Midlands Partnership NHS Foundation Trust

Home First – Stoke

Inspection report

Longton Cottage Hospital
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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?	Requires Improvement

Summary of findings

Overall summary

About the service
Home First -Stoke is registered as a domiciliary care service and commissioned to provide 1800 hours of support each week. At the time of inspection, they were supporting with 110 people, 52 of whom were receiving the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

Support was provided to people in their own homes on a short-term basis, usually between 2-6 weeks. The main office was based in a large building surrounded by other NHS and social care services.

People's experience of using this service and what we found
People were supported by sufficient numbers of staff however the provider was not always able to provide a consistent staff team to undertake the care calls. Since the last inspection people were given more information about the service and how care calls would not always be set, but people still told us they would prefer greater predictability.

Due to the nature of the service, support was often restricted to the care tasks which had been agreed in advance.

People were treated with dignity and respect. An update to people's care assessment was needed, to ensure all of the protected characteristics were considered. People felt able to express their views.

People were protected from abuse by staff who had been trained in recognising and reporting abuse and issues of delayed reporting to the local authority had been resolved.

Risks to people's safety were assessed and systems were in place to ensure key risks were clearly highlighted. People received their medicine from staff who had been trained in the safe administration of medicine. People were protected from the risk of infection by staff who had access to gloves which they wore during personal care.

There was a strong focus in the service on learning lessons when things went wrong and continuously trying to improve.

People's needs were holistically assessed, and staff received training in how to support people with a range of different needs. The provider worked closely with other agencies to help people meet their desired outcomes.

People were supported to have their health needs met and people were supported with drinks and meals as required.

People were supported to have choice and control of their lives, as far at the service could facilitate. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care was personalised to people's assessed needs and information was made accessible when required. People's care calls were managed to ensure they were able to maintain social activities.
Any complaints received were fully investigated and action taken when needed. People were supported with end of life care.

People told us the service was well managed, and staff told us they felt supported and kept up to date with what was happening in the service. The provider engaged with people and worked in partnership with others. The provider understood its duty of candour.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (published 12 December 2018.)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Requires Improvement**

Home First – Stoke

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by two inspectors 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.

Service and service type
This service is registered as a domiciliary care provider. It provides short term support with personal care and rehabilitation to people living in their own houses and flats. People can be referred to the service following discharge from hospital or to try and prevent a hospital admission.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 72 hours' notice of the inspection. This was because it is a large service and we were aware it would take time for the provider to notify people that the Expert by Experience may contact them for feedback . We also needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 December 2019 and ended on 11 December 2019. We visited the office location on 10 December 2019.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with 12 people who used the service and eight relatives about their experience of the care provided. We spoke with 15 members of staff including the service manager, registered manager, clinical lead, and support workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

• At our last inspection people raised concerns about the consistency of staff and the times of their care calls. At this inspection we found a number of improvements had been made. However, some people still wanted greater predictability of who was coming and at what time. One person said, "I came home from hospital at 2.30pm and they started supporting me at 3pm, so I can't fault them." Another person's relative told us," Carers arrival times vary slightly, mornings they come between 7am and 11am. We would prefer 8.30am to 9am as a fixed time."

• We discussed the length of call time slots which were set at four hours, with the management team. They told us there were continually working to improve people's experience. However, they stated to get people home from hospital quickly, it was not always possible to give people set times and consistent staff straight away.

• The management team showed us an information leaflet people were now given before they were discharged from hospital and commenced support from Home First-Stoke. The leaflet explained there would be no set times for allocated calls, unless for a specific reason. However, the service would try and meet individual preferences.

• The registered manager told us, additional staff had been recruited and the provider had brought in a new staff allocation system. We reviewed data held in the service and could see that since its introduction there had been no reports of missed calls.

• People were supported by staff who had been recruited following the application of robust recruitment procedures. Staff member's background, qualifications and experience were assessed prior to them being offered a position.

Systems and processes to safeguard people from the risk of abuse

• People were protected from abuse by staff who had received training in recognising and reporting potential abuse. People told us they felt safe. One person said, "I definitely feel safe even though different people come to care for me."

• We had been made aware prior to the inspection of several incidents that had allegedly not been referred to the local authority within the expected timescales. We explored this further as part of the inspection process and did not identify any outstanding concerns or pending referrals. All the associated safeguarding notifications had been received by the commission.

• We spoke to the registered manager who confirmed the service had the systems in place to ensure all future referrals would be made to the local authority, in line with reporting thresholds and agreed timescales.

