

Blackburn with Darwen Borough Council

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Borough Council

Domiciliary Care

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

Blackburn with Darwen Borough Council Domiciliary Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, people with a learning disability or autistic spectrum disorder, mental ill health, people who misuse alcohol or drugs, who have a physical disability or sensory impairment and people living with dementia. The agency provides a reablement service, which is a short term service designed to help people improve their independence while living at home, for example following a period in hospital or a change in their circumstances. Support is available for up to six weeks. At the time of our inspection the service was providing reablement support to 45 people.

At our last inspection, we rated the service Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Records showed that staff had been recruited safely. The staff we spoke with were aware of how to safeguard adults at risk. There were safe processes and practices in place for the management and administration of medicines.

People were supported by a number of different reablement support workers due to the short term nature of the service provided. People told us they were happy with the staff who supported them.

Staff received an effective induction and appropriate training. People supported and their relatives felt that staff had the knowledge and skills to meet people's needs.

People received appropriate support with eating, drinking and their healthcare needs. Referrals were made to community health and social care professionals when appropriate, to meet people's needs and manage their risks.

People told us staff respected their right to privacy and dignity. They told us staff took their time when providing support and encouraged them to be as independent as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

We saw evidence that people received care that reflected their needs, risks and preferences. People told us they had been involved in discussions about their care and we found that where appropriate, their relatives had been consulted.

The service had a registered manager in post. Relatives and staff told us they were happy with how the service was being managed. They found the registered manager, deputy managers and staff approachable and helpful.

The registered manager sought regular feedback from people being supported, relatives and staff about the care support provided. A high level of satisfaction had been expressed about most areas of the service. Where improvements had been suggested, we found evidence that action had been taken to address these.

Audits of many aspects of the service had been completed regularly. We found the audits completed were effective in ensuring that appropriate levels of quality and safety were maintained at the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Blackburn with Darwen Borough Council Domiciliary Care

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

This inspection took place on 13 and 19 March 2018 and was announced. We gave the service 48 hours' notice of the inspection, so that the registered manager could contact people being supported and ask if they would be willing to provide us with feedback about their support. The inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience supporting this inspection had expertise in a number of areas, including the support of older people and people with dementia. The expert by experience contacted people who received support from the service or their relatives by telephone, to gain feedback about the care provided.

Before the inspection we reviewed the information we held about the service, including previous inspection reports and notifications we had received from the service. A notification is information about important events which the service is required to send us by law. We contacted eight community health and social care professionals who were involved with the service for their comments, including social workers and an occupational therapist. We also contacted Healthwatch Blackburn for feedback about the service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with ten people who received support from the service and five relatives. We also spoke with three reablement support workers, the registered manager and we spoke briefly with the four deputy managers. We reviewed the care records of three people who received support from the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records.

Is the service safe?

Our findings

People told us they felt safe when staff supported them. Comments included, "I feel very safe. They help me with washing and getting ready for bed safely, and make sure I get my meals. They're there to help you get back on your feet" and "I feel completely safe and happy with the carers". Relatives told us their family members received safe care. Comments included, "[My relative] is quite safe with the carers; I have full confidence in them and wouldn't leave them if I didn't" and "The carers take their time and encourage [my relative] so they feel safe going downstairs. I feel happy that [my relative] is safe in their hands".

The staff we spoke with understood how to protect adults at risk from abuse. A safeguarding policy was available which included the different types of abuse and staff responsibilities. The contact details for the local authority's safeguarding team were also available. Records showed that all staff had completed training in safeguarding adults at risk. No safeguarding alerts had been raised by others about the service in the previous 12 months. One safeguarding concern had been raised by the service and we found this had been addressed appropriately.

The service had a whistle blowing (reporting poor practice) policy which staff were aware of and told us they would use if, for example, they had concerns about the conduct of another member of staff.

We reviewed two staff recruitment files and found that staff had been recruited safely. Appropriate checks had been made of their suitability to support adults at risk.

Risk assessments were in place for each person supported by the service, including those relating to medicines, mobility, personal care, equipment, slips, trips and falls and the home environment. Risk assessments provided information for staff about the nature and level of each risk and how best to support the person to reduce the risk. Risk assessments were reviewed regularly. One person told us, "They brought me something so that I can get a drink myself safely – you attach it to the Zimmer". Another person commented, "They checked the set-up in the bathroom, rails etc. and the carers help me to get dressed". One relative told us, "Risk assessments are in the book and I know [staff member] did a risk assessment about self-medication, fire risk, food safety. It was quite comprehensive".

