Midlands Partnership NHS Foundation Trust

Home First – Stafford

Inspection report

Greyfriars – Stafford Therapy Centre
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Home First is a short-term enablement service for people living in the Stafford area. The service supports adults with health and social needs to maximise or regain their independence. At the time of our inspection, the service was supporting 55 people living in their own homes.

People's experience of using this service and what we found:
Home First is a short-term enablement service for people living in the Stafford area. The service supports adults with health and social needs to maximise or regain their independence. At the time of our inspection, the service was supporting 55 people living in their own homes.

People's experience of using this service and what we found:
The systems used by the provider weren't always caring which meant people's dignity may not always have been respected. We received mixed responses from people about whether the care staff were kind and caring.

People were not always protected by a complaints system as some complaints weren't recorded. People and their relatives told us the care they received responded to their own individual needs. However, staff told us they didn't always get to know people due to the rota system in place.

People were not protected by a robust governance system. Improvements were needed in the support given to staff.

People and their relatives told us they thought the service was well led and would recommend the service to others.

People told us they felt safe. Staff knew how to protect people from the risk of abuse and how to recognise any signs of potential abuse. People's risks were managed. People were supported by sufficient numbers of staff who had been recruited safely.

People received effective care from staff who had been trained to deliver their care. Staff had the confidence, skills and knowledge to deliver effective care. Staff worked with other professionals to ensure people received effective care.

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

Rating at last inspection
This service was registered with us on 11/06/2018 and this is the first inspection.

Why we inspected
This was a scheduled inspection.

Enforcement
We have identified a breach in relation to governance systems not being effective.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality. 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.

For more details, please see the full report which is on the CQC website at 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?

Requires Improvement

The service was not always safe

Details are in our safe findings below.

Is the service effective?

Good

The service was effective

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well led

Details are in our well led findings below.

Home First – Stafford

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
The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and/or younger disabled adults. Home First-Stafford is a short-term enablement service for people living in the local area. The service supports adults who have experienced a period of poor health to maximise or regain their independence and supports people with their personal care needs.
Not everyone using Home First–Stafford receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means 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 three working days' notice of the inspection site visit because it is small and the manager may often be out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did before the inspection
We used the information we held about the service, including statutory notifications, to plan our inspection.

A statutory notification is information about events that by law the registered persons should tell us about; for example, safeguarding concerns, serious injuries, and deaths that have occurred at the service. We sought feedback from partner agencies. We also 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.

During the inspection
We spoke with five relatives of people who used the service, three members of staff and the registered manager. We looked at four staff files and records of six people who use the service.

After the inspection
Following the site visit the registered manger sent us information that was not available during the inspection such as contact details for people we still needed to speak with. We then spoke with seven people who used the service, three more members of staff and one more relative. We also spoke with a healthcare professional who worked with the service.

Requires Improvement

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.

Using medicines safely

● Not all people using the service required support with their medicines. People we spoke with told us they self-medicated but staff supported them with other areas of care. One person said, "They always bring me a cup of water, so I can take my medicine myself".

● Staff told us they received training to support people with their medicines.

● The registered manager told us people's medicine records were audited once the service had ended or the medicine record had been completed. This meant that errors in administration or gaps in records were not identified in a timely manner.

● We looked at one person's medicine record which contained a gap where staff should sign to say the person had received their medicine. The registered manager was unable to offer us an explanation as to why it had not been signed. Therefore, we could not be certain this person had received their medicine as prescribed.

Learning lessons when things go wrong

● The registered manager told us that although there was a system in place to record incidents and accidents, it was the responsibility of the provider to ensure any themes were collated and lessons were learnt when things went wrong. Therefore, they were unable to offer us any examples of how they had used errors or other incidents to improve the service for people.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risks of potential abuse. People and their relatives told us they felt safe with staff. One relative told us the staff always asked if they could enter the house which made their relative feel safe.

● Staff were aware of their responsibilities to protect people from the potential risk of abuse. One member of staff told us, "We are always on the lookout for signs of any potential abuse from the minute we walk into someone's home".

● Staff had received training which meant they could recognise and report any signs of abuse.

