Cambridgeshire County Council

Cambridgeshire County Council Reablement Service South (City Team)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place between 01 and 21 December 2017.

This was the first inspection of this service since it was registered with the Care Quality Commission (CQC) in 2015.

Cambridge County Council Reablement Service South (City Team) is operated and managed by Cambridge County Council. Reablement is a period of short-term assessment and intensive support. It helps people regain the confidence and the ability to carry out day-to-day activities after a period of illness, the onset of a disability or a significant change in their life. This inspection looked at people's personal care and support. At the time of the inspection the service was providing personal care to 50 people.

People were kept safe and staff were knowledgeable about reporting any incidents of harm. The service had systems and procedures in place which sought to protect people who used the service from abuse. Staff demonstrated a working knowledge of local safeguarding procedures and how to raise a concern.

People were safe at the service because the provider had systems in place which minimised risks.

People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service. People were looked after by staff who were trained and supported to do their job.

People were supported to take their medicines by staff who were trained and had been assessed to be competent to administer medicines.

Staff demonstrated their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

People were supported by kind, respectful staff who enabled them to make choices about how they wanted to live.

Comprehensive support plans were in place detailing how people wished to be supported. People and, where appropriate, their relatives, had agreed and were fully involved in making decisions about their care and support.

People told us they were happy with the care and support provided. People told us staff treated them with dignity and respect and promoted their independence.

There was a process in place so that people's concerns and complaints were listened to and were acted

upon.

There were clear management arrangements in place. Staff, people and their relatives, and other stakeholders were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action was taken where improvements were identified.

There was a strong ethos centred on effective partnership and excellent working relationships had been forged with other community health and social care professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staffing levels were sufficient, to ensure that people received the care they required. Appropriate recruitment checks were carried out to make sure suitable new staff were employed.

Risks to people were identified and actions taken to mitigate that risk.

Safe systems and procedures were in place which sought to protect people from harm.

Is the service effective?

Good

The service was effective.

Induction, training and continuous professional development delivered to staff was effective and people considered staff to be well trained.

Supervision was effective and completed on a regular basis.

People told us the staff sought their consent before providing care. This was documented in people's support plans.

Is the service caring?

Good

The service was caring.

People told us they thought the staff were caring and friendly.

Individuality was valued and people were treated with dignity and respect.

People were consulted about the care provided.

Is the service responsive?

Good

The service was responsive.

Care and support was person-centred and delivered in

accordance with people's preferences.

People's care was regularly reviewed in conjunction with them, their relatives and relevant professionals.

Complaints and feedback was listened to by the registered manager and acted upon.

Is the service well-led?

Good

The service was well-led.

People were enabled to make suggestions to improve the quality of their care.

Staff were aware of their roles and responsibilities in providing people with the care that they needed.

The service worked in partnership with other service providers.

Quality assurance systems were in place which reviewed the quality and safety of people's care and promoted continuous service improvement.

Cambridgeshire County Council Reablement Service South (City Team)

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 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.

This inspection was carried between 01 and 21 December 2017. We gave the service 48 hours' notice because the registered manager also manages services on other sites and we needed to be sure that they would be in.

The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held including safeguarding information and notifications made to the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We also contacted local community health and social care professionals to seek their views on the service.

We spoke with six people who used the service and one person's friend. We also spoke with six members of staff including the registered manager and care staff. We also spoke with a discharge planning service manager.

We looked at records and associated documentation relating to the service including two care and support plans, medicines records, staff recruitment and training records, and quality assurance records.

Good

Is the service safe?

Our findings

We asked people if they had any safety concerns whilst receiving support from the service. One person who used the service told us, "Yes I feel safe. They [staff] can get in. They've got a code to get the key." Staff provided people with safeguarding information, including how to report any concerns.

Staff were aware of the provider's safeguarding policy. This policy supported staff with guidelines to use if any person was at risk of harm or poor care. Staff had received safeguarding training and they told us they were confident of the action to take and who to contact if they had any concerns.

People had various risk assessments in place that were completed in line with people's identified needs. Where a particular risk was identified, there were clear actions to mitigate those risks. A hazard identification checklist was also completed around the general safety of people's homes. For example, taking in to account issues such as lighting, security and electrical and fire safety.

Before a person started using the service, a referral form was completed. This form captured critical information before a person was accepted for reablement. For example, information relating to current and past medical history; the level of support needed; whether support with medication was required; access arrangements; mental capacity; moving and handling; safeguarding; and cultural requirements. This information helped staff to create a detailed support plan and helped them ensure that there were enough staff to meet the person's needs.

The service had sufficient numbers of staff to meet the needs of people. There was a skill mix which meant people's varied needs were met by a staff team who were knowledgeable and able to deliver care safely.

All appropriate recruitment checks had been completed to ensure fit and proper staff were employed. These included a criminal record check (DBS), checks of qualifications, identity and references.

