Suffolk County Council

Mid Suffolk Home First

Inspection report

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Date of inspection visit: 17 23 &29 December 2015
Date of publication: 25/02/2016

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

Overall summary

The inspection was carried out on 17 December when we visited the offices, plus 23 & 29 December 2015 when we spoke to three people using the service on the telephone. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available.

The service is registered with the Care Quality Commission (CQC) to provide personal care and support to people in their own homes. The service assesses people's needs for domiciliary care and provides support usually for up to six weeks until a decision is made about whether the person requires longer term care and support following discharge from a hospital stay.

The manager was seeking registration with the CQC. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers,

Summary of findings

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.

Our findings showed care and support was provided to people in their own home on a flexible basis and in accordance with their individual assessed need. The amount of support provided varied accordingly to the individual's need and was offered over several hours and up to 4 visit per day, over seven days per week if so required.

The manager was determined to provide a service which took into account people's individual needs and their wishes. A great deal of time was spent with people during the initial assessment to determine if the service was appropriate to them and could meet their needs.

Everyone we spoke with told us they felt safe when the staff from the service were in their home.

People told us they received care and support from a consistent staff team and the visits by staff were conducted on time.

Staff rotas showed there were sufficient numbers of staff to meet people's needs.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in their plan of care.

The manager had a clear knowledge and understanding of the Mental Capacity Act (MCA) 2005 and their roles and responsibilities linked to this. People told us they were able to make their own choices and were involved in decisions about their support.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults' procedures.

Medicines were administered safely to people by staff.

Recruitment checks were robust to ensure staff were recruited safely to work with vulnerable people. The service had a safeguarding and whistleblowing policy, which was available to staff. Staff told us they would feel confident using it and that the appropriate action would be taken.

People's medical conditions were known by the staff and the service staff liaised with healthcare professionals to monitor, promote and maintain people's health and wellbeing.

We visited three people in their own home and they informed us that support was carried out in accordance with what they needed.

Staff supported people with their nutrition and food preparation as assessed and documented.

All people told us they had a care plan. The care plans were detailed providing information to enable staff to give the care and support in accordance with individual need.

Speaking with care staff confirmed their knowledge about the people they supported and how they would respond if a person was unwell or there was an emergency situation.

Staff were supported by induction and on-going training, supervision, appraisals and staff meetings. Formal qualifications in care were offered to staff as part of their development.

People who used the service told us the staff treated them with kindness and staff were polite and respectful.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service. People we spoke with knew how to raise a complaint.

Systems and processes were in place to monitor the service and drive continuous improvements.

A number of audits (checks) on how the service was operating were also undertaken. These included visits by senior staff to see people in their own home and to check they were happy with the care received.

Summary of findings

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

Good

Systems were in place to minimise the risk of abuse and the manager was aware of their responsibilities to report abuse to relevant agencies.

All the people we spoke with felt safe when staff were in their home.

Risk assessments and resulting care plans were in place for people who used the service.

Medicines were administered safely to people by staff.

Is the service effective?
The service was effective.

Good

Systems were in place to provide staff support. This included on-going training, staff supervision, appraisals and staff meetings.

The service worked in accordance with the Mental Capacity Act 2005.

Service staff monitored and supported people as required regarding their nutrition and fluid needs.

The service communicated effectively and worked with other professionals for the benefit of people using the service.

Is the service caring?
The service was caring.

Good

The manager was motivated to provide a service which took into account people's individual needs their wishes.

People told us they were treated with kindness and respect.

The service could usually provide a small consistent team of staff to support people in their care.

Is the service responsive?
The service was responsive.

Good

People's care needs were assessed and support required from the service was clearly documented.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service.

Is the service well-led?
The service was well-led.

Good

The service had a statement of purpose and the time limited approach of the service to support people coming out of hospital was well explained and understood by people using the service.

There were clear lines of accountability within the service management team and staff were knowledgeable regarding their job roles and responsibilities.

Summary of findings

Systems were in place monitor the service. This included audits of people's care and people told us they received regular 'spot checks' from quality managers.

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by visiting the service office and three people in their own homes on December 17 2015. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available. The inspection team consisted of two inspectors. We also spoke by telephone to a further twelve people who used the service on the 23 and 29 December 2015.

We reviewed the information we held about the service before we carried out the visit. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make.

At the time of the inspection the service was supporting 42 people who required personal care. We spoke with the Manager and four members of the care staff.

