

Royal Borough of Kensington & Chelsea

# The Royal Borough of Kensington and Chelsea

## Inspection report

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22 October 2019

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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

### About the service

The Royal Borough of Kensington and Chelsea is a reablement service for adults aged 18 and above. The service supports people for up to six weeks to regain their independent living skills and confidence, usually following a hospital admission or after a short period of care and treatment from community healthcare professionals in their own home. There were 45 people using the service at the time of this inspection.

### People's experience of using this service and what we found

People spoke extremely positively about the quality of care and support they received from the service. Comments included, "They are better than 100%, terrific" and "I never thought I would be as independent as I am now and can go out, managing with a bit of help from my family for the heavier jobs indoors." People told us the service gave them confidence and new ways of coping following ill health, and they would not hesitate to recommend the service to others.

People were involved as much as possible with the planning of their reablement goals. Each person was provided with an individual plan of care, which reflected their own aims, preferences and unique circumstances. There was individual guidance to mitigate any risks to people's safety.

People benefitted from receiving their care and support from a dedicated, experienced and well qualified staff team. Staffing levels were arranged to ensure people had the time they needed to work towards meeting their goals. Staff told us they found their roles immensely rewarding and they felt appreciated by people and their relatives, and their employer.

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.

The service was forward thinking and innovative. The provider continuously looked for ways of improving their partnership working with the community NHS Trust and other organisations, so that people received excellent outcomes. For example, people could receive overnight care in their own homes if required, so that they could leave hospital and commence reablement without any unnecessary delays.

People, and their relatives where applicable, were asked to provide their views through questionnaires and surveys. There were also local forums organised by the provider which people could choose to take part in. Complaints and concerns raised by people or other relevant parties were taken seriously by the service.

People and their relatives thought the service was exceptionally well managed. This view was also expressed by external local health care professionals who were very pleased with how the service operated and capably met people's needs.

#### Rating at last inspection

The last rating for this service was good (published 22 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor the 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.

## 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.

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?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Royal Borough of Kensington and Chelsea

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

The service is a domiciliary care agency. It provides personal care and other support to people living in their own houses and flats.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 September 2019 and ended on 8 October 2019. We visited the office on 23 and 24 September, and 8 October 2019. We gathered other evidence until 22 October 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, which included any notifications of significant incidents which the provider is required by legislation to report to us. We 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

The inspector carried out three home visits to meet three people who were receiving reablement and one relative. We also spoke with nine reablement staff, the registered manager, an occupational therapist and the nominated individual, who is responsible for supervising the management of the service on behalf of the provider. Additionally, we spoke with nine health and social care professionals employed by the provider or the local healthcare trust, who worked closely with the reablement staff team to support people using the service. These professionals included physiotherapists and social workers.

We looked at a variety of records, which included nine people's care plans and accompanying risk assessments. We checked six staff files in relation to recruitment, supervision, training and professional development. A range of records relating to the management of the service were reviewed, which included audits conducted by the provider and feedback questionnaires completed by people who used the service and their relatives.

#### After the inspection

We spoke by telephone with four people and three relatives, and received written comments from six health and social care professionals. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Thorough practices and procedures were in place to promote people's safety and protect them from the risk of abuse and harm. Staff received regular safeguarding training and relevant safety topics were discussed as part of individual and team meetings. An occupational therapist within the reablement team had undertaken the provider's own safeguarding investigation training course and offered additional guidance for colleagues.
- People and their relatives told us they felt safe with staff. Comments included, "I am happy to let the staff visit me, I can trust them" and "They always carried identification and I got the same carers coming to me, which was rather reassuring for my safety."
- Staff knew how to identify different types of abuse and report any concerns to their line manager and allegations were reported without delay to the local authority safeguarding team. Staff confirmed to us they were given written guidance from the provider about how to whistle blow within the organisation, and externally if necessary. Whistleblowing is when a worker reports certain types of suspected wrongdoing at their workplace.

Assessing risk, safety monitoring and management

- People's care plans contained individual risk assessments to identify risks to their safety. For example, risks in relation to people's reduced mobility, behaviours that challenged, nutritional needs and/or susceptibility to developing pressure ulcers. Comprehensive written guidance was in place about how to minimise these risks, which was kept under review.
- Where people had complex needs and required the use of specialist equipment, detailed moving and handling plans were produced in addition to the risk assessments. Occupational therapists and/or physiotherapists provided demonstrations to people, their relatives and other reablement staff during joint visits in order to promote people's safety. Reablement staff had received extended training to assess people for specific aids at home, such as easy to use can openers and light weight trolleys to transfer meals from the kitchen to another room. This enabled people to promptly receive useful equipment to promote increased safety and independence at home.
- Risk assessments were also carried out to detect and address risks to people's safety in relation to their home environments and any equipment used to provide personal care, for example hoists, wheelchairs and bed rails.

