

## Herefordshire Council

# Home First

### Inspection report

Room 118, Elgar House  
Holmer Road  
Hereford  
Herefordshire  
HR4 9BD

Tel: 01432261557

Date of inspection visit:  
05 March 2019  
06 March 2019  
07 March 2019

Date of publication:  
09 April 2019

### 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

About the service: Home First is a reablement service that provides short term domiciliary care. It provides personal care to adults living in their own houses and flats. At the time of the inspection 48 people received personal care support from the service.

People's experience of using this service:

Relatives told us family members were made safe by the care they received. Staff told us they had appropriate training, knowledge and support to keep people safe. Staff could tell us how they managed risk and behaviours that challenge while respecting the person and supporting their dignity.

People and relatives felt confident in staff, they told us there was a caring culture within the service and staffing levels were appropriate.

We looked at how the management team planned their rotas. Staff were given travelling time between visits to ensure people received their allocated and appropriate support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care plans had been developed with people and their relatives being involved throughout the process. These were reviewed to reflect people's current needs. The guidelines were under review to ensure outcomes were clear and measurable and promoted the person's reablement. The management of risk was included within the care plan to minimise the likelihood of preventable harm occurring.

We saw staff files showed the registered manager used the same safe recruitment procedures we found at our last inspection. Staff told us training was ongoing and they received refresher training to update their knowledge.

There was a complaints procedure which was made available to people and their families. People told us they had not made a formal complaint. The service continued to have good oversight of relevant procedures through monitoring and auditing to ensure people received effective support and the service was well led.

The management team used a variety of methods to assess and monitor the quality of the service. These included questionnaires to seek their views about the service provided.

The service worked in partnership with outside agencies, health and social care professionals to ensure people received timely healthcare support.

Rating at last inspection: Good (Report published 03 May 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any issues or concerns are identified, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained Good

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service remained Good

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service remained Good

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service remained Good

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remained Good

Details are in our Well-Led findings below.

**Good** ●

# Home First

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One adult social care inspector carried out this inspection.

#### Service and service type:

Home First is a reablement domiciliary care agency. It provides personal care to adults living in their own houses and flats in the community.

The service did not have a manager registered with the Care Quality Commission; the deputy manager had submitted all relevant paperwork and was awaiting an interview to become the registered manager. Registered managers along with 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 five days' notice of the inspection site visit because we needed to be sure they would be in. Inspection site visit activity started on 05 March 2019 we visited the office location on the same day to see the operational service manager, deputy manager and office staff; and to review care records and policies and procedures. We telephoned people and relatives on 05 and 06 March and contacted staff on 07 March 2019.

#### What we did:

Before our inspection, we checked the information we held about Home First. This included notifications the service sent us about incidents that affect the health, safety and welfare of people who received support.

We also contacted the commissioning, safeguarding and contracts departments at Herefordshire County

Council. This helped us to gain a balanced overview of what people experienced when they received support from Home First. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. All the information gathered before our inspection went into completing a planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated focusing on any current concerns, areas of risk and good or outstanding practice.

During the inspection, we spoke with four people who received support, six relatives, the operational service manager, deputy manager and senior therapist. We also spoke with one member of the office staff and five care staff. We looked at the care records of six people, recruitment and training records of two staff members, records related to the administration of medicines and the management of the service.

We looked at what quality audit tools and data management systems the service had. We reviewed how many visits a staff member had completed per day and if the management team ensured staff had enough time to travel between visits. We looked at the continuity of support people received and discussed how the management team monitored how long staff stayed on each visit.

We used all the information gathered to inform our judgements about the fundamental standards of quality and safety of the service delivered by Home First.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm  
People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service had safe, effective safeguarding systems and all staff spoken with had a good understanding of what to do to make sure people were protected from harm. Staff demonstrated a good level of awareness about protecting people from poor practice or abuse and could say who they would inform if no action was taken by senior management.
- Staff told us they had safeguarding training and this was repeated yearly.
- The operational service manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. They said having the council safeguarding team in the same building was an available resource for information.
- Staff told us everyone they supported had a care plan and risk assessments.
- People and their relatives told us they had a care plan and staff followed the guidance held within. One person told us, "The care has been done with dignity and safely. They take the time and they don't rush me."
- Staff told us they had enough time to complete all tasks required. One staff member told us, "If we think a client needs longer we can talk to the office about this."

Assessing risk, safety monitoring and management

- People had a risk assessment and risk management plan. The assessment reviewed areas related to mental capacity, health risks, pressure care, the environment, medicines and mental health. One staff member explained they received information on their mobile phone that minimised risk and guided the support they delivered. They said, "The information details what works well for the person, it also takes away stress for us."

