

Durham County Council

Reablement North

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

Reablement North is designed to help people recover from a period of serious illness or injury which may have resulted in hospital treatment. The service provides a range of rehabilitation, care and support services for up to six weeks. The service operates throughout the north area of County Durham and has two office bases, one in Stanley and one in Seaham. Currently around 50 people were using the service but this number varied on a daily basis.

We carried out this announced inspection on 15 and 16 March 2016. We met with the registered manager and staff on 15 March and we looked at records on the 14 and 15 March. We spoke with people who used the service on 16 March.

We met with the registered manager of the Reablement North service. They had many years of service in management within the local authority. 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.

A team of supervisors and support officers were based in the office locations with team leaders and Reablement workers providing the direct service in people's own homes.

People we spoke with who received personal care felt the staff were knowledgeable, skilled and the care package met their needs. People who used the told us they felt comfortable with the members of staff who were supporting them. One person said; "They were excellent, I had eight different carers and they were all great." Staff told us people received good care and support.

Staff undertook the management of medicines safely. There were procedures in place to support staff and staff we spoke with told us they were trained and felt confident in medicines management.

People told us they felt confident that should concerns be raised these would be dealt with appropriately. People told us they could contact the registered manager or supervisors at the service if they needed to discuss anything. People said they had the opportunity to talk about their opinions of the service during reviews and through meetings.

People were supported to maintain good health and had access to healthcare professionals and services. Where needed people were seen or referrals were made to the GP, district nursing service, occupational therapist, community physiotherapist and dietician.

People told us they were supported to prepare food and drinks of their choice. This helped to ensure that nutritional needs were met. People told us they were encouraged and supported to be independent with meal preparation.

People told us staff respected their privacy and dignity. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

The managers and staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

Records we saw confirmed Durham County Council had effective recruitment and selection policies in place which ensured staff members were of good character and had the required skills to perform their work.

Staff we spoke with told us they felt supported and they spoke highly of the training provided by the service. We saw that meetings with staff both individually and collectively were positive and well recorded.

We saw care plans and risk assessments were developed with the person and staff were able to show us that they were clear and easy to follow.

There was a robust quality assurance process carried out by the service and registered provider as well as close monitoring of accidents and incidents. We saw the service had responded to any learning and improvements it needed to make to its service.

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.

People told us they felt safe. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff knew how to recognise and respond to abuse correctly.

Staff at the service enabled and supported people to take responsible risks.

There was enough qualified, skilled and experienced staff to meet people's needs. Robust recruitment procedures were in place.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good ●

This service was effective.

Staff were trained and supported to deliver the care and support people required. Staff were knowledgeable about the care that people received.

People told us they were supported to prepare food and drinks of their choice which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. Where needed people were seen or referrals were made to the district nursing service, occupational therapist, community physiotherapist and dietician.

Is the service caring?

Good ●

The service was caring.

People told us they were supported by caring and compassionate staff.

People we spoke with said they were happy with the care and support provided and could make decisions about their own care and how they were looked after.

People told us staff respected their privacy and dignity. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care and support needs had been assessed before the service began.

Care records we looked at detailed people's preferences, goals and needs and these had been recorded in their care plan. Staff and people who used the service spoke of person centred care.

The service responded to the changing needs of people and reviewed their care and progress with them regularly. We found effective processes were in place for listening and learning from people's experiences, their concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us the service had an open, inclusive and positive culture.

Accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified.

Feedback was sought from staff and people using the service and used to make improvements.

Reablement North

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Reablement North on 15 and 16 March 2016. This was an announced inspection with 24 hours' notice so we could meet with the registered manager at their office location.

The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed all the information we held about the service such as notifications and complaints and we contacted the local authority commissioners to find out their views of the service. We spoke with one commissioner during the course of our visit. They did not raise any concerns about the service.

The registered provider had completed a registered provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We discussed this with the registered manager during the course of the inspection.

Following the inspection we spoke with five people who used the service. During the inspection we spoke with the registered manager, two supervisors, a team leader and three Reablement staff.

