Staffordshire & Stoke-on-Trent Partnership NHS Trust

Living Independently Staffordshire - South Staffordshire

Inspection report

Billbrook House
10 Carter Avenue, Codsall
Wolverhampton
Staffordshire
WV8 1HH

Tel: 01902434500

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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

We inspected this service on 14 and 15 November 2016. This was an announced inspection and we telephoned the service 48 hours prior to our inspection in order to arrange home visits and telephone interviews with people. This was the first inspection since the service registered in October 2013. Living Independently South Staffordshire is a short term reablement service for people living in the South Staffordshire area. The service supports people to maximise or regain their independence following a period of illness or hospital admission. The support is provided within a person's own home and was available seven days a week between 7am and 10pm. At the time of the inspection 24 people were being supported by the service.

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.

People were supported in a safe way and staff knew how to recognise and report potential abuse. When risks to people had been identified staff had the information available and knew how to support people to keep them safe. People were supported by staff that had training and an induction that helped them to offer support. There were enough staff available to meet people's needs. The provided completed checks to ensure staff were suitable to work with people in their homes. There were systems in place to ensure people received their medicines as prescribed.

Staff showed an understanding of how to support people who lacked capacity to make certain decisions and understood the importance of gaining consent from people.

People felt involved with planning and reviewing their care. They had the opportunity to complete questionnaires on the service. When areas of improvements had been identified action was taken and changes made. There was a complaints procedure in place and people knew how to complain. When needed people were supported to make referrals to healthcare professional. Support was available to assist people with eating and drinking. People were encouraged to be independent and their privacy and dignity was upheld. People were encouraged to pursue their hobbies and interests.

People were happy with the service they received and the staff that supported them. Staff felt supported and listened to by the registered manager and they understood their responsibilities around registration with us. The provider completed audits on the quality of the service and when needed we saw action was taken to drive improvements.

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 were supported in a safe way and individual risks to people had been assessed. Staff understood about potential abuse and how to report this if needed. Staffing levels were sufficient to meet people's needs and medicines were managed to ensure people were safe. There were safe recruitment procedures in place.

Is the service effective?

Good

The service was effective.
Staff received an induction and training that helped them to support people. When needed people's nutritional needs had been assessed and staff offered support with this. Referrals were made to health professionals on behalf of people at their request. Staff understood the principles of MCA and the importance of gaining consent from people.

Is the service caring?

Good

The service was caring
People were happy with the support they received and were supported in a kind and caring way. People were encouraged to be independent and their privacy and dignity was upheld.

Is the service responsive?

Good

The service was responsive
Staff knew about people's needs and preferences. People felt involved with planning and reviewing their care. People were encouraged to pursue their hobbies and interests. There were systems in place to manage complaints.

Is the service well-led?

Good

The service was well led.
People and staff spoke positively about the service and the registered manager. Staff felt listened to and supported. Quality monitoring was completed and when concerns were identified action had been taken to drive improvements. The provider sought the opinions from people who used the service to make positive changes.

Living Independently Staffordshire - South Staffordshire

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 visit took place on the 14 and 15 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We used this to formulate our inspection plan.

The provider had 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 used a range of different methods to help us understand people's experiences. We made telephone calls to three people who used the service. We also sent out questionnaires to people who used the service and used this information to make a judgement about the service.

We spoke with three members of care staff and the registered manager. We looked at care records for four people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Good

Is the service safe?

Our findings

People confirmed they felt safe. One person said, "I feel safe when the staff are here". A member of staff gave an example of how they keep people safe. They said, "It's reassuring the person and making sure you have all the information about them before you start. We would make sure we had read the care plans and information needed about the person". They went on to say, "If we are supporting someone who is hoisted we would check the equipment had been serviced and was safe to use. That the sling was in good working order and that the person was happy with what we were doing". This demonstrated staff knew how to support people in a safe way.

Staff knew how to recognise and report potential abuse. One member of staff told us, "People should have safe care. I would be aware of any kind of abuse such as financial and any concerns or changes I would look out for". Another staff member said, "It's making sure people are safe. Any concerns I would report to the office and they would make the referral. I know they would". We saw there were procedures displayed around the office advising staff what actions to take if they had concerns. We saw that when needed concerns had been raised appropriately by the provider and in line with these procedures to ensure people were protected from potential harm.

Risks to people were identified and managed in a safe way. Staff we spoke with knew about individual risks to people and actions they would take to keep people safe. For example, a member of staff told us how a person was at risk of falling. They told us the equipment they used to keep this person safe. They explained the procedures they needed to follow when they were in this person's home in relation to this. We looked at the records for this person and the actions the staff had described were documented in the person's risk assessments. This demonstrated staff had the information they needed to keep people safe from avoidable harm.

