

East Sussex County Council

Joint Community Rehabilitation Service

Inspection report

Firwood House
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Eastbourne
East Sussex
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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

People's experience of using this service:

People said they received an excellent service from JCR. They were fully involved in decisions about the support they received and developed their support plan with staff. One person told us, "The staff are very good, they know exactly how much support I need, I have been very lucky."

People were clearly at the centre of the service; they were consulted about every aspect of the support they received and felt respected and listened to. One person said, "We planned what I would do and how staff would support me, it has worked out really well. Really pleased."

Staff were motivated to respect people's privacy and dignity and provide personalised care in a kind and compassionate way. One member of staff told us, "I am so happy doing this job, it is the best job I have ever done."

Staff said they got to know people very well as they talked to them about their needs, life story, interests and preferences and used this information to discuss and agree their specific goals. "One person said, "I was having difficulty getting around my home, but since they have been helping me I can walk with sticks and I will be learning to get in and out of cars soon, so I can go shopping, really looking forward to that."

People said they felt very safe when staff provided the support they needed. Staff demonstrated a good understanding of abuse and how to protect people from harm. They knew who to contact if they had any concerns and were confident appropriate action would be taken.

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. Staff consistently asked for people's consent before assisting or encouraging people to be independent in a safe way.

Risk was reduced as much as possible through an assessment of the person's physical and mental health needs, with guidance for staff to reduce risk as much as possible. An environmental risk assessment of people's home's identified potential risk and aids were provided to support people to make safe decisions. Such as, a mobility aid to assist a person to move around safely. One person told us, "They were all lovely. They made sure I was safe as I moved around the home after my fall and I can do most things for myself now."

About the service:

Joint Community Rehabilitation Service (JCR) is based in Firwood House, in the Hampden Park area of Eastbourne, and supports people living in the surrounding areas. The service provides personal care to older people and younger adults living in their own homes, with the focus on staff supporting people to regain their independence. This may be following a period in hospital, or if the person's health and care needs have

changed whilst at home, support from JCR staff means people are able to stay at home and remain at their optimum level of independence. The service is available from one to six weeks, dependent on people's individual needs and, can be extended if alternative care arrangements are required for ongoing support. At the time of our inspection, 80 people used the service.

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

Rating at last inspection:

Good. (Report published 1 June 2016).

At this inspection we found the service remained Good with caring question rated as Outstanding.

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 concerning information is received 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 remained safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service has improved to outstanding

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led

Details are in our Well-Led findings below.

Good ●

Joint Community Rehabilitation Service

Detailed findings

Background to this inspection

The inspection:

carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Joint Community Rehabilitation Service is an integrated intermediate service with staff from the local authority and hospital trust work collaboratively, to provide reablement support for older people and young adults, who live in their own home. People were supported by staff with the regulated activity of 'personal care.'

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit. We did this because management may have been out of the office supporting staff or visiting people who used the service.

The inspection took place between the 29 January and 7 February 2019. This included talking to people who used the service and separate site visits to look at records and talk to staff.

What we did:

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we held about the service. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we reviewed the information provided, spoke to people and staff and gathered information about the management of the service.

This included:

- Notifications we received from the service
- Staff recruitment files
- Training records
- Four people's care records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- We spoke with eight people using the service and two relatives.
- We spoke with 14 members of staff, including the registered manager, intermediate care manager, deputy manager, practice manager, operations manager, support staff, resource officers and the training and development lead.
- We emailed five therapists, we had a response from one and spoke to them during the inspection.

After inspection we were sent additional evidence and information that we requested, to corroborate our judgements of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People said the care they received was safe and staff had a good understanding of how to support them to be more confident and independent.
- Risk had been assessed for each person and reviewed regularly; to take onto account people's increased independence and reduced support needs.
- Records showed the assessments reflected people's physical and mental health needs; including behaviour that may challenge and their home environment.
- There was clear guidance for staff to follow and people were involved in decisions about how to reduce risk to themselves. One person told us, "They checked out my home and put in things to support me, so that I could use the bathroom and feel safe. It was very good."
- Staff completed training and observed in practice to ensure they used aids and equipment to assist people safely and correctly. Such as hoists when transferring people from bed to armchair.

