

# Cambridgeshire County Council

## Cambridgeshire

### Reablement Service North (Cambourne Team)

#### Inspection report

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27 March 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:

Cambridgeshire Reablement Service North (Cambourne Team) is a short term reablement, domiciliary care service that was providing personal care to 32 people at the time of the inspection.

People's experience of using this service:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were happy with the care and support they received from staff. Staff encouraged people to complete tasks independently, or with minimal support where possible. This support from staff was in place with the aim of enabling people to be independent again following a stay in hospital or illness. Staff assisted people in a caring and compassionate way.

Staff knew about safeguarding people from harm or poor care. Staff knew how to report their concerns internally and externally to local safeguarding authorities.

Staff undertook a pre-assessment on people new to the service. This established what reablement support a person required and whether staff were trained to meet these needs. People were involved in their care decisions and the planning of their day-to-day care. Risks to people's health and well-being were identified and monitored. Guidance and training was in place for staff on how to support people with these risks. This included a health and safety and an environment risk assessment which gave information to staff in the case of an emergency such as a fire.

Staff respected and promoted people's dignity and privacy. Staff supported people with their prescribed medicines safely. People were supported by staff with their food and drink to make sure they were eating and drinking.

People's personal information was confidentially stored within the office. People, their relatives and advocates were involved in discussions about their care.

There were enough staff to meet people's needs and people received their care calls on time. People were kept safe from risks of infection and cross contamination. There was a robust recruitment process and new staff received a thorough induction. Staff received supervision from their line manager and training to ensure that they could effectively carry out their role. Staff learnt lessons from incidents and near misses that happened to help reduce the risk of the incident happening again.

Staff worked with other external organisations to help support and promote people's well-being. Staff gave people information in different formats, when needed, such as picture aids to aid people with their understanding. Staff signposted people to different agencies and organisations that could support them.

For example, organisations that could help support people with their welfare benefit entitlements, with specialist small aid equipment to assist people with day-to-day tasks such as getting dressed and a befriending service to support people who felt isolated.

People, their relatives, and advocates gave feedback on the quality of the service provided. People knew how to raise a complaint and their concerns were listened to, investigated and resolved where possible. The provider's governance systems and processes had identified areas of the service where improvements were needed and these were acted on. The registered manager and staff completed internal audits to ensure the service provided to people was effective and safe.

Rating at last inspection:

This is the first inspection of the service since it was registered on 2 February 2018.

Why we inspected:

This was a planned inspection as part of CQC's routine inspection programme.

Follow up:

We will continue to monitor information 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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.

# Cambridgeshire Reablement Service North (Cambourne Team)

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

One inspector and an expert-by-experience carried out this inspection. An expert-by-experience is a person who has, or has had a relative who has, experienced a similar type of care service.

#### Service and service type:

This service is a domiciliary care agency. It provides short term reablement personal care service to people living in their own houses and flats and specialist housing. It provides a service to older and younger adults.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 3 days' notice of the inspection site visit because it is a small service and we needed to be sure that staff would be available.

Inspection site visit activity started on 13 March 2019 and ended on 27 March 2019. We visited the office location on 13 and 18 March 2019 to see the registered manager and care staff; to review care records, staff

records and policies and procedures. We spoke with 14 people using the service and relatives, by telephone to ask for their feedback on 13 March 2019. We received feedback about the service on 27 March 2019 from a representative of the Local Authority.

#### What we did:

Prior to the inspection we reviewed information we held about the service to aid with our inspection planning. This included notifications. Notifications are incidents that the registered manager must notify us of. We contacted other health and social care organisations such as representatives from local authority who have a quality monitoring safeguarding and commissioning role with the service, and local hospitals discharge planning teams. This was to ask their views about the service provided.

During the inspection we spoke with 11 people and three relatives of people who used the service. We also spoke with the service manager, the registered manager an occupational therapy team manager, a senior care co-ordinator, two lead reablement workers and one support worker. We looked at three people's care records and corresponding risk assessments and monitoring records including medicine administration records. We also looked at staff records and records used in the management of the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- ☐ People told us they felt safe using the service. This was because of the support given by staff. • ☐ A person said when asked if they felt safe using the service, "Yes I do. They are all very nice." Another person told us, "It's fine. It's different [staff members] but I feel safe with them all."
- ☐ Staff understood their duty to report any concerns of poor care or suspicions of harm. Staff knew they could also report concerns outside of their organisation. A staff member said if they had concerns they would report these, "In the first instance to my line manager immediately. If you have a gut feeling about it you need to report it to the next level, you may be wrong but it is important not to miss it. You can also contact [local authority] adults safeguarding team and police."