We saw risk assessments were in place for people's home environments to ensure staff had guidance on any potential hazards. This included information on lighting, adequate space and surrounding areas. When people had equipment within their home we saw risk assessments were also in place for these for example, stair lifts. The provider had also completed a fire awareness checklist with people and offered them the opportunity to be referred to a Staffordshire Fire and Rescue Service project. This project identifies potential fire hazards and other risks in people's homes. This showed us the provider used a range of methods to identify risks and support staff and people to keep them safe.

There were enough staff available to provide people with the agreed level of support. One person said, "They are very good, they never miss me out and they come at the times they say they will". Another person said, "No problems in the time I have been using them". Staff confirmed there were enough of them to support people. The registered manager told us how they looked at staff capacity before deciding if they could take on new care packages. This ensured they had enough staff to meet people's needs. Records we looked at confirmed there were enough staff available to support people.

There were procedures in place to ensure people received their medicines as prescribed. Staff told us they

had medicines training and their competency checked to ensure they supported people in a safe way. One staff member said, "We have medicine training and then our competency is checked. At the end of the month the medicines administration records (MAR) come back to the office and are audited. In the middle of the month the medicines champions go out to people's homes and complete a spot check to make sure everything is correct". We spoke with a medicine champion who confirmed they completed a spot check. They told us, "I would check the medicines, that all the boxes were signed on the MAR and that everything is as it should be". They explained their role to us and also told us they were a link person for staff to contact if there were any concerns with medicines.

We spoke with the registered manager about the recruitment process. They told us all staff had to wait for DBS clearance and references before they could start working in the service. The Disclosure and Barring Service (DBS) is the national agency that keeps records of criminal convictions. We looked at two recruitment files and we saw pre-employment checks were completed before staff were able to start working in the home. This demonstrated the provider completed checks to ensure the staff were suitable to work with people in their homes.

Good

Is the service effective?

Our findings

Staff received training and an induction that helped them support people. All the staff we spoke with commented on the good quality of the training and told us they could request training in specific areas if they wanted to. One staff member said, "It's excellent". Another staff member gave an example of training they had attended. They demonstrated what they had learnt on the training to ensure people were supported well. They said, "I took that information back to my practice and it's better for people, you can see they are much more comfortable now". Another staff member explained they were the nutrition and hydration champion. They told us about the specific training they had undertaken to fulfil this role. They said, "It was high quality training". This demonstrated that staff received training that was relevant to their roles and in meeting people's needs. Although no one had recently completed an induction, staff gave examples of how new starters would shadow them in people's homes to get to know people and the role. One staff member said, "It's good for new people especially if you haven't done care work before". This meant staff shared knowledge to offer support to people. The registered manager told us that all new starters were completing The care certificate as part of their induction. The care certificate has been introduced nationally to help new care workers to develop and demonstrate key skills, knowledge, values and behaviours which would enable them to provide people with safe, effective, compassionate and high quality care.

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 or 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.

We checked to see if the provider was working within the principles of MCA. Staff we spoke with told us they had received training in this area and demonstrated to us an understanding. One staff member said, "I know we assume everyone has capacity unless we assess otherwise". Another staff member told us, "It's when we have to support people who can't always make decisions for themselves". There was no one using the service currently that lacked capacity. The registered manager told us that changes had been identified with one person and this had been referred to the social worker to consider. Staff told us how it was important to gain consent from people. One staff member said, "I always ask if I can go upstairs or do this or that, its people's homes we must ask". This demonstrated staff understood the importance of gaining consent from people.

Staff told us, when needed; they would support people to prepare their meals and monitor how much they drank and ate. One staff member said, "We support someone who has a poor appetite, so we document what they have eaten. They like a slice of cake or some biscuits so we make sure when we leave the person they have them available". Another staff member told us, "If we were concerned about someone's eating or drinking, we would let the office know, and contact the district nurse or GP". We looked at records which showed people's nutritional needs had been assessed, we saw that when areas of concern had been

identified action had been taken. This meant when people needed support to eat and drink it was provided for them.

People were responsible for managing their own healthcare needs however staff told us they would offer support to people if they requested it. For example, a staff member told us if a person was unwell they would request an appointment from the GP for them. They also said that if other professionals were involved and they were unsure about something they would seek advice from them.

Good

Is the service caring?

Our findings

People were happy with the staff and the care they received. One person said, "They are great, friendly and caring". Another person said, "No problems at all". One person gave an example of how they were supported. They said, "I think they do a bit more than they should really, they don't seem to mind, I have received a very good service from them". Staff gave examples of how they offered support to people. One staff member said, "There is one person who likes their jewellery on each morning. We know where it is and we ensure they are wearing it. It means so much to them as they want to look nice". This showed us people were supported in a kind and caring way.