We viewed a range of records relating the running of the service and a number of the provider's policies and procedures, care documents for seven people who used the service, two staff personnel files, medicine records and quality assurance records.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe when the staff provided support to them in their home. One person told us. “I feel safe with them and I think they are well trained.” Another person told us. “The staff listen to me, I wish I could stay with them, but I know they are only here for a short-time while I find a permanent service.”

The manager explained how the staff rota was compiled and showed us a rota for December 2015. The system recorded the call times and which staff would be in attendance. We saw people were usually supported by small staff teams to help ensure consistency of care. Staff we spoke with told us the small staff teams worked well and this view was supported by the people we spoke with. The service provided support for people to leave hospital or had a setback in the community for up to a maximum time of approximately six weeks. Hence for people’s safety the service assessed and clearly documented people’s needs and agreed goals to be achieved which were regularly reviewed.

The manager informed us they currently had sufficient numbers of staff to provide care and support to people in their own home. We saw effective arrangements were in place to cover potential sickness and holidays so that staffing levels were maintained. The manager informed us they had not had any missed calls to people. If staff were running late due to unforeseen circumstances, such as dealing with an emergency, the staff member would contact the office and in turn a telephone call would be made by the office staff to advise the person of the delay. This was confirmed by the people that we spoke with. People told us staff got in touch with them if a carer was going to be delayed but feedback indicated that delays were infrequent. A person told us. “They come with half an hour either side of the allocated time, which is the agreement.”

Staff were given travelling time between visits to people and these were arranged geographically to avoid delays. Staff told us that this, with effective planning, meant staff had sufficient travelling time between calls and visited people in their home at the preferred and agreed time.

Systems were in place to minimise the risk of abuse and the manager was aware of their responsibilities to report abuse to relevant agencies. The service had a policy and procedure for safeguarding people. Staff were able to tell us about the different types of abuse and the actions they would take if they witnessed an alleged incident. A member of staff thought the training they had received was good.

We looked at how risks were assessed for people who used the service. We saw assessments were undertaken to assess risks to people and for the staff who supported them. These included health and safety risks within a person’s home and risks relating to people’s health and support. The risk assessments included information about what action needed to be taken to minimise the risk of harm occurring. Staff told us how they would report on risk and the actions they would take if faced with an emergency situation. A member of staff told us “I would ring the GP or ambulance and then inform the office and if needed would wait with the person until the doctor or ambulance came.”

We spoke with the manager about staff recruitment and saw the procedure that were used. This showed safe recruitment checks were completed to ensure staff were suitable to work with vulnerable people. New staff had completed an application form with a detailed employment record, references had been sought and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people’s criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. Photographs were available for identification purposes and interview forms had been completed.

People we spoke with told us they were happy with the support they received with their medicines and if administered by the staff, these were given on time. Staff told us they had received medicine training and had their competency assessed to ensure they had the skills and knowledge to support people safely with their medicines. The service had a policy and procedure for the safe administration of medicines and this identified the different level of staff support. People had a risk assessment and plan of care which identified the level of support they needed with their medicines.

Good

Is the service effective?

Our findings

People told us they were happy with the care received from the staff. One person told us "I did not know this service existed until I was in hospital and they have helped me to get home, so I am pleased." Another person told us. "The staff that come here seem content and I understand that they have good training."

The manager explained the induction program to us for new staff, which was confirmed by the staff we spoke with. New staff received an induction which included office based training and also a period of time working in the community alongside an experienced member of staff. A senior member of staff told us this time, often referred to as 'shadowing', continued until the staff member felt confident to work independently. A staff member told us. "The induction when you first start is very good as the information and training prepares you for the job." We saw the induction covered dealing with emergency situations to help prepare staff when working alone. We viewed records which showed management were responsible for completing staff observations and mentoring of staff to make sure staff were competent to support people safely. A member of staff told us that they enjoyed the variety of the role, as they worked with people for a short period of time and often saw improvements as they worked through their rehabilitation from hospital.

We looked at the training and support programme for the staff and saw this included subjects such as, moving and handling, infection control and food hygiene. Staff told us they were also provided with additional training as required to support people with specific needs, such as Parkinson's Disease. A staff member said. "I have had more training here than anywhere else I have worked and it is reassuring to know we have been trained to help people."

The manager supervised the senior staff and in turn these staff provided supervision to the staff they managed. We saw that staff received an annual appraisal and attended supervision meetings. Supervision consisted of one to one sessions and there were also group staff meetings. All staff we spoke with told us they were very well supported by their supervisor. Staff also told us that the service carried out spot checks. This was when a member of staff came to see them working in someone's home and they would give them feedback as a result of this observation.