Assessing risk, safety monitoring and management

• Risks to people's safety were assessed as part of the initial assessment process. Assessments included people's health needs, any equipment used and the environment in which people lived. The risk assessment tool used by the provider included measures to mitigate any identified risk. They also showed an on-going review of the effectiveness of any measures introduced.
• Staff had access to information they needed because the provider used a 'discharge tracker' which staff could access via a mobile device.
• The provider supported some people with complex behaviour and had the flexibility to be able to increase the staffing levels in place to ensure the safety of all concerned.

Using medicines safely
• People requiring support with their medicine were allocated staff who had been trained to administered medicine safely.
• People who required time specific medicine were allocated care calls that ensured they received their medicine at the correct time.
• The provider had acted to mitigate the risk of medicine errors which had been noted as a concern earlier in the year. We saw that an action plan had been devised and was being overseen by the clinical lead. Additional training, increased monitoring and the introduction of medicine champions had taken place and reported incidents had reduced as a result.

Preventing and controlling infection
• People were supported by staff who had been trained in understanding the risk of infection and how to reduce the risk of cross contamination.
• The provider ensured staff had access to personal and protective equipment (PPE). People confirmed that staff used gloves when supporting them with personal care.
• The management team routinely checked the staff used effective hand washing techniques.

Learning lessons when things go wrong
• There was as strong focus in the service on learning lessons when things went wrong.
• The provider demonstrated how they analysed any identified problems and introduced appropriate solutions where necessary. One example we were shown was the introduction of a handover system between Home First-Stoke and any new care provider who was taking over the care package. The handover system ensured key information was shared and the risk of duplicate care being provided was removed.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's care needs were assessed holistically and in line with best practice. A range of assessment care planning tools were used to ensure people's needs were recorded. Care plans were reviewed on a regular basis to ensure they remained accurate.
• Assessments completed by other professionals were included in the care file to ensure staff knew all the advice a person had received. For example, occupational therapy or physiotherapy.
• People's care plans highlighted what care tasks people would be supported with and people knew what staff were there to do. One person told us, "Staff put milk in the fridge for me, so I can easily reach it and they empty my washing machine and dishwasher. Carers help me to have a wash when my arms aren't working properly."

Staff support: induction, training, skills and experience
• People told us the staff were well trained and able to meet their needs. One person said, "The staff all know what they are doing."
• The service had a range of people employed who were able to offer advice and information at the time it was needed. For example, care staff had access to nursing staff.
• The provider had introduced champions in key areas to help highlight best practice and ensure information was disseminated with to their peers. Staff told us, "The medicine champion role has made a real difference as they are working alongside everyone and they role model best practice."

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported with drinks and meal preparation if agreed in their care assessment.
• People told us they were able to choose the food and drinks they wanted and maintained responsibility for their own menu planning.
• Care plans contained nutritional assessments which ensured staff were aware of the level of care people needed. Any requirements people had regarding the consistency of their food and drink, was clearly documented.

Staff working with other agencies to provide consistent, effective, timely care
• Staff worked with a range of different agencies to ensure needs were met and that information was shared in a timely manner.
• Referrals were submitted to other services as soon as a need was identified.

Supporting people to live healthier lives, access healthcare services and support

• People were supported with ongoing healthcare needs. The provider worked in conjunction with various different health professionals to ensure people could live at home and manage any presenting health conditions.
• Staff were provided with information to help them understand the health needs of the people they supported. As well as how certain conditions could impact on the person. For example, we observed a staff mentoring session around recognising and supporting people with Parkinson's disease who may experience a symptom known as freezing. Staff were given information to help them recognise what was happening and different strategies to try.

Ensuring consent to care and treatment in line with law and guidance
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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA
• The principles of the MCA were being followed by the staff team.
• People consented to the support provided and other professionals were involved in supporting the decision-making process.
• One person explained to us how they had initially refused the care as they had always been independent and did not appreciate how unwell they had been. They told us they agreed to the care after discussions with their doctor who had also been speaking to their family. They said, "I agreed to see how it went and was only home 24 hours when I realised I needed the help."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence
• People we spoke with were complimentary about the impact the service had on their lives. Despite some people's comments about consistency, almost everyone we spoke to said they had made good progress because of the support received.
• One person said, "I couldn't do without Home First, so I would totally recommend them. Staff are so professional and pleasant to be around." Another person said," If times could be a little more consistent, I would've given Home First 10 out of 10."
• Staff were only allocated a set amount of time to spend with people. This meant that the focus of visits was restricted to the care tasks for which they had been assessed. One person said, "Staff are so kind and attentive and do everything that needs to be done however sometimes they are in a rush, they have so many other clients but that doesn't mean to say they don't take time to listen and respect me. They always ask how I am."