Systems and processes to safeguard people from the risk of abuse

- There were clear safeguarding procedures for staff to follow if they had any concerns about people's safety or wellbeing.
- Staff received relevant training and told us what action they would take if they thought a person was at risk of harm, abuse or discrimination. One member of staff told us, "I would make sure the client was safe and contact the office straight away. I am sure it would be sorted out, although I haven't had to do this."
- People told us they felt safe and their relatives were confident their family members were safe. One person said, "Yes very safe. Have different staff, but they are all very good." A relative told us, "Definitely feels safe, they don't let him do anything he shouldn't or dangerous."

Using medicines safely; learning lessons when things go wrong

- There were systems in place to monitor and manage medicines. Staff had completed relevant training and their competency had been assessed by senior staff, before they supported people with medicines.
- The number of people who needed support varied. At the time of the inspection staff said seven people were assisted or reminded to take their medicines.
- Risk assessments identified people who had difficulty removing medicines from blister packs and staff provided 'medi-poppers'; so that people could easily push tablets into the attached pots and be independent. One member of staff said, "They are brilliant and mean they don't have to rely on us, they can be independent. It is just a really simple thing but means so much to them."
- The management were keen to learn from incidents and make changes to reduce them as much as possible. For example, if a person forgot to take their medicine. This was discussed with the person concerned, relatives if appropriate and the GP if necessary. The amount of support provided was reviewed

and action taken to prevent a re-occurrence. Such as staff checking during each visit that medicines had been taken to keep people safe.

Staffing and recruitment

- People were protected by a robust recruitment process, which ensured staff were suitable to work in the care environment.
- There were enough staff working for the service to support people and provide the assistance and care they needed.
- People told us although the support they received might be provided by several different staff they arrived when expected and had a good understanding of people's individual needs.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were given a bag containing personal protective equipment (PPE), including gloves and aprons, which were easily accessible from the office as needed.
- Staff had completed relevant training to understand safe practice for infection control and food hygiene, if they supported people with preparing meals and drinks.
- One member of staff told us, "We do infection control as part of our induction and all the other training we need to look after people safely."

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.

Staff support: induction, training, skills and experience:

- Training and support for staff had been developed to include a competency framework system; a buddy support system; opportunities to complete an accredited award and coaching training for management, to assist staff to agree their own development outcomes.
- Staff were competent, knowledgeable and skilled. They spoke confidently about their roles and responsibilities and how they supported people to make choices and be more independent.
- All new staff completed induction training, which included safeguarding, first aid, moving and handling and health and safety.
- New staff said they worked with more senior staff for as long as needed and were observed and assessed. To ensure they had developed the rights skills and confidence before they supported people on their own. One member of staff said, "The training is very good, I hadn't worked in care before and so glad I changed jobs."
- An ongoing training programme ensured staff were up to date with current practice and management supported staff to work towards additional qualifications, including the care certificate and diploma in health and social care.
- Staff were also supported to develop their skills in areas that interested them. Some staff had taken on the lead role for a particular area and they supported colleagues with additional training and updates. For example, equality and diversity training was provided during the inspection by one of the leads for this area and staff completed a quiz to show they had a good understanding of people's rights and how to protect them.
- Staff received regular supervision and said senior staff and management were approachable and very supportive.

Ensuring consent to care and treatment in line with law and guidance.

- Support plans were developed with people and records showed that they had signed to agree with the plan and gave consent to staff assisting them.
- Staff said they asked people for consent from the very beginning, "It starts with asking permission to enter the clients home and continues while we are there." There was clear emphasis on involving people and enabling them to make choices.
- People told us care was only provided after staff asked for their consent. One person said, "They always ask me if I need help and what they can do to help me."

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.