Staffing and recruitment

- Robust practices had been implemented to safely recruit new staff, which included detailed pre-employment checks to ensure prospective staff had appropriate experience and backgrounds to work with people who used the service. This included obtaining two suitable references and Disclosure and Barring

Service (DBS) checks, which assist employers to make safer recruitment decisions.

- There were sufficient staff deployed to safely and competently meet people's assessed needs. The rotas demonstrated that staff could use their judgement to extend their time at people's homes if this was required, for example if people needed additional support to meet an agreed reablement goal.
- People told us they were pleased with the reliability and punctuality of staff, and confirmed they received a phone call to advise them if staff were held up due to unforeseen circumstances. Comments included, "I have liked the stability and having staff who have got to know me" and "[My family member] had no complaints and said the carers never rushed through their visits. There was time to do exercises and help [my family member] with their walking."
- Staff told us they could contact their line managers for advice at any time during their daytime, evening and weekend shifts. Staff were provided with guidance and training about how to respond to emergency situations and had also carried out safe lone working training.

#### Using medicines safely

- People were encouraged to manage their own medicines where possible, in accordance with the aims of the service to enable people to maintain their independence. Where people required prompting or assistance from staff with their prescribed medicines, safe protocols were adhered to. The service liaised with people's GPs to make sure reablement staff had accurate and current information about people's medicines.
- Records showed staff received medicine training during their induction, which was periodically refreshed. Their competency to safely support people with their medicine needs was assessed each year. The management team carried out audits of the completed medicine administration records to check that people safely received their medicines.
- The provider's medicine policy had been produced in line with national guidance for people receiving medicine support as part of their social care in their own homes. Where necessary the service sought advice from pharmacists, for example if people had medicines that needed to be administered in a specific way.

#### Preventing and controlling infection

- Rigorous systems were in place to protect people from the risk of cross infection. Staff received infection control training inclusive of safe hand washing techniques and were provided with personal protective equipment (PPE), for example disposable gloves, aprons, antibacterial gel and shoe covers. Staff told us they could readily access PPE as required.
- The management team carried out spot check visits to people's homes to make sure staff protected people by correctly following the provider's infection control policy and procedures.

#### Learning lessons when things go wrong

- The registered manager audited records for accidents, incidents and other events in order to identify if there were any trends that needed to be addressed.
- There were formal opportunities for reablement staff to consider how they had supported people and discuss any future learning points, where applicable. Meetings took place with professionals from different specialities, which enabled staff to reflect on how they had delivered people's care and support from a multi-disciplinary perspective.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental and emotional health care needs were considered in an in-depth manner for the planning and delivery of their reablement programme. We looked at three case studies and the accompanying care plans. The case studies were written by the provider to enable the staff team to formally reflect on how they effectively supported people with their health care needs and how they advised people of other useful services they could access.
- One of the case studies highlighted the positive outcomes achieved with a person who strongly wished to remain an active part of their close knit community and retain supportive friendships developed during a tragic time in their neighbourhood. The reablement staff sensitively provided emotional support and worked with the person to enable them to achieve all of their mobility and self-care goals. The individual reablement plan vastly improved the person's mobility so they could access outdoor amenities and resume key activities within their supportive network, use stairs at home, make their own meals and independently take a bath. The person regained their confidence and no longer required any services.
- Another case study demonstrated how the reablement team worked with a person to not only considerably improve their physical functioning but also support the person to reduce their social isolation through developing a meaningful local social network. Following the completion of the reablement period the person had achieved their own goals for independence with activities of daily living and they reported to staff a significant improvement in their emotional wellbeing. The person continued with social activities they had been introduced to by the reablement team, for example day services, a community outreach project and a befriending scheme, in addition to statutory services for their long-term health care conditions that existed prior to reablement.
- A third case study showed how the reablement team had worked with a younger person who had never previously used social services and had been employed in an active and demanding job. Staff recognised how the person's sudden loss of independence had caused frustration and anxiety, therefore emotional support, encouragement and reassurance were provided along with the physical guidance and assistance to meet their goals. The person was offered a referral for psychology services and continued to receive physiotherapy following the end of the six week reablement period. They achieved substantial improvements in relation to regaining cooking skills, independence with personal care, and a more positive outlook about their future and new opportunities for seeking employment.
- People who were unable to receive reablement and support with their personal care in their own homes due to environmental or personal circumstances were specifically supported by the provider. In partnership with a voluntary sector provider of personal care and accommodation services, two flats were available within the borough for people to live in for the duration of their reablement. The provider supported people

