA) legislation.

We read people's care files and noted people had signed consent forms to indicate they agreed with the plan of care to be provided. Staff told us they sought people's verbal consent before carrying out any care or support tasks. People we spoke with confirmed this.

We checked whether people's nutritional needs were met. Information about people's dietary requirements was included in their care files. Staff supported people to become independent with their dietary needs. One person told us they made their own meals but, "Staff make sure I have eaten." Another person said, "They'll cook for us if we ask."

The service had their own team of physiotherapists, occupational therapists, technical instructors and rehabilitation workers. This meant people had access to a range of therapists to help meet their needs. The service also worked in close partnership with other members of the multidisciplinary team such as speech and language therapists, community matrons, social workers and support planners. People told us that they

were supported to access a range of health and social care services which met their needs. One relative told us, "We get three calls a week from carers and two from an occupational therapist."

Is the service caring?

Our findings

When we spoke with people and their relatives they were extremely positive about the caring nature of staff. Comments included, "I think they are brilliant, they have done so well for me, I don't know what I would do without them," "I was really bad one night, they sat with me until I pulled round," "I am going to miss them, I've got on with each and every one of them," and "They couldn't be kinder, they are outstanding."

One person we spoke with had recently stopped using the service as they no longer required it, they told us, "They helped me get independence...it is a good service...It's fantastic."

Staff were exceptional in enabling people to become independent in various activities of daily living. A senior manager for health and social care in West Northumberland confirmed, "I have worked with the service since it was introduced in 2011...All staff are friendly and engaging and we work as a great team together to support the needs of the service users."

All of the people we spoke with told us how staff had promoted their independence. Comments included, "My wife is better than what she was"; "They helped me."; "They helped me get my independence back." and "I have stopped using the service now as I'm back to normal."

We looked at written feedback provided by people who used the service. One relative wrote, "The care workers did everything she needed, encouraged her to do it herself and let her go at her own speed, we did not have to use the service for long but were happy with everything." One person wrote, "[staff member] was so thorough, looked after every little detail, chased up getting me a wheelchair which meant I have been to church for the first time in two years."

We read people's care plans and noted that every improvement in people's abilities was documented. People had set goals in conjunction with the service and staff noted people's progress against this. For example, some people required support mobilising, one person said, "[staff member] took me out one day a week to gain confidence after my fall, she was absolutely great with me, really encouraged me to walk, she was superb for the job."

Staff were knowledgeable about the service they provided and the promotion of independence. Comments from people who used the service included, "Absolutely brilliant service, my OT [occupational therapist] is professional, courteous, caring and kind."; "A huge thank you for the delivery of my bath lift, it is a huge help and has made life a lot easier for me."

Staff spoke with pride about the importance of ensuring people's needs were met. They told us how they ensured that people were not pushed into anything they did not want to do and that there was never any rush or pressure for them to, "speed things up." They told us they believed they made a positive difference to people's lives and, "Treat people like how we would want to be treated ourselves."

Staff promoted people's privacy and dignity. People we spoke with told us, "They are very respectful." And,

"The carers are always very respectful." We noted that privacy and dignity were referred to throughout people's care plans.

People's care and support was planned proactively with them. Staff used inclusive ways of involving people so they felt consulted, listened to and valued. People told us they were involved in the care they received, one person said, "We go at my pace." A relative told us the care of his wife was regularly discussed with him (as his wife's main carer) and his wife, he commented, "We have a book that they write in which tells us all about my wife's care."

When we read people's care plans we noted staff had recorded conversations they had had with people about their care. They discussed people's goals with them and documented people's individual wishes such as going shopping on a certain day or attending clubs or events. Staff also noted people's progress towards their goals and recorded what strategies they had devised with the person to achieve them. We saw many examples of where people had told staff they needed less calls as well as people expressing their wish for a longer period of support. One person told us, "I told them I didn't feel ready for them to go just yet." They went on to tell us that they had continued to receive further support.

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies in order to keep the person safe.

The registered manager had details of advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. The registered manager described what they would do to ensure that individual wishes were met when this was expressed either through advocacy, by the person themselves or through feedback from relatives and friends.

At times, the service had supported people towards the end of their lives. The service had policies, procedures and training in place to support people who required end of life care. Staff had the appropriate skills to be able to provide this support. This included offering support to people's families as well as to the person themselves. The service worked alongside other providers to ensure that this care was carried out correctly.