Where required, people were supported to manage their medicines safely. When support with medicines was part of a person's assessed need, a medication risk assessment was completed and incorporated into the support plan. This comprehensive assessment covered a variety of topics which enabled the staff to understand how best to support a person to manage their medicines. One person told us, "They [staff] rub cream on my back [and], put drops in my eyes." Another person told us what medicine they were taking, "I'm taking [name of medicine]."

Infection control measures were in place with staff trained in effective hand washing and identifying risks of cross contamination. Staff told us they had access to plentiful supplies of personal protective equipment such as gloves, aprons and hand sanitiser.

Lessons were learned and improvements made when things went wrong. The registered manager had systems in place to monitor accidents and incidents including incidents of missed calls with action plans in place to minimise the risk of re-occurrence. Staff demonstrated their knowledge of the provider's policy in

reporting incidents and accidents.

The service had a whistleblowing policy, which gave clear guidance on how to raise a concern. Staff told us they were confident in raising concerns and felt confident these would be taken seriously and acted upon.

Good

Is the service effective?

Our findings

We asked people if they felt the staff had the correct knowledge and skills to provide effective care and support. One person told us, "Trained? They certainly are." Another person commented, "Yes. They do anything I ask… They seem to know what they are doing."

All staff were provided with induction training which included working towards the care certificate. The care certificate is a set of 15 standards that new health and social care workers need to complete during their induction period. New staff also completed a period shadowing more experienced staff before they worked independently with people. Training was varied and comprised of face-to-face sessions as well as e learning. Staff were encouraged to gain recognised qualifications to further their knowledge and skills. Staff we spoke with demonstrated good underpinning knowledge in a variety of subject areas such as safeguarding, mental capacity and equality and diversity.

Staff received frequent supervision and an annual appraisal. These sessions provided an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurance and learning opportunities to help them develop over the next year.

People were supported to have access to healthcare services and receive ongoing healthcare support. People's health and social care needs, wishes and preferences were considered in the planning and ongoing review of their care.

We looked at how well the service worked with other teams and organisations to ensure the delivery of care and support was effective. There was a strong commitment to multi-disciplinary team (MDT) working and the support provided to people in their own homes was often seamless between reablement, physiotherapy, occupational therapy and district nurses. Feedback from community health and social care professionals was consistently good. One professional told us, "They're responsive to referrals in terms of problem solving. Sometimes we ask if they can bridge the care, so people can be discharged [from hospital]." This meant that people's stays in hospital were reduced.

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. The application needs to be made to the Court of Protection for people living in their own home. The service operated within the framework of MCA and in line with council policy. People's consent was obtained prior to support commencing and written confirmation of this was found in all the care files we looked at. One person said, "I think they [staff] do enough. They [staff] do what I want them to, but I do what I can."

People were supported with their nutritional needs and supported to maintain a balanced diet by staff who promoted healthy eating choices. Where people had specific dietary requirements or they needed support around eating and drinking, this was documented in their care plan. One person told us that they were satisfied with the meals staff prepared for them.

Good

Is the service caring?

Our findings

People told us they considered the staff to be caring. One person told us, "They [staff] are so unbelievable, nothing is too much trouble." Another person said, "They're all nice and friendly and help me with what I need." A third person said, "All I can say is they are excellent." Thank you cards had been received and comments included, 'To all you wonderful caring people….It has given me such confidence to see you every time you walk through my door…' and, 'Thank you for the all the care you have given [name of person] over the last few weeks. You are all very kind and helpful and have made things easier for them.'

People told us that staff respected their privacy and dignity.

One person described how staff encouraged them to meet their goals and told us, "[Staff] say, 'Do you want to try?" They went on to tell us the service they received had meant they could stay in their own home. The main aim of this service was to encourage and support people to maximise and maintain their independence. Staff we spoke with told us how they encouraged people to maintain their independence and how people were actively encouraged to make every day choices about their lives, such as what they wanted to eat, drink or wear and how they wanted to be supported. One support worker described to us how they encouraged people to be independent by encouraging them do as much as they could and only assisted if it was absolutely necessary.

People told us they had been consulted in the care planning and decision making process regarding the reablement service. People were able to put forward their views and that these had been considered. For example, one person told us the service had respected their preference for workers to be of the same gender as them. People told us they had a copy of the support plan along with information about how to contact the service and other sources of information and advice.

People described staff as "friendly" and "chatty" but said that staff respected people's confidentiality. One person told us, "[The staff] chat about things, but they're not gossips." There were secure arrangements in the office for records to be stored.

Information about local advocacy services was available to support people if they required assistance. The staff had supported one person to access the advocacy service so they were able to manage their money independently.

Good

Is the service responsive?

Our findings

People told us that staff usually visited them at a similar time each day. One person said that it didn't bother them when time of the visit varied. They told us, "There could be a good reason [for not coming on time], a fall or something. They always come. They never missed once." Another person told about fall they had, when they pushed their buzzer a member of staff arrived and assisted them.