We looked at six people's care records, six recruitment records for staff providing personal care, the training matrixes and training records, as well as records relating to the management of the service.

Is the service safe?

Our findings

We spoke with five people who used the Reablement North service. The people who used the personal care services told us that they felt staff delivered safe care. One person said; "I always felt safe. I didn't want anyone in my home but the hospital said I needed help when I got home and I'm glad I did as everyone of the staff were brilliant."

All staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence the registered manager, supervisors and team leaders would respond appropriately to any concerns. The team leaders and registered manager told us that abuse and safeguarding was discussed with staff during supervision and staff meetings and records confirmed this to be the case.

Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all the staff had completed safeguarding training within the last three years. The service had a safeguarding policy that had been recently reviewed following the implementation of the Care Act in 2014. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One staff member said; "I'd ring the supervisor if I had any concerns or call the team leader if it was on a weekend." One person told us; "If anyone had been horrible I would have reported them straight away, I'm like that and have no hesitation speaking the truth."

The registered manager told us staff supported people to take responsible risks. The aim of the service was to enable and support people to regain their confidence, ability and the necessary skills to remain at home. The Reablement North team worked with people to regain these skills. Care records we looked at during the inspection clearly highlighted any risks. Personal risk assessments covered areas such as moving and handling and support to provide personal care. The personal risk assessments provided staff with the guidance they needed to help people to remain safe.

We were shown records which informed that prior to the commencement of the service environmental risk assessments were undertaken of the person's home. We saw information to show individual safety checks had been carried out in each home setting for staff to be able to work safely. Staff we spoke with told us they felt safe and competent to support people at home and in the community. Safety checks looked at medicine storage, electricity points, where the stop cock was, equipment to be used, fire risk and slip/trip hazards. A team leader explained the process they went through to record any risks for staff. They said; "From the minute I get out of the car I am looking for hazards such as lighting, steps, clutter etc." This meant that the registered provider took steps to ensure the safety of people and staff.

The six staff files we looked at showed us the registered provider operated an effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw that interview questions were specific to the role the person

was applying for.

Through discussions with people and staff members and the review of records, we found there were enough staff with the right experience and training to meet the needs of the people who used the personal care service. The supervisors in the Reablement service told us they provided a flexible service in which to ensure that they met the needs of people who they accepted to use the service. We were told and saw records which confirmed that people's needs were assessed on an individual basis. The supervisor told us that people and staff were provided with a weekly rota, which informed what time staff would be providing support and the names of staff. Staff told us any new referrals were confirmed to them by telephone or any changes to their rota.

People we spoke with following the inspection said that the staff turned up on time and stayed for as long as they were expecting them to. Where staff had been delayed on a previous call they had been contacted to let them know that staff would be delayed.

We found that all staff had completed recognised safe handling of medication qualifications. From the review of records and discussions with staff, we confirmed staff had undertaken refresher training and competency checks regarding medicines. One staff member told us; "You have to be 100% and we would call the GP or 101 service if we had any concerns about someone's medication."

We saw there was a comprehensive policy and procedure in place for the management of medicines. We saw the team leaders and supervisors carried out regular observations on medicines practice of all staff.

The staff we spoke with told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. Staff we spoke with told us they had undertaken training in first aid. We saw records to confirm this training was up to date. This meant that staff had the knowledge and skills to deal with foreseeable emergencies. Reablement staff told us they were equipped with alarms and had training in lone working procedures.

People told us that staff, wore protective equipment such as gloves when they visited and staff we spoke with were knowledgeable about wearing personal protective equipment and infection control procedures. The registered manager told us they provided staff with equipment to collect at any time so they could maintain standards of good infection control practice.

There was a robust system in place for the monitoring and analysis of any incidents and accidents within the service. The registered manager told us their online reporting system meant that they received email alerts informing them they needed to review an incident or accident within 24 hours and the provider's health and safety department also monitored and provided quarterly detailed analysis on trends in incident or accident patterns. This meant that measures were in place to learn from events.