to find suitable permanent accommodation if returning home was not feasible, and we met one person who was successfully supported to move directly from hospital into a suitable new home.

- The reablement team successfully worked with professionals and other departments within the local authority to ensure people received a highly effective and inclusive service. For example, reablement staff could speak with an in-house colleague for advice and support to access a wide range of mobility equipment and other independent living aids to improve the quality of people's lives. This included hoists, talking clocks and watches, amplified phones, water level indicators, falls prevention sensor mats and pressure relieving mattresses.
- The reablement service worked closely with other social services teams for people with complex health and social care needs to ensure people benefitted from an effective handover and review of their needs, following completion of their reablement programme. During the inspection we met social workers from other teams who confirmed that well organised processes were in place for positive joint working with reablement colleagues. This included a specialist social worker for people with sensory impairments, who provided reablement staff with regular sensory impairment training and joined reablement staff on assessments and home visits where required.
- The service was integrated with Community Independence Service (CIS), which was part of a local NHS Trust. We received very positive comments from commissioners about how the service had actively worked with other local organisations to create and implement new methods of delivering reablement support to people with complex needs. An external professional stated, "The reablement leads have been very proactive and supportive in the development of a new pathway, sharing their experience from a similar pilot undertaken last winter."
- The service received numerous complimentary statements from local health and social care professionals who had frequent contact with the community independence assistants, independent living assessors and other members of the reablement team. A hospital based professional told us, "The service is always quick to respond to referrals...I have had positive feedback from patients...I feel that my team has a really good relationship with [provider] and this enables a smooth discharge service."
- Other comments from external professionals included, "They will always communicate with service users to ensure that everything is in place", "My experience is of a high-quality service with committed professionals and a team culture that is expert, patient focussed, collaborative and adaptive" and "The team is able to escalate concerns over clinical care and in terms of social need. The team is always visible and works towards the agreed timescale."
- The provider worked closely with 'My Care, My Way', a new integrated care service within the borough, which aimed to put people at the heart of planning for their own care and empower them to manage every aspect of their care in partnership with their GP. Local people had been involved in the design of the service and the local authority was a 'My Care, My Way' partner along with GP services, the local NHS and various voluntary organisations. People were provided with information about the service and reablement staff made referrals for people to have their own coordinator, if they consented to this.

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

- The provider reviewed its own practice to ensure they understood and met the needs of local people with different health care needs, using National Institute for Clinical Excellence (NICE) standards to determine their compliance. This evaluation resulted in a review of the eligibility criteria to ensure people who were cognitively impaired were not disadvantaged within the reablement service. As part of this evaluation the provider conducted workshops and meetings with hospital social work teams and hospital based therapists, to ensure all relevant professionals worked with a consistent approach. We saw a person with cognitive impairment had achieved their goals and regained their independence having used the service.
- People's needs were initially assessed to determine whether they would benefit from a six weeks' programme of reablement. The service worked closely with local health and social care professionals, for

example social workers, doctors and specialist nurses, to ensure that people's needs were fully identified and understood during their assessment. Once people had commenced reablement there was a well structured approach in place for routinely reassessing their needs and carefully evaluating their progress, to ensure people's care and support was consistently tailored to their individual needs, choices and aspirations.

- People were provided with a highly flexible, responsive and supportive service. Elements of the reablement programme could in specific circumstances be extended for a short period beyond the standard six weeks, in accordance with people's individual ongoing assessments and identified needs. For example, additional physiotherapy or occupational therapy input could be arranged.