Is the service responsive?

Our findings

The service provided three integrated services; a reablement service, crisis support and a bridging service. Referral to the service was available via a single point of access which could be contacted by GP's, health and social care professionals or individuals.

Health and social care professionals told us that the service was focused on providing person-centred care and it achieved exceptional results. One professional said, "West STSS Hexham work very closely with the hospital team and the wider multi-disciplinary team (MDT). This successful collaboration ensures that we are proactive in arranging timely hospital discharges and we reduce the risk of readmission. The service is excellent in their responsiveness, for example they attend MDT meetings and they can say very quickly if they are in a position to support and usually do if the request is appropriate. Due to the successful work that West STSS Hexham carry out with timely hospital discharges and readmission avoidance many bed days are saved within Northumbria Healthcare Trust. This includes ambulatory care and assisting with same day discharges to avoid admissions wherever possible. Over the past few months we have had a general issue with domiciliary care agencies and have approached West Locality Home Care on a number of occasions to request they 'bridge' a service for us until we are able to implement longer term care and support plan. They are always quick to respond and will always help if they are in a position to do so."

We found the service was exceedingly flexible and responsive to people's individual needs and preferences. People told us that if it was not for the service they would have spent much longer in hospital. Many told us they were surprised such a service existed. One person said, "I had not heard of this type of help before. Long may it last, I think we are very lucky here in Northumberland." People were very complimentary about the way the service adapted to them and what they required. They told us they had all received a visit from senior staff who completed a baseline assessment for each person. This contained information about the people's social history, person centred goals and details of the care and support to be provided. This assessment was used by care and therapy staff to ensure staff had all the information required to be able to provide responsive person centred care and support. People told us they were able to change their mind about their care and were able to discuss it either with senior staff or the care workers.

Staff explained they were able to be very responsive because times of visits were flexible. They told us that they were never rushed by senior staff and worked at their own pace. This was confirmed by people and relatives. People and relatives told us staff often went above and beyond what was expected of them including spending extra time with people if they asked for or needed it. Staff told us, "If the person has an issue we just say [to the manager]."

Staff spoke enthusiastically about the responsive care and support they provided. They told us how they encouraged people to do things for themselves and gained job satisfaction from seeing people progress. They were proud of the fact that the service was helpful to other providers, particularly the local hospital.

A number of research based assessment tools were used to ensure the best possible outcomes for people. These included, 'The Canadian Occupational Performance Measure' [COPM] which was used to assess

people's performance with everyday living skills. Staff also completed the Tinetti Assessment Tool and the Falls Risk Assessment Tool which assessed people's balance and movement.

We asked the registered manager how they helped to ensure people's social needs were met. They told us, "We look at people regaining their independence. Where we identify social isolation as a risk or an issue we help support people to access local activities and groups such as Ageing Well." They continued to tell us how using Ageing Well allowed the service to work with local people to ensure that Northumberland was a good place to grow older. They said it helps to promote the health and wellbeing of older people within their local communities.

Various inclusive feedback systems were in place. Reviews were carried out once or twice a week by supervisors to monitor people's plans of care and ensure they were happy with the service provided. Northumbria Healthcare Foundation Trust carried out a quarterly survey called, "Two minutes of your time" regarding the service to obtain people's feedback. The provider also carried out their own surveys and we saw that the feedback was consistently positive.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The service had considered people not being able to communicate or the capacity to express their concerns therefore their procedures included the use of advocates to help support people. We noted that where the complainant was not satisfied with the outcome there was a procedure available for further concerns to be raised. The registered manager explained that wherever possible they would attempt to resolve complaints informally. One person told us, "I know how to make one but I don't have a single complaint."

Is the service well-led?

Our findings

West STSS (Short Term Support Service) Hexham is operated by Northumberland County Council in 'partnership' with Northumbria Healthcare NHS Foundation Trust.

There was a registered manager in post. Staff spoke highly of her and told us she was very supportive. One staff member said, "[Name of registered manager] is very approachable."