● The registered manager protected people by making referrals to the local safeguarding authority when they suspected any potential abuse.

Assessing risk, safety monitoring and management

● Risks to people's health and safety were assessed at the start of the service. People's risks were assessed on an ongoing basis which meant staff had to ask people every day about their health and safety to monitor their risks. One person told us because they had received safe care from the staff they now felt more confident themselves.

● Staff were confident in providing safe care to people. Staff were knowledgeable about the risks associated

with people's health.
● Records confirmed what staff had told us and contained detailed information about how to manage the person's risks. For example, one member of staff told us how they supported one person with their mobility which was reflected in their care records.

Staffing and recruitment
● There were enough staff to meet people's needs. We received mixed responses from people as to whether the staff were consistent. One person said, "So many different people. I rarely know them". Others told us this had recently improved and they received care from more consistent staff.
● The registered manager told us they were recruiting to vacant posts and had to use some agency staff but this was reducing, which would eventually mean people got support from more consistent staff.
● The provider operated a safe recruitment system which meant people were supported by staff who were assessed as being suitable to work with them. Checks to confirm staff were suitable to work with people had been carried out, these included Disclosure and Barring (DBS) checks, references and documents to check new staff member's identity.

Preventing and controlling infection
● People and their relatives told us staff wore gloves and aprons to protect them from the risks associated with infection control.
● Staff told us they had received training which meant they were aware of the procedures to follow to minimise the risk of the spread of infection. They told us personal protective equipment (PPE) such as gloves and aprons were available to them when required.

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.

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 told us their care needs were assessed when they left hospital. One person explained to us how staff had visited them the same day they had been discharged from hospital to assess their needs.
- The service provided people with a short-term intervention of care to improve their independence and confidence. People told us staff completed records daily in their home about the care they had provided that day.
- Staff told us they monitored people's daily records and particularly the records for the previous day to ascertain what they had achieved. This enabled them to involve people in their care.

Staff support: induction, training, skills and experience
- People and relatives told us staff were well trained in providing care for them. One person said, "They are all well trained. They certainly know what they are doing". A relative commented, "They are efficient in everything they do".
- Staff told us the training they had received gave them the skills and confidence to provide effective care to people.
- Staff told us they received a thorough induction when they started, which involved training and shadowing more experienced staff.
- We received mixed responses from staff about whether they felt supported in their role. One member of staff told us they were concerned about communication and there didn't appear to be any meetings or spot checks of their competence in the role.
- We shared these concerns with the registered manager who told us they were aware some areas of management had not been carried out but would take action to ensure they were addressed.

Supporting people to eat and drink enough to maintain a balanced diet
- Not all the people who used the service required support to eat and drink to meet their nutritional needs.
- Those who did told us they received support to enable them to become more confident and independent in preparing their own food and drinks and staff involved them fully in deciding what they would like to eat and drink.
- Staff told us they supported people in line with their own individual preferences and offered people choices where necessary.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support.
- The registered manager told us they worked with other professionals when necessary. For example,

occupational therapists and district nurses to help meet people's needs.
● A health professional who worked with the service told us they worked together well and had weekly meetings to keep updated with people's needs and strengthen communication.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

● The registered manager told us at the time of our inspection the people using the service all had the capacity to make decisions about their care.
● People told us staff always gained their consent before providing any care. One person said, "They don't do anything without asking me first".
● Staff understood the principles of the MCA which meant people would be protected if they lacked the capacity to make decisions about their own care.

Requires Improvement

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 did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence
- People told us their preferences with regards to a male or female member of staff to support them wasn't always considered.
- A relative told us, "[My relative] prefers a female but we take what comes through the door, we haven't told them her preference". A second relative told us, "[Name of person] feels embarrassed when males undress her in the evening".
- The registered manager told us when people had expressed a preference, following their first visit, towards male or female carers this was then respected however, this was not in line with feedback we received from people in receipt of support.
- Staff understood the importance of how to treat people with respect and in a dignified manner. For example, how they addressed people by using their preferred name.
- The primary outcome for people who used the service was to be more independent following a short intervention by care staff. People told us they achieved this through the support they received. One person said, "Without them I would be in hospital. I am more independent now".