The staff had received training regarding The Mental Capacity Act (2005). This act provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances.

People we spoke with told us they were fully involved in the assessment process to identify how the service could support them in their own home from hospital discharge for a short period of time. One person told us. I did not expect to be asked to sign that I had agreed to this and gave me consent for that, but that is of course quite right."

We looked at how staff supported people with their nutrition. This included food preparation and also monitoring people's dietary intake if there were concerns around a person not eating adequately. Staff told us how they encouraged and supported people with their meals. Concerns identified were discussed with the person and also brought to the attention of their manager to determine if additional support was required from another team such as dieticians. We saw that information was carefully recorded. One person told us that the staff helped them to arrange meals to be delivered to them for a time which they would review as they continued with their rehabilitation.

We saw that at the assessment stage information had been collected about other professionals involved in the person care. Staff were clear of their role to support people at this point of their life's to assist them from hospital back to their own home. During this time if on-going support was to be required the staff would work with the person so that they and their relatives could arrange the on-going care support. Also during this time of rehabilitation the staff were trained to be observant of people's needs and to be mindful of changes and involve other professionals such as GP if there was any change in the person's condition.

People's care was subject to regular review with them, relatives and external health professionals as appropriate. One person told us about a meeting with a health professional and the resulting actions taken by the staff. They were pleased with the meeting and how the staff had responded to provide the support the person needed.

Good

Is the service caring?

Our findings

People gave us consistently positive feedback about the care they received and praised the staff that supported them. People told us that they were treated well and that staff were kind and caring. One person told us. "I was very happy with them; I couldn't fault them and would recommend them to anyone." A relative said. "They took very good care of my [relative], they made them smile and we looked forward to their visit." Another relative said. "I can't fault them, they have been fantastic."

Every person that we spoke with told us that they felt comfortable and were happy to have staff in their homes. People told us that staff were kind and respectful when supporting them with personal care and that they acted in accordance with their wishes and preferences.

The Manager told us that they try and provide continuity of care which helps staff to develop relationships with the people that they supported. They said that this enabled staff to respond to changes in people's needs and to act upon them. This was confirmed by the people that we spoke with who told us that they had a regular team of staff who were able to meet their needs. People said that they usually had "a familiar face" providing their care and that "they are rarely late and if they are they let us know."

Care plans that we saw showed that people had been involved in making decisions about the support that they received. Family members said that, when necessary, they had opportunities to express their views about the care and support that their relatives received. One relative told us that they had been able to increase the number of visits received on the days that they worked to enable them to go out to work. They told us. "I think that they do a fantastic job. I could go to work and was happy to leave [my relative] knowing they were coming in. We were happy to have them in the house." Relatives were given time during care visits to develop relationships with staff. One relative said "we got to know them not only as carers but as friends."

Care was delivered in a way that took account of people's individual needs and maximised their independence. Staff told us that they did not have to rush or shorten visits; they felt that they were given appropriate time to provide the care that people needed. People and their relatives said that staff promoted independence and choice and encouraged them to improve and to be as independent as possible. One person told us that they had wanted to do as much for themselves as possible and that the staff had let them and encouraged their independence. They told us that "the girls did everything the way that I wanted it done." A relative told us that "the staff encouraged her to be independent, as a family member I think that I would have been tempted to do too much for her, it's thanks to them that [my relative's] independent now."

People and their relatives said that they were provided with information to help them understand what care and support they could expect from the service before care began. People were aware of how to complain.

Staff received training to ensure that they understood how to respect people's privacy, dignity and rights and people told us that staff put this training into practice. This was also confirmed by team leaders who observed staff's practice to make sure that they used these values within their work.

Relatives told us that staff provided compassionate and supportive care to people nearing the end of their life. One relative told us that a carer had placed an old photograph of his wife by the side of the bed so that when they were holding hands in the last few days they remembered each other as they were before the person became unwell. They described how they had previously had a very different experience when a relative had died but that thanks to this caring gesture from the staff they do not feel that this is the case with their partner.

Good

Is the service responsive?

Our findings

People we spoke with told us that an assessment of their needs was carried out and that the staff spent time with them to establish the support required. At this point the number of visits per day and preferred times were also discussed. One person told us. “I felt confident because they were knowledgeable and covered areas of how to support me that I had not even considered.”

One person told us they took comfort from knowing which staff were coming to support them and after a few days it had been established they required some more help. The service was able to arrange this for the next day and they thought this quick and effective response was very good. People told us they had confidence in the service as it was reliable while understanding of their needs and had worked with them for a little longer than six weeks to ensure that a new service had been found and a handover was carried out.