Assessing risk, safety monitoring and management

- ☐ Staff understood that people required support to reduce the risk of harm such as self-neglect of personal care, poor oral hygiene, poor skin integrity, and moving and handling needs.
- ☐ People's risk assessments contained basic information for staff. Staff were however able to tell us how people were supported in a safe way.
- ☐ A person said, "It's worked well. When I first came out of hospital I got two visits per day just to check that I was ok really and I cut that down to one, as things improved. I would certainly recommend it for someone coming out of hospital as it provided reassurance while I got back on my feet."
- ☐ Health and safety and environmental risk assessments were also in place. These provided information to staff in case an emergency such as a fire should occur.

Staffing and recruitment

- ☐ At this is a short term reablement service, people when first using the service were told their care visit times would be between a set time frame and not at an exact time.
- ☐ A person confirmed to us they didn't seem to have a fixed time for the visit as such, but were happy with the way things worked as if they needed a specific time they could ring up and it was accommodated.
- ☐ A relative said, "Yes the timekeeping's pretty good. We're happy with it."
- ☐ People told us that they had not had any missed care visits. This showed us there were enough staff to cover people's care visits.
- ☐ Potential new staff had to undergo checks to make sure they were suitable to work with the people they would be supporting. These checks included, professional references from previous employers, a full employment history and a disclosure and barring service [criminal records check]. These checks were to make sure staff were of good character and suitable to work with the people they supported.

Using medicines safely

- People's care records and risk assessments gave information for staff on whose responsibility it was to order, collect, administer and dispose of medicines.
- Staff were trained in administering people's prescribed medicines and their competency to do this was checked.

Audits completed around safe medicines management showed that action was taken with staff if any errors were found. Actions included additional supervision.

#### Preventing and controlling infection

- Staff understood how to protect people by the prevention and control of infection.
- Staff received training in infection control and knew that personal protective equipment [PPE] such as gloves and aprons were for single-use only.
- A new staff member said they had training on food hygiene and that they were booked onto an infection control training course. They said the way in which you prevent cross contamination was by, "Wearing PPE (gloves and apron). Remove PPE dispose of it in the bin. Single use only for each task."

#### Learning lessons when things go wrong

- Learning from accidents and incidents and near misses were circulated to staff via team meetings and information.
- Learning included information for staff on when people had falls at home. A staff member said, "If [a person] can't get up by themselves, we make them as comfortable as possible with a pillow without moving them. Contact emergency services and the office. ERS Team [Emergency Response Service [who work for the council who would then visit instead of paramedics] to help with the fall."



# 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.

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ People's needs were assessed before they used the service and reviewed whilst using the service. From information gathered, care and support plans and risk assessments were developed with the person and, or, their relative or legal representative or advocate.
- ☐ The registered manager and staff worked closely with external health professionals and organisations to make sure people were being supported in line with best practice guidance. This was to promote people's well-being and encourage their independence.
- ☐ A person said, "I get one visit a day in the morning but I am very independent and I'm up, ready and have had breakfast before they arrive. I'm very happy with the service. They've done exactly what they said they'd do and they are all absolutely lovely. I am very determined to be independent and so I have ordered a stool to help me shower myself which someone from the service is coming to watch me use tomorrow so they can see I can use it safely to shower."

Staff support: induction, training, skills and experience

- ☐ New staff were required to complete an induction that was based on the Care Certificate. This is a nationally recognised training programme for staff working in health care.
- ☐ Staff had been trained to develop their knowledge and skills to support people effectively and help them become more independent.
- ☐ Staff received regular supervisions, observation competency checks and support to carry out their roles effectively.
- ☐ When asked if they felt staff were trained enough to support them a person said, "Yes I would. They know how to help me." A relative told us "Yes. [Staff] work in a way that's very encouraging. If [named person] can't do something at first, they will encourage them to try again."

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

- ☐ People spoken with said staff prompted them to remain hydrated as part of their well-being.
- ☐ Technology such as specialist equipment that reminded people to drink fluids regularly were being introduced where needed to support people's well-being.
- ☐ A staff member said, "We prepare their meals, we offer a choice, offer a visual prompt of microwave / ready meal options."

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

- ☐ The registered manager and staff worked with other organisations and networks to promote people's

well-being and provide effective care. Recently occupational therapists had been recruited into the service. The registered manager told us, "They really help people and can reduce people's need for prolonged reablement." The occupational therapy team manager confirmed to us, "[We are] new in post since January 2019. Staff said before the new year they had to refer to the occupational therapist externally. This led to delays. Those posts were bought in to the County Council. It has been very positive with positive outcomes [for people]."

- Staff worked with other agencies and organisations. These included, charities that offered a befriending service for people who felt isolated and alone, organisations who gave advice on welfare benefits and an organisation that specialised in supporting people who hoard.

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.

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager told us that no one using the service currently lacked mental capacity.