Staffing and recruitment

Staffing and recruitment

- The management team followed safe staff recruitment procedures. Records we looked at showed that Disclosure and Barring Service checks were completed and references obtained from previous employers before staff worked alone supporting people.
- We found the service had appropriate staffing levels and deployment strategies to keep people safe. One staff member told us, "Yes we have enough staff, I have never been completely rushed off my feet."

Using medicines safely

- Medicines were managed in line with The National Institute for Health and Care Excellence national guidance. This showed the service had systems to protect people from unsafe storage and administration of medicines.
- Staff received medicine training yearly. They explained medicine training was part of their induction, they then shadowed a more experienced colleague before administering medicines independently. Staff received

regular spot checks from management or assessment review officers to assess their competence. Most of the people we spoke with told us they or a family member administered their medicines. One person told us, "I do my own tablets. They [Staff] do ask if I've taken them."

#### Preventing and controlling infection

- Staff told us they had access to gloves, hand gels and aprons as required. This helped prevent the spread of infections. One person commented, "They use gloves and an apron. They leave it tidy it's left nice." One staff member told us, "We always have protective personal equipment and I keep extra in my car too."
- The management team ensured infection control procedures were maintained with effective staff training.

#### Learning lessons when things go wrong

- There was a procedure to record accidents and incidents. All accidents were documented on the day they occurred and submitted to the office for review by the operational services manager to see if lessons could be learnt and risks reduced.

# 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

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

- Staff met with and assessed people's needs before they received support from Home First to check their needs were understood and could be met by the service. One person told us, "I had an assessment at the hospital before I came home."
- We saw care plans had an emphasis on promoting independence for people.
- Care records were reviewed and updated when changes occurred. One relative told us, "We had a lady who came yesterday and checked that [family member] can now manage to shower himself."
- Staff applied learning effectively in line with best practice. This benefitted the quality of life for people who were supported by Home First.

Staff support: induction, training, skills and experience

- Staff received a Home First induction plus a council corporate induction. They then shadowed experienced staff members to see their role in action. One staff member told us, "I felt prepared going out on my own, and management checked to see if I was ready." A second staff member said, "I excelled at the training it made me confident to start my job."
- One person told us, "They are very good. They are very well trained straight forward and good at spotting any problems and they help us deal with things."
- The management team strengthened staff experience and support through supervision and individual informal meetings. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. Meetings were provided regularly. One staff member told us, "They are good. They [management] document what we have to say and they listen."

Supporting people to eat and drink enough to maintain a balanced diet

- Most people we spoke with had family members who arranged their meals. One person did comment, "It's been very good and helped me a lot. I'd not wanted to get things for myself and they've done me a sandwich and some tea." A second person said, "They [staff] have done food, and lunch and I can now get it myself; but I still can't carry things so I'll still need help with this."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- As part of the reablement support, occupational therapy was available through Home First. Staff continued to work with other healthcare services to maintain their continuity of care. This included GPs, specialist hospital and community services and social workers.
- A relative told us, "One [carer] got in touch with the nurse for the creams [family member] needed." A second relative said they had advised them to get a GP to visit their family member.

- People were encouraged to stay healthy by promoting healthier lifestyles. One person commented, "We had four visits at the start and now we are down to two. It's now less visits that are needed and it's working well."

#### 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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

- We looked at how the service gained people's consent to care and treatment in line with the MCA. Processes were in place for people to give their consent to care and support. People we spoke with confirmed this.
- We saw care plans showed evidence people and their families had consented to the care and participated in regular reviews. One relative told us, "It was all agreed with me."

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were involved in their care planning. However, we spoke with 10 people and relatives and feedback from four of these raised concerns at the lack of choice related to visit times. They said care staff could visit any time within a three hour period, such as between 7a.m. and 10a.m. One relative commented, "It's convenient at seven it suits me but it's not what [family member] would probably have chosen but it's better than half eleven; the other time available, and he would not want to be in bed that long, so now it's seven." A second relative commented, "Basically they don't have a routine so sometimes its seven and sometimes its nine a.m. and sometimes nearly ten. [Family member] is not happy about the times." We spoke with a member of the management team who stated the reablement service was created with flexible visit times and this was explained at the beginning of each contract.
- People and relatives received face to face or telephone reviews regularly to assess their reablement progress and to gather people's views and tailor the number of visits and support to meet their needs.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were updated on people's needs daily. A staff member told us, "."
- People and relatives told us they felt supported. One relative said, "The staff are really nice and we like them."
- People and relatives told us they were treated respectfully. One relative told us, "They are considerate and polite to me as well as [family member]." A second relative commented, "The people [carers] who have come in after he was in hospital have been absolutely perfect."