The provider had fully adopted the guidance outlined in the National Institute for Health and Care Excellence [NICE] in their publication, 'Transition between inpatient hospital settings and community or care home settings for adults with social care needs.' This stated, 'Consideration should be given with regards to early supported discharge with a home care and rehabilitation package provided by a community-based multidisciplinary team for adults with identified social care needs.' We found there was a joined up approach to providing holistic care that met the needs of people. This was enabled by an integrated system of leadership to help ensure people experienced the best possible outcomes which was confirmed by people, relatives and health and social care professionals.

People who used the service and their relatives were very positive about the leadership within the service, they told us, "The senior staff? They are all fantastic."; "I have spoken with the [registered] manager, they are very kind"; "Outstanding" and "I'll give them 100 percent, they could not be kinder."

We found the provider's integrated model of care facilitated hospital discharges, helped avoid unnecessary hospital admissions and reduced the number of people requiring long term care by supporting people to regain their independence. The service had gathered information to assess how effective the service was and had established that over the past year they had accepted 1917 referrals and spent a total of 11826 hours in people's homes. These figures demonstrated that the service was having an impact on the use of beds at the local acute trust.

The registered manager told us, "As a jointly financed and totally integrated health and social care service, the vision for present and future working would be to continue to build an effective, responsive team able to respond to local demand within the parameters of being cost effective. This would have the best placed staff often working outside of their normal roles, triaged, competent and confident in care delivery, upholding values of respect and dignity with a caring ethos. Every strand of work aims to improve the outcomes for the service users and their carers and to create a working environment which values and develops the staff to enable them to deliver a high standard of care."

The registered manager was very keen to be involved with new initiatives within the area. There was a strong emphasis on continually striving to improve. We saw evidence that occupational therapists from the service were working with the local fire brigade to develop falls audits. An early response service was being introduced in partnership with Northumbria NHS Trust in order to provide people living in Northumberland with support by the right person. The service was in the process of developing their medication audits further with pharmacy staff in line with new NICE medication guidelines. This information was being used to

inform the registered manager what training and development would be required. The registered manager used her position on the local reablement forum to share good practice regionally.

There were extremely effective communication systems in place to ensure the smooth running of the service. These operated across all organisations involved in people's care to make sure that people received safe, effective, responsive and compassionate care. This included weekly meetings at the service to discuss new referrals and people's progress. We noted that the registered manager and her team monitored referrals to the service throughout the day. They carried this task out efficiently and diligently. The referrals system was checked at a minimum of 15 minute intervals meaning the services response time was excellent.

Staff used the 'Situation, Background, Assessment and Recommendation' [SBAR] to communicate between each other and with other health care professionals such as GPs and social workers. The SBAR technique provides a framework for communication between members of the health and social care team about an individual's condition. The Institute for Health Improvement describes the tool as an effective and efficient way to communicate important information.

The provider used a computerised management system to assign care workers to specific calls. The system provided an overview of the number of calls each care worker was allocated. This enabled management staff to assign staff promptly when urgent requests for care were made.

Staff were provided with mobile phones. They used these to log in and out of a person's home by touching their phone against a special tag which was located in people's care files. This data assisted management staff to monitor the safety of people and staff if the system flagged up that a care worker had failed to make a visit.

Every aspect of the service was audited and checked. An action plan was devised following these checks which highlighted areas which needed attention. Northumbria Healthcare NHS Foundation Trust carried out a quarterly survey called, "Two minutes of your time" regarding the service. We read a number of positive comments about the service including, "It's a good service, fantastic." And "The girls are lovely." Where actions were identified, the service completed a "You said, we did" report. We looked at one of these reports and saw that the registered manager had fed back comments to the team so they could learn lessons from it. For example, one person noted that staff "just turned up" at their home and they were unsure as to what they were there to do. The registered manager ensured that all staff were aware that this had happened and instructed that clarity of role was to be communicated to people as part of the initial acceptance of the referrals.

Following the inspection, we contacted the nominated individual who told us, "As a director with joint responsibility across health and social care, this has benefited all services but more so in STSS. Health and social care professionals are managing and supporting service users jointly, ensuring the right member of staff with the correct skill set is focussed on the best outcomes for the service user. Cross fertilisation of training and awareness between therapists and support staff is evident in the offer to service users and results in high satisfaction levels, low numbers of clients who are requiring on going care, and low numbers of readmissions. The ability from the team to call upon health or social care advice, from principle social worker or chief matron or pharmacist lead has enhanced the standard and the quality of the service, which is well led managerially and clinically."