#### Staff support: induction, training, skills and experience

- People who used services were actively involved in the planning, delivery and evaluation of new and innovative staff training. For example, 200 delegates attended a 'Moving with Dignity' collaborative training day in October 2019 which also included training sessions with leading professional experts. This training was provided to reablement staff and other professionals from nearby local authorities, health care trusts, voluntary sector and private sector organisations.
- People and their relatives spoke in glowing terms about the reablement staff and the very positive impact of their care and support. Comments included, "They are remarkable and know what they are doing", "I am confident they are all well trained as they have guided me to achieve my recovery" and "[Name of reablement staff] was just incredible, I never thought I would go out walking again but I did."
- People benefitted from receiving their care and support from reablement staff who had undertaken a range of relevant clinical skills training to effectively support them to remain as well as possible during their reablement. Staff were trained to undertake various tasks including simple testing of urine (urinalysis), how to visually check people's skin condition to prevent pressure ulcers and other concerns, blood glucose monitoring, how to apply support hosiery, use of correct respiratory inhaler techniques, supporting people with a stoma and the care of indwelling urinary catheters. This training ensured that people received a comprehensive and seamless service delivered by staff with effective and detailed knowledge, and the ability to identify concerns that needed to be reported without delay to health care professionals.
- These low-level nursing skills used by reablement workers supported local healthcare professionals to focus on other aspects of their roles. It also enabled people to be safer in their own homes. For example, reablement staff could identify if people with diabetes were at risk of complications related to low or high blood sugar levels and take swift action to prevent the occurrence of acute health care problems and potential hospital admissions. Local health and social care professionals confirmed the reablement team demonstrated excellent skills, knowledge and approach. A senior community nurse commented, "They have a lot of knowledge and will know when and to whom to refer the service user...are very friendly and professional...always helpful."
- Staff were provided with training, support and supervision in order to proficiently carry out their roles and responsibilities. The reablement staff were experienced and established in their positions, with some staff having worked for the provider for many years in the reablement team or prior domiciliary care services. Staff had undertaken national vocational qualifications at level three and new staff could initially access the Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific jobs in health and social care.
- In addition to mandatory training such as moving and handling, fire safety, dementia care, mental health and wellbeing, food hygiene, bereavement and loss, emergency first aid and health and safety, reablement staff had attended thorough additional training to acquire new extended skills and knowledge. This included training to assess people for low-level equipment to enable them to achieve increased independence and ease when carrying out every day personal care and household tasks. This arrangement enabled people to promptly receive useful equipment tailored to their lifestyle from staff who personally

understood their individual needs, wishes and circumstances.

- There was a strong culture of career development and progression for reablement staff. This included apprenticeship offers for reablement staff to gain occupational therapy qualifications, management training and role defined opportunities for progression. Two staff told us they were supported by the provider to undertake the nursing associate programme, which was described as "amazing" and "life enriching." A nursing associate is a new stand-alone role designed to help bridge the gap between health and social care support staff and registered nurses. It also provides a progression route into graduate level nursing.
- People received their care and support from reablement staff with up to date knowledge in relation to best practice. For example an 'Advanced Practitioner Occupational Therapist' role was created to provide reablement team members with additional leadership and support. Occupational therapists within the reablement team could undertake post-qualification courses to develop their knowledge and practice, including training to act as mentors and practice educators.

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

- People were provided with individual support for healthily and safely eating and drinking in line with their assessed needs and circumstances, which considered whether they lived alone or with relatives who were able to assist with food preparation. A person who was being supported by staff to prepare light meals such as scrambled eggs, salads and toasted sandwiches told us, "[Name of staff member] has given me a lot of confidence to get back into the kitchen and shown me easy ways to do things, like grating cheese and chopping vegetables."
- The provider closely liaised with relevant health care professionals to ensure people's nutritional and hydration needs were effectively met. Staff had received nutrition training and spoke with their line managers if they identified any concerns, for example if people had unintentional weight loss or difficulties with swallowing certain types of food. Where required the provider made referrals to GPs, dietitians and speech and language therapists, and followed any instructions such as completing food charts and/or monitoring people's weight.
- Care plans contained guidance for staff about people's dietary needs and preferences, for example whether they followed a Halal or Kosher diet or needed a low-sugar or soft textured diet for medical reasons. People were asked about their food and drinks preferences to enable staff to support them to prepare appetising and enjoyable meals, snacks and beverages.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Robust systems were in place to ensure people's rights were protected and staff were fully supported to work in accordance with MCA. Care plans contained clear information in relation to people's capacity to make decisions and they were encouraged to sign their consent to care, where applicable. Community independence assistants had undertaken mental capacity and human rights training, and explained they

always asked people for their consent before they offered help with personal care and other support. Staff respected people's entitlement to decline care and support, which they documented and discussed with their line manager for advice.