Respecting and promoting people's privacy, dignity and independence

- Home First's goal is to work in partnership with people and their relatives to maintain people's health and wellbeing and support people were possible to gain a level of independence. They have occupational therapists and occupational therapy assistants who work alongside staff in pursuing positive outcomes for people. One person told us, "I now do more for myself. I feel more able and have my walker. I like to be independent."
- One relative commented, "In the morning they help her get a wash and get dressed. It's all done with dignity and safely." A second relative told us, "They talk to [family member] with respect."
- Staff were sensitive that people could be uncomfortable having them in their home. One staff member commented, "I ask permission before entering someone's home. I make sure they are comfortable with me being there." A second staff member said, "I make an effort when I first meet someone, it's invasive. I want them to know we are there to help. I'm aware it must be hard having someone come into your house."
- Home First had systems to protect people's confidential information. For example, information is shared with staff using software on their mobile phones. The information is dispersed on a need to know basis and

encrypted.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans identified unique considerations staff needed to be aware of to ensure responsive support was delivered to help people regain their health and be more independent. One staff member commented, "O
- Home First had reviewed how it delivered its service. It now offered people a flexible seven day service. Assessment review officers worked shifts to support people's timely discharge from hospital. One relative told us, "Its helping so far, it's been brilliant."
- Staff rotas were written to allow staff to have a daily handover with the following shift. This promoted the sharing of current information to help deliver personalised care.
- People received support from a range of staff and therapists to help them achieve their health goals.
- Home first offered a flexible reablement service. How long the service lasted was continually assessed dependant on the progress people made. One staff member told us, "
- The management team had introduced a set of documentation standards to ensure all staff were aware information needs specific, measurable actions with daily entries documenting people's progress. At the time of the inspection the documentation standards were in the process of being shared with all staff.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint. The operational services manager told us, "Every time someone raises a concern I offer the opportunity to make a formal complaint." There were no current formal complaints.

End of life care and support

- The Operations Services Manager told us they are working with the local hospice and engaging with training to support the prevention of admissions to hospital.
- Home First had recently signed up to ReSPECT, but had not yet implemented its recommendations within its policies and procedures. ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff said they enjoyed their job and thought the operational services manager and deputy manager were very supportive and knowledgeable. One staff member said, "You can pop in any time, operational and service managers have an open door policy, they're approachable, I've not had any issues." A second staff member commented, "I feel I have been treated well as an individual, it makes me want to go the extra mile for the company too, knowing they have put extra time into me."
- The registered provider's systems ensured people received positive outcomes from the care delivered. These included regular face to face and telephone reviews.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.
- We read compliments that showed people received personalised high quality valued support. These included, 'Your service to [family member] has been terrific, timely, exact and well judged. We felt you are all particularly sensitive to her needs.'

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

- Staff could explain their reablement role and how they offered flexible support. Management roles had been reviewed with tasks reallocated to provide oversight and support.
- Care staff had been offered the opportunity to shadow assessment review officers to give them oversight of the role and an awareness of risk management.
- The management team understood their role in terms regulatory requirements. For example, notifications were sent to CQC when required to report incidents that required had occurred and required attention.
- The service had on display their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had introduced a new secondment role, Customer Support Officer. This was a development role used to contact people and relatives and gain feedback. It was also said to be a "bridging role between staff and management and to gather their views."
- Staff meetings were held regularly and minutes of meetings emailed to staff allowing staff unable to attend to be updated on relevant information. Staff surveys included questions on communication, quality and listening. The feedback from surveys was consistently positive.

- As part of the resilience planning for the service, the Operational Services Manager has taken guidance from the local councillors and implemented plans with neighbours and family to combat bad weather and ensure people were safe.

#### Continuous learning and improving care

- The management team was committed to ensuring continuous improvement. A project manager was brought in to assess the service and initial feedback was positive.
- Staff stated they felt motivated and the management team were approachable. One staff member commented, "My management team are very very very good at taking new ideas on board. We work together."
- The service was participating in peer reviews with a neighbouring council to assess their performance. At the time of inspection formal outcomes had not been received.
- Audits had taken place on medicine administration records, care plans and diary sheets. When areas of concern had been noted, a time specific action plan had been created. At the time of our inspection, the management team were working towards identified targets.

#### Working in partnership with others

- The management team at Home First worked in partnership with other organisations to make sure they followed current practice, providing a quality service and people in their care were safe. The service worked with hospital based services to aid people's discharge back home. They also worked with community based domiciliary services to ensure people received a safe transition into community domiciliary support, when appropriate, after Home First had delivered reablement support.