

# Manchester City Council - Adult Directorate

# South Reablement Service

## Inspection report

Etrop Court, 2nd Floor Rowlandsway  
Rowlandsway, Wythenshawe  
Manchester  
Lancashire  
M22 5RG

Tel: 01612457414

Website: [www.manchester.gov.uk](http://www.manchester.gov.uk)

Date of inspection visit:

09 April 2019

10 April 2019

Date of publication:

22 May 2019

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service:

South Reablement Service is a reablement service that provides people with time limited care and support in their own homes. The service also provides support to people living within a small number of dedicated flats located in an extra care housing scheme. Most people using the service were older adults who had recently been discharged from hospital. At the time of our inspection the service was providing support to 59 people.

### People's experience of using this service:

- People told us care staff were usually on time and would let them know if they were running late. There had not been any incidences of missed calls, and the registered manager investigated any 'near misses'.
- People were very satisfied with the service they received, and told us staff were kind, caring and respectful.
- Staff were aware of the values and aims of the service, which focussed on supporting people's recovery and re-building their independence. Staff put people in contact with other services that may be able to provide longer-term support where this was needed.
- People were involved in planning their care and agreeing goals. Staff monitored people's progress toward achieving their goals.
- The service was not following best-practice guidance in relation to the management of medicines. There was not a clear record of the medicines staff had prompted people to take. The current medicines policy was also restrictive and meant staff were limited in the support they could provide to people. A new medicines policy was being developed, but this had not been done in a timely way. We have made a recommendation in relation to medicines management.
- Staff received a range of training relevant to their job roles. They felt they received good support from the management team.
- The service worked effectively with other health and social care professionals to provide people with good quality, co-ordinated care.
- The registered manger had not submitted required information about a safeguarding incident to the CQC in a timely way.

### Rating at last inspection:

We last inspected South Reablement Service in September 2016 when we rated the service good overall (report published November 2016).

### Why we inspected:

This was a routine comprehensive inspection. The inspection was scheduled based on the timescales in which we re-inspect services rated good. This is currently 30 months.

### Follow up:

We will continue to monitor the service.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

# South Reablement Service

## 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:

The inspection team consisted of one 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.

#### Service and service type:

This service is a domiciliary care agency providing a reablement service. It provides personal care to people living in their own houses and flats. The service also provides support to people living temporarily in two apartments based in an extra care scheme. People using the service usually receive a time-limited package of care of around six weeks duration. The service predominantly provides support to older adults who have recently been discharged from hospital.

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 4 days' notice of the inspection site visit. This was to enable the registered manager to contact people to ask if they would be happy for the expert by experience to contact them by phone. It also allowed us to check someone would be available at the office to facilitate the inspection.

Inspection site visit activity started on 09 April 2019 and ended on 10 April 2019. We visited the office location on 09 April 2019 to see the manager and office staff; and to review care records and policies and procedures. On 10 April, we made phone calls to staff working for the service and provided feedback from the inspection to the registered manager.

What we did:

Prior to the inspection we reviewed information we held about the service. This included the previous inspection report. We had not received any feedback about the service or statutory notifications from the service since our last inspection. Statutory notifications are information that services are required to send to CQC about significant events such as deaths and serious injuries.

On this occasion we did not request the provider to complete a provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements

During the inspection we visited the office to review records relating to people's care and how the service was run. This included four care plans, daily records of care, training and supervision records, minutes from meetings, accident/incident records and quality assurance records.

We spoke with six people using the service and eight people's relatives by phone. During the site visit to the service's office we spoke with the registered manager and one team leader. In addition, we spoke with four care staff by phone.

We contacted professionals with recent experience working with the service for feedback. Two professionals provided feedback, which was positive. The local authority quality monitoring team told us they did not maintain oversight of local authority provided services.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The service had not notified CQC of any safeguarding incidents within the past three years. The registered manager told us there had been one safeguarding incident in 2019, which they had not yet notified to the CQC.
- We found other appropriate actions had been taken in relation to this safeguarding concern, including reporting the incident to the local safeguarding authority.
- Staff were able to explain how they would identify potential signs of abuse or neglect, and how they would report their concerns according to the services' procedures.
- People told us they felt safe with the staff that provided them with support.

Assessing risk, safety monitoring and management

- Assessors identified potential risks relating to people's care and support. This included potential hazards in their home environment and falls risks.
- Where risks had been identified, plans were identified to guide staff how to minimise such risks and keep people safe.
- The service worked with other health and social care services to help meet people's needs and keep them safe. For example, we saw staff had made referrals to physiotherapists and other professionals when people needed specialist equipment or detailed moving and handling assessments.
- Staff told us they were made aware of any risks to people's health, safety and wellbeing. They said the information in people's files kept at their homes contained enough information for them to understand how to help keep people safe.
- The registered manager told us they encouraged staff to carry out 'dynamic risk assessments' to help promote positive risk taking, whilst minimising the risk of people being harmed. Staff demonstrated an understanding of the service's aim of supporting people to re-gain their independence, which included supporting people to take managed risks.
- Staff reported any accidents, incidents or near misses to a manager at the office. We saw these were logged on a spreadsheet. This included summary details of any investigation findings, and actions taken to help prevent a similar accident happening in the future.