- Staff had a good understanding of MCA and said if they had any concerns about a person's capacity to make decisions they would inform the senior staff. One member of staff said, "Mental capacity assessments may be done, to make sure the care and support we provide is in their best interests."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff said people's needs had been assessed before they started to provide care and support, "So that we know if we can offer the support they need." Senior staff visited people on the first day to carry out their own assessments, explain the support that was available, discuss what people's expectations were and how staff could assist people to achieve these.
- Support plans were written based on these discussions. They were personalised to meet each person's needs; they included their choices and preferences and were reviewed and updated as people's needs changed. Such as reducing the number of visits as people became more mobile and independent.
- Staff knew people very well and talked confidently about how much support they needed, their likes and dislikes and how people had progressed with the support they provided.

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

- People were assisted with preparing meals and making drinks as part of their support plan and if necessary staff providing drinks and observed how much people drank if they had any concerns.
- Staff said the amount of support provided depended on each person's needs and they assisted people to be as independent as possible. One person who had limited mobility was unable to walk into the kitchen and make a sandwich. A member of staff told us, "We asked them what they wanted and took everything into them so they could still make their own sandwich. We could have made it for them but we gave them some independence by doing this until they are more mobile."

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

- People were encouraged to maintain and improve their health and well-being and were able to access a range of services to assist them to do this. In addition, staff could refer people to other services, such as community nurses, or liaise with GPs and pharmacies on their behalf if required.

There were established partnerships and good communication with the local authority, the health trust and the crisis response team to support people to be safe at home and to have the care they needed.

- Additional support was provided by other members of the JCR team, including occupational therapists and physiotherapist, so that their home environment was safe and people had the correct aids to assist them to be more independent. For example, walking aids.
- If needed staff had details of other agencies and groups who may be able to provide other support or activities in the community. Such as Age Concern, which offers drinks and meals at one of their centres.

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 truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were at the centre of everything staff did; they were determined and creative to overcome any obstacles and were exceptional in enabling people to regain their independence. For example, one person wanted to do the same things they did before the fall, such as catching the bus and going into town. With staff support, encouragement and, "Doing a bit more every day", they started getting on the bus for just one stop, they became more confident and eventually joined in the activities they previously enjoyed in town. One member of staff said, "It was fantastic to see that and so good for them."
- People valued their relationships with the staff team. They said staff always asked if they could do anything else to help them, which meant they felt really cared for and that they mattered. One person said, "I don't need help with meals or medicines, but they always ask if I need anything else and offer to make me a cup of tea."
- People told us the support they received from JCR was of an exceptional quality and the level of care provided was commendable. People said, "This is the third time they have given care, really happy to have them and all they have done", "They were absolutely brilliant, they are all lovely", "Very respectful" and "Do their job excellently."
- Relatives were equally positive and told us the staff were, "Very friendly", "We are very happy with the service" and "We had a lot of help in the beginning and we can see how much better things are, we need less support, because of what the staff have done."
- Staff were highly motivated and inspired to offer care that was kind and compassionate. Staff got to know people very well; they had a good understanding of each person's specific needs and ensured their equality and diversity was respected and their rights protected. One person told us, "Yes told me before I left hospital and they were there on the first day, lovely people, so caring helping me to walk, sympathetic and helpful" and "They understand how you feel and what you would like to do and we planned how we would do this together."
- People were at the centre of everything staff did; they were determined and creative to overcome any obstacles and were exceptional in enabling people to regain their independence. One person said, "They knew exactly how much support I needed and waited for me to do things, they didn't rush me and were really kind."
- Conversations with staff were very positive. Their expressions and smiles as they spoke showed they were passionate about providing an excellent service. They had real empathy with people as they explained their roles and responsibilities. They told us, "We get to know clients very well and have good relationships with them and their relatives. We all work together, which is the best thing", "We talk to them about what they want from us and about how we are going to do this together", "Sometimes they don't think they will be able to do something, but with support they usually can, it is lovely to see that happen", "It is so good to see

how clients become more independent and confident" and "The best thing is we can help people to do the things they want to do."