People's privacy and dignity was promoted. One person said, "I know they are here as I can hear them but they shout as they come up the stairs just to let me know". Staff gave examples of how they promoted people's privacy and dignity. One staff member said, "Just being considerate. We shut curtains and doors. If people's family or friends are there we go to a private area of the house". We saw information was displayed in the office about how to promote dignity.

People were encouraged to be independent. One person said, "They have brought me on so much, I won't need them soon. They have been patient with me and even when I didn't want to do things for myself they encouraged me to". Staff gave examples of how they promoted people's independence. One staff member said, "You get to know people, some people need a soft approach and some people need you to be assertive. We encourage people to do as much as they can for themselves and we are here to offer reassurance if they need it" The care files we looked at had information about people levels of independence and stated what people could do for themselves and what support they needed.

Good

Is the service responsive?

Our findings

Staff knew about people's needs and preferences. One staff member said, "We have specific areas we cover so we tend to go to the same people, we get to know them well". Another staff member told us, "As a staff team we share information and keep each other updated. If I have had a visit and something has happened I will write it in the significant notes but I will also find out who is going to the person next and update them". The records we looked at showed us that people's likes and dislikes were taken into account to ensure people received personalised care and support. Staff told us they had a weekly 'progress meeting' where they shared information about people. They also told us they would find out information about people from their care plans and risk assessments.

People were supported to follow their hobbies and interests and take part in activities that interested them. Staff gave examples of how they encouraged people to pursue their hobbies and interests. For example, one staff member told us about a specific interest one person had. They said, "Before we leave we make sure they have their books near them so they can look at these". Another staff member told us, "We don't really support people with activities, but I think we all make sure people have things they want before we go, like a book or the remote to the television".

People were involved with reviewing their care. One person said, "There is a folder here with information in it they read it to me and say what they have written". Another person said, "I filled lots of paper in when I started. How I wanted things to be done and they have stuck to it". We looked at records and saw people were involved with planning and reviewing their care. Where possible people had signed their care plans. The registered manager told us, "We have information from other professionals about the care, but we go out and ask the information about people. This is under constant review".

People knew how to complain and felt happy to do so. One person said, "I would just ring the office or speak with staff". We saw the provider had a complaints policy in place. There had been no recent complaints made, the registered manager told us they would respond to complaints in line with their policy.

Good

Is the service well-led?

Our findings

People and staff spoke positively about the service and the manager. One person described it as, "A First class service". A member of staff said, "We are a very good team, we get such positive feedback from people and other professionals. People often don't want the service, they just agree to it so they can go home from hospital. By the end of the service, they don't want us to leave".

We saw there was a compliments book in place and a 'moment of brilliance board' displayed. This had examples of positive feedback the service had received and initiatives the service had been involved with. Staff confirmed they felt listened to and supported by the registered manager. One staff member said, "They are very good and so are all the coordinators, if we have concerns we discuss them in our weekly meetings or at staff meetings, but we can bring anything up anytime". Another staff member said the registered manager was, "Approachable and very good". They went on to say, "It's her passion and that always comes across". The registered manager understood their responsibilities in relation to their registration with us and had notified us about significant events that occurred within the home. This meant we could check appropriate action had been taken.

Staff were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "Yes I would do this, it's about raising concerns. I know action would be taken". We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be supported and appropriate action would be taken.

Quality checks were completed by the provider. These included checks in relation to incident and accidents and medicines. Where concerns had been identified we saw action had been taken. For example, we looked at a medicines audit and saw a staff member had not followed the correct procedure for filling out a MAR. We saw this had been identified as part of the audit. Action had been taken and a documented discussion had taken place between the staff member and a member of the management team, to ensure this did not reoccur. We spoke with the registered manager who told us that learning sessions took place with staff when concerns had been identified through an audit, as practical sessions. For example they completed a MAR sheet and staff then audited the MAR themselves so they could pick up the errors. We spoke with staff who confirmed this was useful for future learning. This demonstrated that when areas for improvement were identified action was taken to bring about these changes.

The provider sought the opinions from people who used the service. We saw midterm service user questionnaires were completed and quality assurance visits were also completed. The service asked how safe, effective caring, responsive and well led people thought the service was. We saw most of the feedback from people was positive. Where improvements had been identified we saw action had been taken and reported through a 'You say we listen, we act' report. We saw information from people that included, 'I would like to have the number for the office close and not have to look in the service user guide'. We saw the provided had introduced small hand held cards that were available for people. This meant when changes were needed to improve the service for people action was taken.