Ensuring people are well treated and supported; respecting equality and diversity
• People told us they were well treated by the staff, and they were complimentary about the care received, once the staff had arrived. One person said, "Staff are so kind and patient with me."
• People's protected characteristics were considered such as their race and religion. However, we identified people who had not been asked about their sexuality. We discussed this with the management team who took immediate action to amend the care documentation that was in place.
• In one of the care files we reviewed, we saw guidance in how to deliver personal care, in a way which reflected the persons cultural preferences.

Supporting people to express their views and be involved in making decisions about their care
• People told us the staff listened to them and worked with their families to agree the best plan for care. We saw in one of the care files there was instructions on who the person wanted to be involved in any discussions about their care.
• The provider was able to increase and reduce support in line with the progress people were making. Several people told us, they were able to say when they did and did not want care visits depending on how they were feeling on any given day.
• Where English was not a person's first language, the service had engaged the use of interpreting services to ensure a person's views could be heard.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

Support was delivered to people in line with their preference. One person told us, "Carers know what I like and don't like. I have to have things in a certain place, so I can reach them, and carers remember that, so I don't have to keep telling them over and over again. It saves me from struggling."

• Staff knew some people's history and engaged in appropriate conversations with people during their visits.

• The staff encouraged people to engage in their day and responded to people's presenting mood. One person told us, "I'm not always uplifting so carers do their best to motivate me as much as possible."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• The service provided people with information at the start of their care package and supported those with additional sensory needs. For example, sight or hearing loss.

• Prompt cards were available for staff to use where additional communication needs had been identified.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

• The service was set up to support people to avoid hospital admission and/or return home at the earliest opportunity. The nature of the service indirectly helped keep people close to family and neighbours. However, addressing people's social needs was not part of the service's remit.

• The service co-ordinated care calls for anyone who had a pre-arranged appointment or social engagement. For example, one person attended a day service, and, on that day, staff tried to be as early as they could to ensure the person could go.

Improving care quality in response to complaints or concerns

• People had access to a complaints procedure and were provided with the contact details for the main office for Home First – Stoke, prior to the commencing of any care provision.

• We reviewed the complaints which had been received since the last inspection and could see that investigations had been carried out as required.

• Where complaints were upheld the provider had issued an apology and changes were made to ensure similar mistakes did not happen again. For example, where care calls had been missed, action had been taken to prevent any reoccurrence.

• No one we spoke to told us they wanted to make a complaint about the call times or the staffing.

End of life care and support
• The service worked with others, including palliative care specialists to support people approaching the end of their life.
• People and their families were involved in the creation of the care plan and their wishes were recorded. Care plans reflected people's emotional wellbeing and appropriate pain management.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvements. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care, person centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they appreciated Home First - Stoke supported them to leave hospital early. However, most of the people we spoke with made some reference to either the length of the call window they were allocated, or the inconsistency of the staff team being sent. One person said, "Every visit I have different people and I would prefer the same people."
- People told us their experience of Home First – Stoke could be improved if they had greater consistency within the call allocation system.
- The management team told us they were focused on this area and had made some improvement but knew there was more to be done. The team told us, they were going to be introducing a new locality-based team structure. However, this had not yet been implemented.
- People were spoken to at the start of their care provision and regular reviews were held to discuss people's progress. However, we could not see how people's feedback about the call allocation was being captured. This meant the issue was not being fully monitored so either further explanation or further improvements could be made based on a individual basis.
- Staff were aware of equality characteristics and we saw evidence of these being accommodated.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection the service did not have a registered manager in place. At this inspection there was a registered manager who was supported by a wider management team.
- Managers were clear about their roles and responsibilities and were aware of the challenges faced by the service. For example, providing a consistent staff team within a reasonable time frame.
- Care tasks were allocated to staff as per their level of qualification and assessed competency. One person told us how care staff supported them with personal care, but a nurse came and checked their oxygen levels.
- Governance systems were in place, and action was taken when issues had been identified.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was aware of and understood its responsibilities under the duty of candour.

Continuous learning and improving care
• There was a strong emphasis in the service of learning and improving.
• The management team understood the strengths of the service and areas where greater focus was needed.
• Investigations were carried out and the learning was shared with all those concerned.

Working in partnership with others
• The service worked in partnership with the local authority, other care providers and various health care professionals.
• Work was ongoing to ensure care provision was joined up and people with ongoing care needs were transitioned to a new provider within the suggested six-week period.