The care was flexible according to people's individual needs. On the whole people told us they were not rushed and staff supported them according to their individual needs and gave them time to be as independent as possible. One person said, "I've asked a couple of times for an earlier call because I have had an appointment. They [office staff] didn't quibble at all." Another person told us, "The [staff] are very, very, helpful." People usually received the service for up to six weeks. However, on occasion, this timeframe had been extended. For example, one person said, "I've gone over the time I should have had them [staff] because I still can't climb the stairs."

A social care professional described the "whole ethos" of the service as "person centred". They told us, "Their approach is to reskill the person. To find out what is important to them."

People felt they received the care and support they needed. The plans had been developed with people and their families where appropriate. This ensured the care was delivered in an acceptable way to them. The plans showed us how the staff and the person who used the service discussed the person's goals and how these could be achieved. Other relevant professionals, such as physiotherapists, were involved in these discussions where appropriate. The plans covered areas such as personal care, medicines, meals and activities. It told us what care and support the person needed at the start of the care package. Staff recorded in daily notes how the person had been on each visit and what they had achieved. Plans were updated to reflect any changes. Plans of care reflected people's needs and how staff supported them to achieve the goal of independence. One person told us, "When [staff] first came in they [staff] spent about two hours assessing my needs. I understood they have to know what I could and couldn't do." One member of staff said, "We help to build people's confidence. One person couldn't go down stairs but they are now able to get down stairs and make their own breakfast." Staff also told us that if people required more time they would inform the office to change the times of the visit. They told us they need to make sure people are not rushed so they are able to develop their independence. Another person said, "I think they're [staff] extremely good. I'd give them 10 out of 10 and a star." The service provided people with the equipment they needed to become independent. For example perching stools and grabs rails.

Health professionals told us about the positive impact the reablement service had made in helping people stay in their own homes who may have otherwise required hospital treatment. One professional told us, "The other day we had an agency tell us they were unable to provide two carers for an individual and were therefore terminating the contract with immediate effect. I contacted the [service] and within 20 minutes [they] were able to provide a care package. This was great for the person as they were able to remain in their own home." This demonstrated an integrated approach to delivering care as the service maintained open communication with healthcare professionals, which in turn helped promote peoples' health and wellbeing.

People received a copy of the complaints procedure when they start to use the service. One person said, "I have no complaints and if I did I'd ring one of the numbers they've [registered manager] given me. I've got several numbers for different things, like changing the time of my call." Another person told us, "If I had a complaint I would tell my family and they would tell them [the registered manager]. I don't you worry." There was a system to record and respond to complaints if required.

Good

Is the service well-led?

Our findings

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

The manager was first registered with the service in 2015. We asked people who used the service if they were satisfied with their care and management. One person told us, "I would give them 99.5%. Believe you me, they are wonderful staff." Another person said, "I do what I can and leave what I can't do. They don't seem to mind." Staff we spoke with felt the registered manager was supportive and approachable. Staff felt listened to and said that their manager's "door is always open."

There was a clear management structure in place. The registered manager was also registered for another of the provider's reablement services locally. Each team had tiers of management with clearly defined roles and responsibilities, which helped to ensure that the service ran efficiently and effectively. A service manager had oversight of this service and the provider's other reablement services.

The aims of the service was to support people to regain their skills and confidence to enable people to live as independently as possible in their own home. The average length of a reablement programme is three to four weeks although staff told us that they would not withdraw care until a long term package was in place if this was required.

People were very satisfied with the service they received, particularly with the attitude of, and time, staff spent with them. People said they thought the overall service was good and made no comments for improvement. Comments received by the service made included, "Thank you to all you wonderful [staff]." And, "Thank you for all the care you have given over the last few weeks."

Health and social care professionals praised the service and described positive partnership working. One healthcare professional told us, "In my view the reablement service is doing a fantastic job. They respond well and communicate very well with [us]." A social care professional told us, "I find the reablement team approachable… It's really positive and we work together closely. We get good feedback [from people about the service]."

The registered manager conducted audits to help monitor the service provision. Gaining people's feedback was central to this through regular review meetings, telephone interviews and written surveys. Audits included all aspects of a person's care and care plan, medicines, consent, staff training and supervision, staff visits and duration times. Health and social care professionals told us the registered manager and staff were approachable and open to comments about the service. They said that when they had raised issues they had been addressed and it had "never been a problem." They described how the registered manager sought, and took on board, their feedback and used it to further develop the service. This ensured expected standards were maintained and any shortfalls were addressed and an environment of continuous service

development and improvement was fostered.

There was a staff meeting each week which was part meeting but also an opportunity to undertake group supervision topics. Items on the agenda included any specific care needs a person may have, issues that had arisen outside normal business hours, names and numbers of on call staff, health and safety issues, training and annual leave. Staff were able to bring up topics if they wished and have their say in how the service was run. Minutes were distributed to staff who had not attended to ensure they were included and kept up to date.

The registered manager was aware of their responsibility and what to report to the care Quality Commission.