Is the service effective?

Our findings

The registered manager sent us contact information for the people who received personal care. We spoke with five people all of whom told us they had confidence in the staff's abilities to provide good care. One person stated; "The staff did whatever I needed them to, if I had an off day they were encouraging and would step in."

From our discussions with staff and review of staff files we found people had obtained appropriate qualifications and experience to meet the requirements of their role. All of the staff we spoke with provided personal care and told us they had received a range of training that was relevant to this and their training was up to date. One staff told us; "The first time you go to someone can be daunting but it is the same for the person too, they are nervous. We all know what to do though and that just kicks in." Several staff members told us they had recently had training in first aid and moving and handling. One staff who had worked at the service for many years said; "All of the training is good, the dementia course was really good." We found staff had completed mandatory training such as first aid, safe handling of medicines, moving and handling training as well as role specific training such as working with people who were at the end of their life and dementia care. Each month there was a particular training topic that was discussed through patch meetings across the service. Currently this was nutrition but other topics for forthcoming months included financial transactions and slips, trips and falls. One staff told us; "We have regular patch meetings and we get minutes and a briefing sheet if we can't make them."

We saw induction processes were in place to support newly recruited staff. Staff completed this prior to commencing work. This included completing all of the mandatory training, reviewing the service's policies and procedures and shadowing more experienced staff. The service had a very low turnover of staff and many staff had worked at the service since it began.

Staff we spoke with told us they received regular supervision sessions and records we saw confirmed this. This included the supervisors, support officers, team leaders and the registered manager. One staff member said; "Supervision is worthwhile and the feedback is really nice." Supervision is a process, usually a meeting, by which an organisation provides guidance and support to 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 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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005. People they supported had varying capacity to make decisions and where they did not; action had been taken by the service to

ensure relevant parties were involved in making best interest decisions. There were currently no applications to the Court of Protection.

The Reablement North service did not cater for people with advanced dementia as they would not benefit from the service. The registered manager told us that where necessary other professionals involved in people's care would undertake assessments in relation to mental capacity. Staff we spoke with understood their obligations with respect to people's choices. Staff told us that people and their families were involved in discussions about their care. We saw consent was sought and specifically recorded in each care plan, covering decisions such as key holding. The service had also ensured that people's care plan and risk assessment were agreed and signed with them. One person told us; "We reviewed the goals together each week."

The service provided support to people at meal times. People were encouraged to be independent in meal preparation.

The service was not responsible for monitoring whether people's weights were within normal ranges but would raise concerns with visiting healthcare professionals such as district nurses or with the person's G.P when needed.

All staff we spoke with during the inspection told us they worked very closely with other healthcare professionals to support the person to maximise their independence. We were told and saw records to confirm that the service worked closely with GP's, the district nursing service and social workers. There was an occupational therapist who worked with the team across the Derwentside and Easington areas. We saw that when needed, appropriate referrals had been made to the community physiotherapist, dieticians and occupational therapists. Staff spoke with knowledge and understanding about rehabilitation and people's individual needs. We found that changes to rehabilitation and needs were well managed. People were provided with the equipment they needed prior to the commencement of the service for example raised toilet seats and hoists. Staff always followed written instructions in relation to physiotherapy exercises. One staff told us; "If we are ever in doubt, we get back to the office and ask the professional to demonstrate." This meant that people were supported to maintain good health and had access to healthcare services to aid their recovery and independence.

Is the service caring?

Our findings

People we spoke with said they felt staff were very caring and considerate. People told us; "All the staff I had were excellent, totally superb and I couldn't fault any one of them," and "They were always kind and I felt very safe with them."

The registered manager told us there was a person centred approach to the support and care that people received and this was very evident in the way the staff spoke about people who used the service. We found from our discussions with staff that people and their families were given the utmost priority. Staff spoke with kindness and compassion and were highly committed and positive about the people they supported. One person told us; "They quickly learnt my routines and how I wanted things done like where I liked my chair."