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

- The service had a strong, visible person-centred culture and was exceptional at helping people to express their views so staff understood things from their point of view.
- People said they were fully involved in decisions about the care and support they received. One person said, "They came to see me in hospital and told me what they could do. I didn't know you could get this help." Another person told us, "We talked about what I wanted to do and how they could help me. They asked if I wanted a male or female carer because of them I can do everything I want to."
- Staff said they worked in 'partnership' with people; planning care together so that it was personalised, met people's individual needs and had a positive effect on their lives. Staff told us, "How much we do and for how long depends on their needs. Usually from one to six weeks, but sometimes they might need ongoing care and we carry on supporting them while this is being arranged. Like setting up a care package with an agency" and "Everything we do is about supporting clients to decide what their goals are and how we can help them."
- People and their relatives said they were continually asked for their opinions of the support provided; they felt listened to and involved. One person said, "We have a chat each time they come so we all know what we are doing. I have the help I want and they always ask me if they can do anything else before they leave." A relative told us, "They have been very good, providing enough care and also letting him do as much as he can and works really well."
- Staff used creative ways to make sure people had accessible, tailored and inclusive methods of communication and were involved in decisions about planning the support they received. For example, one person used an iPad to explain to staff what they needed and wanted. Staff said it worked very well and meant the person was fully involved in decisions about their care, "Which is how it should be." Staff said other support could be arranged, such as interpreters, braille, sign language or large print.
- Where additional or specialised support was required, such as from occupational health or the stroke team, this was discussed and agreed with people and they could access these services as part of their overall plan of care. One person said, "Occupational therapy came to see me to help with the sticks and they are going to get me into a car, so I can go out, very well organised." A relative said their family member had had visits from the stroke team, "We had a lot of help in the beginning, but now more independent, because of what the staff have done, have been really good."
- People expressed their views and opinions and if they needed help to do this relatives and friends were available to assist them. One member of staff told us, "If we think someone might need help making decisions we involve the family and we can arrange for an advocate if they are needed. There is absolutely no reason why clients shouldn't make decisions about the care we provide."

Respecting and promoting people's privacy, dignity and independence

- The service continually strived to develop the approach of their staff so that people managed their own care.
- People said they felt respected, listened to and involved in decisions about the services provided. One person said, "We talked about what I liked to do before I went into hospital and we planned how much support I might need to be as independent as I was before." Another person told us, "They always ask if they can come in and how I am before we do anything. We have a chat about what I want to do and if I need any help. I did at first but much better now. I feel so much better thanks to them."
- Records showed individual support plans were developed from discussions with each person, or relative. They talked about their life, family, interests and what they wanted to achieve. Goals were agreed and people and staff worked together to achieve these.

- People told us about their goals; they were very positive about how staff supported them and how the amount of support provided changed as their health improved. One person said, "I can move around better, we agreed I didn't need staff in the evening, so we cancelled that as I can get to bed on my own now" and "They are so good, they make suggestions but don't force anything, they were with me as I got better, reminding me how much I had improved, which was lovely"

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

- People received personalised support that helped them improve their health, well-being and independence as much as possible.
- Staff had a good understanding of people's interests and hobbies and explained how useful this information was when helping people to set their individual goals. Staff said, "We talk to clients about how they liked to spend their time before they went into hospital or were ill, so that they can think about what was important to them and what they would like to be able to do" and "We can plan the support with them that looks forward to how they will recover and meet their goals."
- People were involved in writing their support plans and agreeing how much assistance they needed. The plans were reviewed and updated as people's needs changed and people told us the number of visits reduced, as their health improved and they could do more things on their own.
- One person talked about the amount of assistance they needed with personal care when they were first discharged from hospital and said staff were very good, "Helped me as I got better ... now I am looking after myself and driving my car again. They were all very good."
- People said they received support from different staff, although they usually got some of the same staff regularly but, they were clearly not concerned about this. People told us, "They all know how to support us" and "It is quite good to see different staff and have a chat with them."
- People knew that the service was available for a limited time. The maximum was usually six weeks and if they needed additional support this was arranged with other providers.
- A relative told us their family member needed more support and staff had helped them find an agency to continue providing care. They said, "It was very well planned, they support partners as well and helped us with arranging attendance allowance ... it has been very good."
- People had an allocated key worker who visited them weekly to gain their feedback about the service to see if any changes were needed.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. Details of how to make a complaint or talk to staff about a concern was included in the information given to people when the service started. There was a dedicated complaints team who had oversight of all complaints to ensure complaints were dealt with appropriately.
- People said they did not have anything to complain about although they had spoken to staff about some issues. For example, one person had asked staff to change the time staff arrived for the evening calls. One person said these were too late and times were changed so the person had the support when they needed it.
- Management said all concerns or complaints were taken seriously. They acted to ensure they were dealt with promptly and staff learnt from them to prevent a re-occurrence.