Ensuring people are well treated and supported; respecting equality and diversity
- We received mixed responses from people and their relatives with regards to the care they received. One person said, "They are very pleasant and very kind".
- A relative told us, "Some of them are [kind], one was patronising, so I called to complain".
- Staff told us due to the rota system operated by the provider they found it difficult to build relationships with people as their rota may mean they do not see the same people regularly.
- The registered manger told us the provider was trialling a new system in the Stafford area and staff rotas were currently being developed to meet people's needs in a more caring way.

Supporting people to express their views and be involved in making decisions about their care
- People told us they felt involved in their care because staff asked them how they could support them daily.

- Staff told us they always asked people what they wanted each day as their needs may change.
- As the service was only offered for a limited time, reviews were ongoing and adjusted according to people's needs.

Requires Improvement

Is the service responsive?

Our findings

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

People's needs were not always met.

Improving care quality in response to complaints or concerns
- People were not always protected by a complaints procedure because concerns raised weren't always recorded.
- Although people told us they knew how to complain and when they had, action had been taken, we found when people had raised concerns verbally about the care they had received these weren't always recorded. This meant it was unclear what action had been taken to address people's concerns or to prevent further occurrences.
- The registered manager acknowledged this area needed to improve and would be addressing this following our inspection.
- Where people had complained in writing they had received responses and the provider had recorded if the outcomes were satisfactory to the complainants.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
- People received care which responded to their own individual needs. People told us the staff knew them well. One person said, "They know me well. They involve me and ask me".
- Staff knew people's choices and preferences well. However, they told us they always asked and involved people in the decisions about their care as people's needs changed daily. This meant people got the care they required to meet their own personal needs.
- Where people's needs changed, staff reported this to the office staff who updated people's care records. The registered manager monitored any changes to people's needs to ensure their needs could be met.

End of life care and support
- At the time of our inspection, people using the service did not require support with end of life care, therefore, we did not consider this as part of our inspection.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance risks and regulatory requirements; continuous learning and improving care

- The provider had failed to ensure that effective systems were in place to monitor the quality of care people received and to identify where improvements could be made. The system in place meant people were potentially at risk of not receiving their medicine as prescribed. The system relied on care staff reporting to staff in the office where there was a lack of a signature in people's medicine records.
- We found the system in place had not ensured staff were competent in their role and had the skills and knowledge to provide the care people required safely. For example, where the registered manager had received complaints about staff attitude they were not able to evidence how they had assured themselves staff were competent in their role to deliver the care people required.
- We found there had been a lack of assessment of accidents and incidents or recording of verbal complaints which meant the registered manager lacked an overview of the service to improve care for people as the system used by the provider did not ensure there was continuous learning.
- The system operated by the provider meant that the registered manager had no oversight of the rota system. This meant people did not always have consistent staff to support them.
- The registered manager told us they sought feedback from people using the service at the end of their involvement of using the service. However, this had not been evaluated at the time of our inspection to demonstrate how they used this to improve the service.

The provider had failed to establish and effectively operate appropriate systems to assess, monitor and improve the quality and safety of the services provided. The provider also failed to act on feedback from people using the service. This was a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 told us they didn't feel supported in their role which meant staff morale was low. This was due to not having regular meetings and when they called staff in the office they did not always receive the support they required to enable them to support people in an effective way.
- People, relatives, staff and a professional involved with the service told us communication needed to improve to help the service run more efficiently. One relative said, "A bit more communication between the office and the carers and the family". For example, key codes were not always being recorded correctly to allow staff to access people's homes.
- People and their relatives told us despite having some concerns with how the service was run they would

recommend the service to others.
● The provider had ensured when necessary the service had met their legal obligations in notifying us of serious injuries, deaths and safeguarding issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were given an opportunity to feedback at the end of the intervention via a questionnaire, however this had not always been assessed and acted upon in a timely manner.

Working in partnership with others
● We spoke with one healthcare professional who told us they worked well with the staff in the service and met on a weekly basis to keep updated with people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to establish and effectively operate appropriate systems to assess, monitor and improve the quality and safety of the services provided. The provider also failed to act on feedback from people using the service.