The registered manager told us staff induction and training, along with policies and procedures supported values and beliefs in the dignity and welfare of people. We saw the key policies and procedures contained information on the service's values and beliefs such as; privacy; dignity and respect; equality; independence; rights; and confidentiality. It was clear from our discussions with staff that these values underpinned the work they carried out with people. One person told us; "They always asked me if I needed help with dressing and they gave me confidence with showering again".

We were told by people receiving reablement support about how the team leader had visited to check that they were receiving exactly the type of support they needed and to review their progress with them every week. We found a range of support could be offered, which could mean staff visited once a day or popped in several times a day to assist with personal care tasks, mobility practice or meal time support.

People told us they were encouraged to do things for themselves to maintain as much independence as possible e.g. dressing themselves and making a cup of tea. One person told us; "Because I had the service, I could then get rid of them when I got better."

We reviewed six sets of care records and saw people had signed to say they agreed with the care packages. The people we spoke with were readily able to discuss what type of support they received and how they had gone through with staff exactly what their needs were and how these were best supported.

People told us they felt involved in making decisions relating to their rehabilitation. For example, prior to using the service, people were visited at home by the team leader for an initial assessment. During this assessment people were asked what time they would like visits to take place and if they preferred a male or female staff. One person told us; "The way the first staff talked to me was so helpful. Emotionally I was all over the place and she was very helpful as I was in a state." We were told and saw records to confirm that each person's rehabilitation package was reviewed on a weekly basis. This review was to monitor progress, review rehabilitation that had taken place and to determine if any changes needed to be made.

The people we spoke with told us staff always treated them with dignity and respect. People found staff were attentive, showed compassion, were patient and had developed good working relationships with

them. One staff member said; "I always make sure I keep someone covered with a towel if I am helping them wash and I make sure curtains are drawn and doors are closed."

We saw compliment cards and feedback from people and relatives who were highly praising of the staff team and service provided.

Is the service responsive?

Our findings

People were referred to the Reablement North team after they had been assessed by a social worker often directly from hospital. The supervisors told us that referrals were acknowledged and responded to and the service could be provided within hours. Care records we looked at during the inspection confirmed this to be the case. The rapid response element of the service provided support to people who required immediate support to enable them to leave hospital and return home with reablement and other support. The service provided flexible care and support to people between the hours of 7am and 10pm. The service had also additionally put a staff member in from 11am until 7pm at the Stanley service due to the volume of hospital discharges during these times, which showed the service was responsive. A team leader visited the person at home and agreed the goals the person wanted to work towards achieving. Each week the person's rehabilitation was reviewed to monitor their progress, review goals and plan discharge. At the end of six weeks or before the person was discharged people were reassessed to determine any future care needs.

We met with a service commissioner during the course of our visit. They told us; "The service is highly responsive, if there are any concerns they will ask me and we will discuss. The service is also responsive to risk and is not risk averse, they have taken on some packages of care that others may have refused but with the right support they have achieved great outcomes."

Staff told us how the service responded to the changing needs of people. At each visit care staff documented what progress the person had made and achievements. This also included what the person had been able to do for themselves and the assistance required from staff. At weekly meetings each individual person was discussed. We saw from records for one person that the team leader, the person and their relative were present at this meeting to discuss their on-going needs and future homecare support that would take over. We read that the person had a financial assessment letter arrive during the meeting, that caused the person anxiety and the team leader supported the person and their relative to arrange an appointment to discuss this with the relevant advisor. This showed that the service responded to the changing needs of people.

The format of the plans was consistent and had sections titled; "Support objectives or goals" and "Personalised risk assessment". All care records were held at the office in files, on the computer and in the person's own home, we saw these were held securely and were structured and well maintained. We saw care records were regularly reviewed and amended where necessary to reflect the current and changing needs of the person. One person told us; "My goal was to make my own breakfast, and I did that when I got better." Progress notes were very detailed and contained exactly what staff had carried out and any comments from the person. We saw that people had signed all relevant sections of their plans. This showed the service involved people in the planning of their care and support.