All the people we spoke with told us they had a care file. This included an assessment to identify people’s support needs and care plans outlined how these were going to be met. Any changes of care were documented and communicated with the staff by phone, in person or at a meeting so they were fully aware of the care provision. The management team carried out checks and this included visits to people, following the commencement of a care package to determine that everything was alright.

The care files we looked at held were organised in the same manner which was in particular benefit for the staff so they would know where to find information. The individual plan contained details about the person, their needs, goals, risk assessments, daily records, emergency contacts and medicines, plus a relevant history and personal preferences. We saw how the plan of care related to the daily records which had been completed for each visit made by the care staff.

Our observations and feedback from people who used the service and relatives showed that the staff knew people well and staff respected people’s choices, preferences and decisions about their support needs.

The aims and objectives of the service were defined and known by the staff. These were person centred around making sure people were supported from hospital back to their own home and to improve or maintained their independence in their own home. This was evidenced through our observations and talking with staff. Staff told us they supported people to make their own decisions. A staff member told us. “I am there to help them and I would hope such a service would be around for me if I ever need it.” Another member of staff told us. “Staff meetings are a means of sharing information to help monitor and make improvements.”

People were actively encouraged to give their views and raise concerns or complaints about the service. People were given a service user book when they started using the service and we saw this provided information on how to raise a complaint. A staff member told us. “If a person made a complaint to me, I would try to sort it out there and them. If I could or couldn’t I would record it and pass the information to the office. I would also make a note of what was said.” All the staff we spoke with said they would make people aware that they could make a written or verbal complaint and would support them if they needed assistance. At the time of our inspection there were no outstanding complaints but there was a clear complaints policy and procedure and we were aware of a number of compliments that had been made about the service.

People were aware of how to complain. One person told us that they had initially been unhappy about the time of their morning visit, but that when they had made a complaint about this the times were changed and they were happy that the problem had been resolved quickly.

People we spoke with said they would talk to the staff or ring the office if they had a problem. One person told us. “I know the manager and I know I could just go in anytime or ring them if I had a complaint and they would sort things out.”

Good

Is the service well-led?

Our findings

The service had a statement of purpose. There was a manager in post. We received positive feedback about the manager's leadership. Staff told us the manager was approachable, had an 'open door' policy and was very supportive. In fact they informed us this was the case for all the senior staff. We saw there were clear lines of accountability within the care management team from listening to the staff and information regarding who reported to whom. A member of staff said. "It is a very nice place to work, well supported and we can call into the office if we need to discuss something face to face." Staff told us. "There are regular 'spot checks' from managers and this is helpful."

The service had a whistleblowing policy, which was available to all staff. Staff told us they would report a concern and had confidence in how the situation would be investigated. Staff told us they received support through training, supervision, team meetings. Staff told us they thought communication was very good and one staff member reported. "I think it is good that there is always a senior to talk with there and then by phone or very soon they will contact you if you want help or assistance."

There were systems and processes in place to monitor the service, identify improvements and drive improvements. A progress report to which staff contributed and was managed by the manager, highlighted forthcoming work and how the work in progress was to be managed. Audit checks on how the service was operating were arranged and undertaken and changes were discussed with the senior team before being implemented to try to identify any issues that would prevent the changes from working.

The manager considered that as well as supervision, spot checks to support staff were an important aspect of staff support. The purpose of this was to monitor staff practice and provide support to them with any difficulties they encountered. This was also an opportunity to check whether staff arrived on time, carried out the care in accordance with the support plan and daily records were accurate, as well as see how the person was and if they were content with the care.

The service sought to capture the views of people using the service and surveys were carried out. We learnt that the service, as per its statement of purpose, only worked with people for a short period time to support them from hospital back to their home or with a recovery from a setback in the community. Some people wished they could stay with the service but understood they could not do so. Other people found that the service did work with them to change the time of when they would come to support them especially after a few weeks of receiving the service. People's views were that they understood that as they relied upon the service less, that other people needed to have their call time specific and hence they were content that they could be flexible.

Staff told us that they felt included in the running of the service and that it was a good team with clear communication.

The service had an 'out of hours service' and people we spoke with told us they were able to contact the office at any time. Staff told us that a senior member of staff was always on duty to offer support. A member of staff told us. "When you ask for help someone will always come to help you."

There were on-going reviews, to make sure the support was to people's satisfaction. People using the service said these 'face to face' checks and reviews were undertaken and they felt fully involved.