- Where people had appointed relatives or friends as their Lasting Power of Attorney for health and welfare and/or finance and property, this was properly documented so that staff could be assured they were liaising with the correct individual(s). Records showed that best interests' decisions were taken, if required.
- An occupational therapist within the reablement team had received specialist training in relation to MCA and had been appointed as an MCA champion to promote a good quality service and support colleagues to develop their knowledge. At the time of the inspection a second staff member was due to attend the training course to become an MCA champion and the provider has subsequently confirmed their successful completion of the course. There were also opportunities for occupational therapists to undertake training to act as Best Interests Assessors.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

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

- People and their relatives told us staff always supported them in a kind, caring and patient way. Comments included, "[Staff member] has a heart of gold, she was so encouraging and delighted when I made progress" and "Nothing was too much trouble, they spent time talking to me when I thought I would not improve much and that really helped."
- During the inspection we observed positive interactions between people who used the service and staff. Staff displayed a genuine and friendly approach, while maintaining appropriate professional boundaries. We found that staff had also developed a good rapport with people's relatives, so that their visits enabled members of the same household to feel at ease and not disrupted from their routines.
- Staff understood and respected people's cultural and/or spiritual needs. Relevant information was recorded in people's care plans, for example if visits needed to be scheduled so that people were not interrupted at prayer times. Staff had undertaken equality and diversity training.

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

- People were encouraged to be involved in the setting of their own goals, so their reablement plan reflected their personal aims and individual priorities. For example, one person told us they did not think they would be able to go out of their home independently but wanted to live safely within their home and reduce their risk of falls. Another person said they would like to be able to walk on their own to visit a library in their neighbourhood as this would provide both physical exercise and mental stimulation.
- Some staff members could communicate with people in their first language, in line with people's needs and preferences. The provider could access interpreter and translation services if required, and written information for people and their relatives was available in translated versions to meet their specific needs.
- People were provided with information about local advocacy services if they needed support to express their views about their reablement support, or other health and social care services they used.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated in a respectful manner and staff motivated them to be as independent as possible. Comments included, "I would say that staff speak to me gently and with respect" and "It was difficult to let the carers help me have a shower as I wasn't used to being helped with my personal care, but now I can shower on my own again. It is wonderful." Care plans stated whether people wished to be supported with their personal care by a staff member of the same gender.
- Staff had received training in how to provide care with dignity, which included a training course for moving and positioning people in a dignified way. Staff told us they helped people to feel comfortable and safe when being supported with their personal hygiene. For example, staff encouraged people to do as much for

themselves as possible and ensured that people were given privacy.

- Staff understood how to maintain confidential information about people, unless it was necessary to share specific information with relevant health and social care professionals. Confidential records were stored and managed in line with legislation.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives confirmed the service consulted with them about how they wished to be supported, so that their reablement care was person-centred. For example, one person had set a goal to walk to their favourite supermarket and another person wished to be able to sit at the dining table with their relative.
- People were given professional guidance and support by occupational therapists and physiotherapists to ensure that their goals were realistic and achievable. Reablement staff recorded people's progress on each visit and multi-disciplinary reviews took place at people's homes at a frequency determined by people's individual needs. People were asked for their views about their progress and future wishes after their first two weeks of reablement, so that changes could be made to their goals if necessary.
- An external health care professional told us the service understood people's needs well and staff were able to detect and respond promptly to changes. They stated, "The team are typically able to identify key issues limiting rehabilitation or that might lead to further decline or (hospital) admission, which allows for targeted interventions...and reduce the chance of emergency admission."
- There were clear systems in place to smoothly assist people who might need ongoing personal care and/or domestic support following their reablement period. People were referred to a local authority social worker if they needed a comprehensive assessment of their needs. Reablement staff were able to provide information about how to access domestic support if people no longer required personal care support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with written information about the service. This could be supplied in different formats, for example large print or braille if required. The service could access specialist professionals to support people to receive information in a way that met their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans showed there was clear focus on supporting people to improve their mobility where possible so that they could resume community activities, either independently or with support. This enabled people to maintain their health through taking gentle exercise and also combat the negative impact of social isolation.