The people who used the service we spoke with told us they were given a copy of the complaints procedure when they first started to receive the service. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the

management team. We saw in one person's progress notes that they had raised with the reablement worker that their call was too late in the day. We saw the reablement worker had recorded they had contacted their named supervisor and they had stated they would review the call time and ring the person back. This showed issues were dealt with. There had not been any formal complaints made at the service in the last 12 months.

Is the service well-led?

Our findings

The service had a registered manager. We spoke with supervisors and a team leader who told us there were clear lines of management and accountability and all staff who work for the service were very clear on their role and responsibilities. We met with a service commissioner during the course of our visit. They told us "Reablement North is well-led."

Staff told us that the registered manager and other senior staff had an open door policy so that staff had access to support at all times. From discussion with staff we found that the registered manager was a good role models for staff and this resulted in good morale and strong teamwork, with a clear focus on working together. The vision and values of the service were clearly communicated to staff. One staff member told us; "I bumped into someone we used to support in Asda and they used to be so poorly. They looked amazing and I thought to myself, I have done my job." One team leader told us; "We came up with a communication book to ensure that messages are captured and signed off by team leaders, and we can refresh ourselves if we have been off, [name] the registered manager encourages us to come up with ideas."

We met with a service commissioner during the course of our visit. They told us; "Reablement has meant people get better support and have needed less services, I get excellent feedback and have full confidence in this service."

The registered manager was supported by the operations manager and the wider organisation's departments, such as finance and human resources (HR).

We found there was a culture of openness and support for all individuals involved throughout the service. Staff told us they were confident of the whistleblowing procedures and would have no hesitation in following these should they have any concerns about the quality of the provision. We saw staff encompassed the values of the service when speaking about their work and these were clearly embedded in practice.

We asked the Reablement staff about the arrangements for obtaining feedback from people who used the service. They told us every person who used the service was asked to complete an exit interview at the point of discharge from the service to gather feedback on the care and service provided. Exit interviews asked people about any concerns, staff punctuality and how the service could be improved. We looked at the results of exit interviews and saw that people had been very happy with the care and service received with 95.8% of people being satisfied with the service. This information had been benchmarked against other comparative services within the country so the service was looking at where and how it could improve in terms of ensuring people were supported to meet their goals and people feeling able to do more for themselves after their reablement service ended amongst other areas.

We saw records to confirm that staff meetings took place regularly across both services in geographic "patches". We saw that open discussion had taken place about the organisation, working patterns, safeguarding, training, supervision, documentation, medication, and compliments. The service had a

programme for "patch" meetings in each area and scheme and we saw how the minutes were shared with everyone including people who could not attend. Supervisors also told us how they met regularly with the registered manager and they had good peer support to share issues and problem solve together and share practice and issues between each of their areas across the Reablement North patches. The staff we spoke with were proud to work for the service. One staff member said, "There are never two days the same, meeting all these wonderful older people. We have a good set of staff, it's a pleasure to work here and the feedback from people is great."

Staff told us the service listened to the feedback from people and staff and we saw this through exit interviews and via staff meeting minutes. One person told us; "I have just filled out a form about my views of the service." We asked two staff members if the service could improve in anyway. they said; "There isn't anything I can think of and they do address anything we bring up anyway."

The service had a clear management structure in place, which was led by the registered managers and supervisors; one in each area or scheme. The team leaders had very detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care that was responsive to their needs. Staff told us the managers [the registered manager and supervisors] were open, accessible and approachable. One staff member said; "They were brilliant with me when I had a family issue."

We found that the management team had a good understanding of the principles of good quality assurance. The management team had identified areas for improvement from their quality assurance audit programme. For example they had feedback from people using the service about the amount of paperwork in their homes. In response to this the service held a workshop and were working towards streamlining this so care files were not unwieldy and were pertinent to the person and staff. This showed the service was striving to improve the quality of the service it delivered.

Throughout the year the service had notified the Care Quality Commission of any events it was legally required to inform us of.