End of life care and support

- JCR was not providing end of life care and support at the time of the inspection, but advised us after the inspection that they could do this if required.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Staff were aware of their individual roles and responsibilities and were aware that all aspects of the service were monitored and reviewed.
- The management and staff worked together to deliver person-centred, high quality support that reflected people's individual needs. Support plans were based on each person's life, preferences and choices and achieved positive outcomes for people.
- The management structure at JCR Eastbourne had been reviewed and some changes had been made since the last inspection.
- The registered manager of JCR Bexhill registered with CQC as the registered manager for the Eastbourne branch in April 2018.
- An Intermediate Care Manager had been appointed, they said they would be applying to register with CQC as the registered manager for Eastbourne JCR in 2019 and, an experienced senior member of staff had been appointed deputy manager.
- Staff said the registered manager was supportive, the management team were approachable and the changes had had a positive effect on their working environment.
- One member of staff said the atmosphere in the office had improved and they felt more involved in decisions about how the service would develop. Another member of staff said, "I hadn't really spoken to the previous management and I was surprised when the manager said hello and knew my name."
- The management had a clear understanding of duty of candour and when incidents occurred they took appropriate action and informed relevant people.

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

- Staff encouraged people to provide feedback about the service. Senior staff discussed the support and people's needs as they reviewed their support plans regularly.
- Questionnaires were included in the information pack given to people when the service started and people were encouraged to complete these. One person told us, "I will be filling it in so I can let them know how pleased I am with the support they have given me."
- Surveys were also given to staff and the feedback from these had been analysed and actions taken to address any concerns raised. The registered manager was open about the results of the 2018 survey and the key issues and actions taken were displayed on the notice board in the office. These included the introduction of star awards to recognise good practice and the 'glow worm', where staff were rewarded if

any of their suggestions were implemented. Staff said there was an open-door policy at the service and they could speak to a member of the management team at any time.

- Staff told us, "We have regular meetings so we know what is happening" and "We can talk about anything we are concerned about, not just in the meetings, at any time." For example, staff had told senior staff that the one day moving and handling was not enough, considering that they did not consistently support people using hoists. Senior staff arranged monthly drop in sessions so that staff could talk about people's support needs and keep up to date with moving and handling practice, to ensure they provided safe care.

Continuous learning and improving care

- A comprehensive system of audits was used to review all aspects of the services provided and identify areas that could be improved or developed.
- The management team talked about the changes they had made. This included the appointment of a duty co-ordinator to review referrals and oversee the allocation of work to staff. This ensured there was oversight of the support provided and people received the care they needed when they wanted it.
- Senior managers had also visited similar reablement services in other parts of the country to share best practice and assess if they could introduce these at JCR. Following the visit they introduced a separate medication file and medication boxes to reduce the risk of errors.
- They also planned to introduce a personalised approach model for support, which would mean a move away from fixed client times to a flexible approach based on continuous assessment of their needs. The registered manager said this would be trialled in Bexhill and if successful it would be implemented in the other two branches.
- The management said while they were consistently looking for ways to make improvements for the benefit of people who used the service; they were also looking for ways to ensure staff were healthy and enjoyed working for JCR. To facilitate this an in house physiotherapist was available to support staff and senior management met all new staff to introduce themselves, answer questions and get feedback about their induction.

Working in partnership with others

- The service operates as a partnership, with different professionals and specialists working together to provide the care and support people need. This included therapists, support staff, the falls team, stroke team and speech and language team and, staff consistently said they worked well together.
- There were links with external health professionals, such as GP, district nurses, social workers, mental health teams and paramedics, who may make referrals to JCR when needed. This meant people could be supported at home rather than be admitted into hospital.