- Staff had training in the MCA 2005 and could demonstrate their understanding to us.

- A relative told us, "They've all been very good. They help [family member] to help themselves but always ask them so they feel in control." Another relative said when asked if staff respect choices, "Yes they do. They enable [family member] to make the decisions and encourage them all the time."

# 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.

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- ☐ People spoke positively about the care and support they received from staff and the management of the service. People said, "They are very polite and considerate," and "They are always polite and courteous."
- ☐ Relatives told us, "Yes. They are all absolutely fantastic with [family member]. We are thrilled with the service," and "[Staff] are so very caring and patient and keep encouraging [family member] to try."

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

- ☐ People told us they were involved in the planning of their care and support. They said they made their own decisions and staff respected these.
- ☐ People confirmed that they were aware of their care record held within their home. A person told us, "[Staff] are encouraging and will help with the things I struggle with." One relative said, "[Staff] all encourage [family member] to do things themselves in such a lovely way. They all have their own unique style. It's fantastic."

Respecting and promoting people's privacy, dignity and independence

- ☐ People told us that staff maintained their privacy and dignity and promoted their independence. A person said, "At the start [staff] went into the shower room with me. Now they stay outside while I shower in case I need help."
- ☐ Staff securely stored all paper and electronic records in the office.

# Is the service responsive?

## Our findings

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

Good: ☐ 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 care and support from staff which helped them to live life as independently as possible. The occupational therapy team manager told us about a recent project they had introduced. They said, "[We have introduced] a small aids project for example long handled sponge or cream applicator and long handled shoe horn. It is low cost pieces of equipment that could help prevent a care visit or [enable] a more reduced care visit. We have been given funding and this has helped. People can stop their reablement a lot sooner. We are being creative, it is cost effective and simple." They then gave us examples of how this had helped people become more independent a lot quicker.
- ☐ People's care plans were developed with them and contained information about their reablement needs. The average duration of support to enable people to become more independent was approximately three to six weeks. As such, people's care records did not always include a lot of personalised information about the person. Where people stayed with the service longer, we saw more individual and personalised care records in place as guidance for staff.
- ☐ A relative said, "[Staff] have got to know [family member] and how they like things to be done."
- ☐

Improving care quality in response to complaints or concerns

- ☐ Compliments about the service provided had been received.
- ☐ The service had a complaints process in place which had been shared with people.
- ☐ The registered manager investigated and responded to any complaints received. They aimed to resolve the complaint to the satisfaction of the complainant where possible.
- ☐ People were confident to raise a concern should they need to do so.

End of life care and support

- ☐ The service was not currently supporting anyone receiving end of life care.
- ☐ The registered manager and service manager told us that if a person they were supporting required end of life care they would work with external professionals to enable the person to have as comfortable and dignified death as possible.

# 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ Audits were carried out on areas such as medication records and daily notes. Actions were taken where improvements were needed.
- ☐ People using the service and staff felt listened to and told us that the registered manager and staff were approachable. This was because communication was good.
- ☐ A person told us, "They have been in touch to see how things are going."
- ☐ A staff member said, "A lot of the staff after I started said to contact them if I need any help. Staff always give you the time to discuss things."

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

- ☐ Staff said there was a clear expectation, from the registered manager, for them to deliver a high-quality service to the people they supported.
- ☐ A staff member said about the vision and values of the service provided were, "The vision is to re enable people. To get people back to where they were or even better."
- ☐ Staff at all levels understood the importance of their roles and responsibilities. Staff were held to account for their performance when required.
- ☐ The registered manager notified the CQC of incidents that they were legally obliged to. However, not all safeguarding concerns were reported to the Care Quality Commission (CQC) in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- ☐ A representative from the local authority said, "Reablement is crucial part of our 'Prevention and Early Intervention service' in Cambridgeshire and, as such, works very closely with a number of other teams and professionals both within and external to the organisation."
- ☐ The registered manager and staff were continuing to develop links with the local community and key organisations to help deliver the care and support people needed.
- ☐ This included working with a community protection manager from the local council. It had been identified that for some people using the service staff were the only people they met regularly. A such staff had been trained on 'friends against scams' so that this information could be passed on to the people they supported.
- ☐ The registered manager was also trying to set up a training session on carbon monoxide poisoning. Again,

with the aim of this information be passed on to people who use the service.

- ☐ People and their relatives were asked to feedback on the service to drive forward any necessary improvements. The feedback seen was mainly positive. A person told us, "I would quite happily recommend it as I am happy with how everything works." A relative said, "It's absolutely fantastic. We didn't realise how disabled [family member] was until they got involved. We would recommend it as a family as they have been so supportive and helpful."

Continuous learning and improving care

- ☐ Audits, complaints, and learning from incidents were used to improve the quality of the service provided.