- The provider had links with community organisations where local volunteers supported people to go out for a short walk, so that people could maintain their achievements from their reablement programme.
- Staff spoke with people about community resources they could access in the future. This included information about local voluntary sector groups such as lunch clubs, keep active sessions and classes where they could acquire or maintain a hobby.

#### Improving care quality in response to complaints or concerns

- People and their chosen representatives were given clear information about how to make a complaint about the service. Complaints were thoroughly investigated by the registered manager and analysed to identify if there were any learning points.
- The provider had restructured staffing shifts in response to feedback received from people who used the service, who wanted a more flexible provision.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created prompted high-quality, person - centred care.

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

- The provider had established links with local disability groups and other forums to find out people's vision and expectations for social care and health care services within the borough, which included people's involvement in shaping social care services through the Local Account Group (LAG). People who had used the reablement service and other services were invited to join LAG to support the contracts and commissioning teams and help to define standards of quality for local residents.
- The registered manager told us they felt LAG members had contributed greatly to the ongoing development of the reablement service. For example people had taken part in a short film about reablement, helped to update the provider's information booklet for people new to reablement, reviewed the local authority's dementia strategy and contributed to the development of the People First information website for residents of the borough.
- Innovative approaches were used to bring people and staff together to improve their health and wellbeing. For example, the provider held a 'With Health In Mind' conference in May 2019 about mental health wellbeing which enabled local residents, local authority staff and mental health professionals to speak about their personal journeys of mental health and explore how activities such as mindfulness, exercise, healthy eating and volunteering could promote positive wellbeing. This event was attended by people who had used the reablement service and members of the reablement staff team.
- A 'Remarkable People- Remarkable Lives' conference in October 2019 was attended by people who used services including the reablement service and staff from different teams at the local authority. Employees including staff from the reablement service told their personal stories of how their own experiences informed and enriched their work and there was a performance by a dance troupe that featured members of the reablement staff. These events enabled shared learning and communication in a relaxed setting for people who used the service and staff.
- People were asked for their feedback when they completed their reablement programme and they were requested to complete a satisfaction survey. 92% of respondents reported a very high level of satisfaction with the quality of their service. People's views about the service were also gathered by the provider from a significant number of letters and cards sent by people and their relatives, who were very pleased with how their needs and wishes were met.
- The provider actively sought the views of the staff team, for example through staff meetings and annual team away days to seek the staffs' ideas about service improvement. An annual staff satisfaction survey was carried out by an independent organisation to gather staff views on all aspects of work including engagement, organisational values and priorities, leadership, information sharing, communications

systems, transformation management, job satisfaction, progression and a general overview of the council. This was analysed and action plans devised from the report, both locally and as a system wide approach, to inform decisions and service development going forward.

- Reablement staff were provided with wellbeing and mindfulness training not only to support people who used the service but for their own personal fulfilment too. There were other initiatives in place to support and reward staff for their commitment and long-standing loyalty. For example a staff choir had been formed to bring employees together for creative endeavours and perform at social events to celebrate the achievements of staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People with complex needs were supported to leave hospital in a timely manner and safely return to their own homes with short-term overnight care where necessary. This flexible model enabled people to return to their chosen environment and commence reablement, and helped to prevent complications of staying in hospital for extended periods. For example, the risk of acquiring an infection and/or increased dependency needs.

- We received enormously positive comments from people and their relatives, the staff team and external professionals about how well the service was managed. Staff told us they felt passionate about working at the service, were inspired by the dedicated leadership of the management team and felt empowered to deliver genuinely person centred care. The provider had not needed to recruit new reablement staff since 2007 as staff chose to remain in their positions. During the inspection we met staff who had worked in the reablement team or a predecessor team for between 20 and 25 years and felt deeply committed to their roles.

- The provider had systems in place for regularly recognising and celebrating staff achievement, which included annual long-term service awards that acknowledged staff efforts and work that the provider believed demonstrated outstanding performance. A reablement staff member was recognised for this award in 2018 and several colleagues had long service awards for recognition of their work in the local authority.

- Staff told us they felt highly motivated because they continually observed how reablement improved the quality of people's lives. One staff member said, "We love our jobs and love what we do out and about meeting people, and we feel well supported by our managers." Another staff member commented, "It is so rewarding seeing people happy and improving, seeing someone go from being bedbound and then meeting them on the street. It feels so integrated working with occupational therapists, district nurses and physios."