Information was available in people's care files about when the equipment they used, such as stair lifts and wheelchairs, had been checked and maintained. This helped to ensure that the equipment people used was safe. Information was also available about the support people would need from staff if they needed to be evacuated from their home in an emergency.

We saw evidence that people's care records and staff files were stored securely in the agency's office and were only accessible to authorised staff.

We looked at staffing arrangements at the service. People told us staff usually attended on time and stayed for the full duration of the visit. One person commented, "They come roughly about the right time and stay as long as they're supposed to". Another person told us, "The carers came out even when it was snowing."

Most of them walked". One relative told us, "You get told by the service if they're going to be late".

Safe and effective processes were in place for the management of medicines. All staff had completed medication awareness training and staff competence to administer medicines safely was assessed regularly. People told us they received appropriate support with their medicines. One relative told us they had previously experienced problems with the times that staff provided support with medicines to their family member but this issue had been resolved.

A record was kept of accidents and incidents that had taken place. We saw evidence that staff had taken appropriate action, such as seeking medical attention. Staff told us they reported any concerns about the people they supported to the deputy managers or the registered manager. None of the people we spoke with had experienced any accidents or incidents.

We looked at how the service protected people from the risks associated with poor infection control. Records showed that all except one member staff had completed infection control training. Training for the remaining staff member had been arranged. The staff we spoke with confirmed they had completed the training and told us they used appropriate infection control equipment, including gloves and aprons, when they supported people. One person told us, "Whatever they do here they put gloves on".

There was a business continuity plan in place. This provided guidance for staff in the event that the service experienced disruption due to a loss of utilities, severe weather or significant staff illness. This helped to ensure that people continued to receive support if the service experienced difficulties.

Is the service effective?

Our findings

People were happy with the support they received and felt staff had the skills to meet their needs. One person told us, "It is the right kind of care and as I get stronger, I'm sure I'll not need them. At the moment I'm very glad of them". Relatives commented, "Overall I'm very happy and definitely confident the service will help [my relative]. They're doing much more than we expected" and "They come when they said they would and do what they said they'd do. I'm happy so far".

Staff told us they received a thorough induction when they joined the service and this was confirmed in the records we reviewed. They told us their training was updated regularly and they could request further training if they felt they needed it. One staff member commented, "The induction was brilliant and the training is the best I've ever had". Records showed that staff received regular supervision and annual appraisals and this was confirmed by the staff we spoke with. We saw evidence that staff received feedback about their performance and were able to raise any concerns.

Records showed that an assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and personal preferences. This helped to ensure that the service was able to meet people's needs.

We reviewed three people's care files. We found they included information about people's needs and how they should be met, as well as their likes and dislikes. Each care file was personalised and contained information about what people were able to do for themselves, what support was needed and how this should be provided by staff.

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 make 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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

Where people lacked the capacity to make decisions about their care, mental capacity assessments had been completed and their relatives had been involved in best interests decisions in line with the MCA. Staff told us they had completed MCA training. They told us they sought people's consent before providing care and provided additional information when necessary to help people make decisions.

We looked at how the service supported people with eating and drinking. Care plans and risk assessments contained information about people's nutrition and hydration needs. They also included information about what people were able to do themselves and the support they needed from staff. The staff we spoke with were aware of people's preferences and special dietary requirements. One person supported by the service told us, "They're very good. They ask me what I want for lunch and do it for me or they will help me to do it

for myself". Most relatives we spoke with were happy with the support their family members received with eating and drinking.

Each person's care file included information about their medical history and their prescribed medicines. Records showed that people had been referred to, and supported by, various healthcare professionals, including GPs, district nurses and community mental health teams. This helped to ensure that people's healthcare needs were met. People supported by the service and their relatives told us that staff sought medical attention when appropriate and liaised with the medical professionals involved in people's care.

We found evidence that staff shared information about people's needs and risks with other professionals, when they moved between services. For example, if people required continued support when they came to the end of the reablement period, the person's social worker was updated and a further assessment of the person's needs was arranged.

The community health and social care professionals we contacted did not have any concerns about the service. One professional told us, "They do an excellent job, providing a very person centred service and I always receive positive comments from service users that they have supported".

Is the service caring?