- Staff from different roles described the service as being extremely well organised with clear structures and processes, and efficient systems to achieve the best possible outcomes for people. For example, reablement staff told us they highly valued the regular group discussion sessions held with occupational therapists, physiotherapists and other professionals, and the joint visits carried out at people's homes.

- The provider had introduced a range of practices to support and empower staff, and demonstrate they were valued within the organisation. This included staff engagement initiatives, for example once a month the council's Executive Director, the Senior Management Team and Lead Members spent time talking with staff at frontline offices and teams about their experiences. Staff reward schemes were in place to promote the health and wellbeing of the reablement team. This included travel card arrangements, free eye tests, dental treatment plans and health care schemes to support staff to effectively return to work.

- External recognition was received in March 2018 for the quality of the service, through the award of 'Highly Commended' in the Adult Social Care category of the Local Government Chronicle Awards. This was awarded to the Community Independence Service, which the reablement service is integrated with. The service was recognised for its high quality of care and support.

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

## regulatory requirements

- The registered manager was experienced in their position and was supported by a small team of senior reablement staff. The provider had produced comprehensive information for staff to outline their roles and responsibilities, with clearly explained information about how the service worked in partnership with other organisations.
- The provider carried out its' own meticulous audits to check the quality of the service, which included a self-assessment audit conducted by the registered manager and based on CQC methodology. Additionally, monitoring visits by peer colleagues from different teams took place, which were also designed in line with regulatory requirements.
- The provider gathered detailed reablement data in relation to its performance compared to other London boroughs, which demonstrated the service was achieving extremely positive results for local people. This information was used for the service's own analysis and for planning ongoing improvement. The provider carried out detailed analysis of how it worked with people, for example whether people achieved outcomes they were pleased with. The providers own analysis showed that 73% of people who used the service regained full independence at the end of their reablement period.
- Although there was a high rate of satisfaction, this data was used as part of planning meetings to explore how to continuously make improvements. The performance of the service was formally reviewed by the local authority and the local Clinical Commissioning Group, which looked for ways to address any areas for improvement and further develop areas deemed to be performing well. For example, the provider found that it needed to implement improvements with how it inputted data in order capture accurate performance information.

## Continuous learning and improving care

- New medicine training had been arranged for staff to improve their knowledge and confidence when supporting people with their medicine needs, which reflected the provider's ethos. An external medical professional commented, "The team is well-led, skilled and keen to improve their practice and knowledge, which given the frequent challenging nature of the situations they have to deal with, impressive."
- Staff had received training to use single handed moving and handling procedures, which could be used in specific carefully assessed circumstances to replace the use of two staff to support people. The registered manager told us this offered lifestyle and financial advantages for people, and benefits for the provider. For example, people who may need to continue with a care package after reablement could experience better outcomes in terms of reliability, punctuality, convenience and personal satisfaction if their care could be safely delivered by one care worker only.
- At the time of the inspection the provider was working towards developing a staff rotation scheme which would support staff to broaden their knowledge of integrated working and develop their professional skills through placements in other health and social care settings within local partner organisations. This was part of a series of training and development opportunities created by the provider, in response to feedback from staff gained during a peer monitoring visit.

## Working in partnership with others

- The service viewed partnership working as being an essential aspect of its daily functioning. For example, reablement staff had access to information about statutory and voluntary sector community resources on their work mobile phones so they could instantly provide guidance to people and relatives about relevant services.
- There were strong and robust systems in place to support the reablement service from other local authority departments including human resources, quality assurance and learning and development teams, in addition to the integrated services of Central North West London NHS Trust Community Independence Services (CIS). The provider also worked closely with health and safety officers in order to audit relevant

processes, policies and procedures, and follow up findings where necessary.

- The reablement team worked closely with health care colleagues to facilitate earlier discharges from hospital, where it would be appropriate and constructive for people to move on from a hospital environment. Daily joint meetings were held with health services to review capacity and arrange the transfer of people's care, in order to relieve pressure on local hospital beds. There were also established practices in place to promote positive joint working, for example joint training, shared IT systems with the community health trust, and workshops for service planning and development.
- The feedback from different external professionals and organisations about the service was exceptional, "I have the pleasure to work with the reablement service in Kensington and Chelsea", "Service users don't want to let them go...myself and my team enjoy working with them" and "I have always found the service beneficial and necessary in providing continuity of care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour. There were transparent systems in place to investigate complaints and any other issues of concern. The registered manager knew when to report events and incidents to CQC, as required by legislation.