Our findings

People told us they liked the staff who supported them. Comments included, "They're lovely girls" and "They're very nice, sometimes I have a little laugh with them". One relative told us, "The carers are all very nice. I hear them chatting away".

People told us they were supported by a number of different staff and most were happy with this arrangement. Comments included, "It's mostly regular staff. I've seen a few different carers on their days off but it's mostly the same ones" and "I've had different carers more or less everyday but they've all been lovely and some have been two or three times now". Two people told us they would prefer to receive support from regular staff but they had not raised this with the agency. We discussed this with the registered manager who advised that wherever possible people received support from a small number of staff. However, she told us that this was not always possible due to the short term nature of the support provided.

People told us they were encouraged to be as independent as possible. Comments included, "I can move around better now. The carers have encouraged me to do it", "The carers encourage me to move about, get myself to the toilet etc." and "The carers have helped me to get back some confidence and strength". One relative told us, "[My relative] has improved a lot, the carers have encouraged them. The physiotherapist came but said [my relative] didn't need anymore than the carers were doing because they were making progress. Another relative commented, "Staff said they were trying to get my relative to be independent, so they got them an alarm box as a reminder for taking their medication. It works very well". One staff member told us, "Reablement's all about improving people's independence. We encourage people to do what they can".

Staff told us they respected and promoted people's right to privacy and dignity. They gave examples of how they did this, such as being discreet when they were supporting people with personal care, offering people choices and respecting people's relationships. People being supported commented, "They are kind and respectful. They keep me covered up when I'm having a wash, so I don't feel too exposed" and "When I'm having a shower the carers wait outside the door in case I need them". One relative told us, "The carers call [my relative] by their first name and say 'good morning, how are you today?'. They're very kind and very courteous. Another relative commented, "I think the staff are very respectful and very good with [my relative]".

People told us staff took their time when supporting them. One person commented, "I'm never rushed. There's always plenty of time". One relative told us, "The carers say 'take your time' because [my relative] needs to do that because of their medical condition".

People told us communication from the service was good. One person commented, "[Staff member] has encouraged communication and rings me every four days or so to make sure I'm ok. It's nice that the phone call comes in – someone cares". People told us their care needs had been discussed with them. Comments included, "They do listen to what you say and just talking the care plan through with them gives you confidence" and "They dropped the evening visit because I told them I didn't need it anymore". One relative

told us, "We were all involved with the care plan. We discussed things and I explained them to [my relative].

We saw evidence that people's right to confidentiality was protected. The staff we spoke with understood the importance of keeping people's information confidential.

Information leaflets about local advocacy services were included in the pack of information which was given to people when the service started supporting them. People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

People told us they received care that reflected their individual needs and preferences. One person commented, "The carers know I like a cup of tea when they come. If I'm not hungry they'll make a sandwich and leave it in the fridge. They know what I like in a sandwich, things like that".

People told us they were given choice by staff and involved in decisions about their care. One person commented, "Anything I ask for I can have, if it's possible". Another person told us, "To start with I had four visits, which we cut down. [Deputy manager] came to see if I was ready to cut down to two, or if I wanted to go back up to four. They're very flexible". Staff told us they gave people choices and encouraged them to make decisions when they could. One staff member commented, "We encourage people to make everyday decisions, like what they want to eat. I ask them what their favourite food is or what they fancy to eat".

The care plans we reviewed contained detailed information for staff about what people were able to do, what they required support with and how that support should be provided. Care documentation was reviewed and updated regularly. The staff we spoke with could describe how they supported people in a way which kept them safe but encouraged them to develop skills and become more independent.

The agency did not support people with activities or trips into the community, as this was not part of the reablement service contract. One staff member told us, "It would be good to support people to go out again, to improve their confidence. We used to do it". The registered manager told us that this was being considered for future reablement support.

The registered manager told us that the reablement service was involved with the provider's 'Transforming Lives' initiative. This involved encouraging people to access local support services such as AgeUK, luncheon clubs and religious/spiritual support services, in an attempt to reduce social isolation. We saw evidence of this in one person's care records.

The service used different types of technology to support people and staff, including contact by email and text. We noted that most information, including staff rotas, care documentation and policies and procedures were stored and updated electronically.

We looked at whether the provider was following the Accessible information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

The registered manager was aware of the Standard. She told us that at the time of our inspection, the service was not supporting anyone with this type of communication need. She explained that there was a hearing loop system in the council buildings where the office was based, sign language interpreters could be booked when needed and newsletters were available in braille and talking formats. This helped to ensure that people received information in a format they could understand.

A complaints policy was in place which included timescales for a response and the contact details for the Local Government Ombudsman and the provider's complaints department. Records showed that three complaints had been received in the previous 12 months and had been managed in line with the policy. An apology had been offered on each occasion. People told us they knew how to raise a concern or make a complaint. One person commented, "All the telephone numbers are on the front of the book. I've nothing at all to complain about". Two people we spoke with told us they had raised minor concerns which had been resolved to their satisfaction.

People told us they had never felt unfairly treated or discriminated against by the service. One person commented, "They treat me just equal, like one of them really". One relative told us, "There has been no discrimination. In fact the service has been very supportive of our community values and it's nice to know that this is respected".

Is the service well-led?

Our findings

People told us they were happy with the way the service was being managed. One person commented, "It is well organised. Everything's been satisfactory and I would definitely recommend them". Another person told us, "I certainly do think the service is well run. For me the service has done a good job".

People felt the registered manager, deputy managers and staff were approachable. Comments included, "They're very approachable, very pleasant" and "[Deputy manager] is very nice, they've been up today and discussed our next steps".

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

People told us they were asked to give feedback about their care. One person commented, "They have said, 'If you feel there is anything we need to do better, tell us'. I've been overwhelmed by their support in fact". Another person told us, "One of the ' hierarchy' has been this morning and asked if I was happy with the service and I think one has been before".

Satisfaction surveys were used to gain feedback from people and their relatives at the end of the reablement period. We reviewed a selection of surveys completed in January and February 2018 and found that people had expressed a high level of satisfaction with the care and support provided. Comments included, "Staff were very kind and helpful to me" and "Thank you to the carers for their help and support". People described the service as professional and the staff as caring. Most people who completed the surveys stated that they would recommend the service to others.

The registered manager advised that surveys were also issued to staff each year to gain feedback from them about the service. We looked at the results of the surveys issued in December 2017. A high level of satisfaction had been expressed with many areas of the service, including communication, training, supervision, staff meetings and flexible working. Areas identified as needing improvement included a lack of necessary paperwork and forms, not enough computers for staff to access and communication with social workers about the service. An action plan had been created and we saw evidence that action was being taken to address the feedback received from staff.

The staff we spoke with were clear about their roles and responsibilities. When they started working at the service they received a job description and a staff health and safety handbook.. Records showed that roles and responsibilities were also addressed during their initial induction into the service and regularly during supervision sessions and staff meetings. One staff member told us, "We stay up to date with good practice through regular training and supervision and we get emails about any changes to policies and procedures. We can also access the borough council website for information".

Staff told us they were happy with the management of the service. They felt fairly treated and well supported by the registered manager and the deputy managers. One staff member commented, "It's the best team I've ever worked for. We're very well supported". Another said, "It's a good team, we all work together. I feel listened to and they've been very supportive to me".

The staff we spoke with told us that staff meetings took place regularly and they could make suggestions and raise concerns. We reviewed some recent meeting notes and found that issues discussed included health and safety, policies and procedures, staffing and recruitment, training and development, annual leave, medication, updates about people's risks and needs and staff roles and responsibilities. We saw evidence that action was taken to address staff members' comments and suggestions.

Records showed that the service worked in partnership with a variety of other agencies to ensure that people received the support they needed. These included social workers, community mental health teams, occupational therapists and GPs. This helped to ensure that people had support from appropriate services and their needs were met.

We looked at the checks of quality and safety completed at the service. Numerous checks of documentation were completed by the deputy managers throughout the reablement period. These included initial needs assessments, risk assessments, support plans, consent records and reviews. The registered manager also completed regular focused audits, including those relating to health and safety. Records showed that compliance levels were high and most audits found that no improvements were needed. Action plans were in place where occasional shortfalls had been identified. We noted that an additional health and safety audit had been completed by the provider. This helped to ensure the provider had oversight of the service and monitored the registered manager's performance. We found the audits completed had been effective in ensuring that appropriate levels of quality and safety were maintained at the service.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

The registered manager told us that a number of improvements to the service were planned. These included more comprehensive medicines competence assessments for staff, additional moving and handling competence assessments, improved joint working with a variety of community agencies and integrated staff training with health colleagues.