Staffing and recruitment

- People told us they had not had any missed calls. The service used electronic call monitoring to help them identify if care staff were late and send an alternative member of staff if needed.
- The registered manager had investigated any near miss incidents that could have resulted in a missed call and identified ways to help prevent a similar situation in the future.
- People told us staff were usually on time for their calls or rang to let them know if they were running a little

late. Comments included, "They [staff] always turn up and are usually on time", "They are never very late, and when they are it is not by much" and "They [staff] are not always on time, but within five or ten minutes... They call to apologise and explain, but we say there is no need. They all do a professional job."

- The registered manager told us they had recently been recruiting additional support workers to increase the capacity of the service. Staff told us this had had a positive impact on them being less rushed and being able to be more flexible about spending time with people. Staff said they were allocated enough travel time to get to their calls on time in most instances.
- Procedures were in place to help ensure staff recruited were of good character and had the required skills to undertake their roles. This included carrying out an interview and required checks such as obtaining proof of identity and a disclosure and barring service (DBS) check. A DBS check can provide information on previous convictions or if the applicant is barred from working with vulnerable people.
- The provider obtained full employment histories via staff member's application forms or submitted CVs. However, CVs were not retained, which meant there was not a record of one staff member's full employment history. The registered manager sent us evidence that they had requested this information after our inspection.

### Using medicines safely

- People's support needs in relation to medicines were recorded in their care plans.
- In line with the aims and ethos of the service to provide reablement support, the registered manager told us the starting position was that people using the service were able to manage their medicines independently. Where this was not possible, staff would first consider ways of supporting people to retain the ability to manage their medicines independently, for example by looking at aids if someone's dexterity impacted on their ability to dispense their tablets or monitoring from a distance if someone had memory impairments.
- The registered manager told us they recognised the service's current medicines policy was 'not fit for purpose' and restricted how staff helped manage and meet people's needs in relation to support with medicines. This included a policy that staff could only 'prompt' and not 'administer' people's medicines, and that medicines could only be prompted from blister packs, and not if they were separately packaged.
- Records showed that staff recognised if there had been any issues in relation to people taking their medicines as prescribed. Where this had been the case, the cause of any potential error had been considered, and advice had been sought from relevant health professionals.
- There were some shortfalls in relation to the accurate recording of support provided in relation to medicines. We have commented further on this in the well-led section of this report.

### Preventing and controlling infection

- People told us staff left their homes clean and tidy.
- The registered manager kept a log of any infection control related issues, or potential risks. This detailed any actions taken to help ensure people were not placed at risk through the potential spread of infection.
- There was training available to staff in infection prevention and control and food hygiene. However, not all staff had completed this training. The registered manager told us they were waiting for new food hygiene training to be arranged.

### Learning lessons when things go wrong

- Records of accidents and incidents showed the registered manager had considered ways to prevent a similar accident occurring again in the future.
- The registered manager had an overview of accidents, incidents and near misses. We saw these were discussed in meetings between managers of the reablement service to help consider any patterns or trends.



# 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

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

- The service worked closely with the primary assessment team (PAT) who were located in the same office. The PAT team carried out people's initial assessments and developed an initial care plan.
- Assessments detailed people's care and support needs, and how these should be met by the reablement service.
- Staff told us that if they found information was incomplete or needed updating in people's care plans and risk assessments, they could go back to the assessor to request the plan was changed or updated. An assessor from the PAT team confirmed team leaders were proactive in feeding back to them if any changes were needed.
- The service had developed written prompts for staff summarising the service's approach to supporting people in key areas including safety and security, health, hygiene and personal care, shelter and warmth, emotional wellbeing, and memory/dementia. These guiding principles were based on good practice for providing a reablement service and contained practical suggestions and contact details for further resources that would help staff meet people's needs and desired outcomes.

Staff support: induction, training, skills and experience

- Staff told us they received enough training to enable them to perform their roles effectively. They said they could request additional training if they felt they needed this.
- Staff received what the service considered to be mandatory training in key topics such as safeguarding, moving and handling and the mental capacity act. E-learning was available to staff on a wide range of additional topics, including training in relation to specific health problems.
- The registered manager had a training plan that considered what training staff required to be able to effectively meet the needs of people using the service.
- We spoke with one member of staff who had recently completed their induction to the service. They told us, "Induction was very good. Everything was really professional. It's only when you're ready that they sign you off. I did e-learning, moving and handling training and shadowed [more experienced staff] for two or three days."
- Staff received regular supervisions, which were called 'about you'. We saw staff were set goals in supervisions, and the team leaders checked whether they had any training needs.
- Team leaders carried out spot-checks on staff practice and competence. We saw recently recruited staff had their competence checked, although we found one staff member had not had as many spot-checks as the registered manager would expect. The registered manager explained this had been due to other recent pressures and demands on team leaders time, so they prioritised such checks based on individual staff support needs.

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

- People told us staff always checked they had a drink. When required, people told us staff supported them to prepare meals.
- The support people needed in relation to eating, drinking and preparation of meals was outlined in their support plans.

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

- The service worked closely with other health and social care services to meet people's needs and support their reablement.
- Staff had access to contact details for a range of services, and we saw staff had worked with other professionals such as physiotherapists, GPs, district nurses and occupational therapists to ensure people's needs were met.
- The service provided to people was usually limited to a six-week period. However, the registered manager told us, and we saw examples where the service had worked flexibly in relation to this set period to best meet people's needs.
- Staff monitored people's progress and recovery, which they detailed in weekly reports. These were analysed by the team leaders and helped the service understand if people may require any ongoing support and assistance at the end of the reablement service's involvement.
- Staff told us they would provide a verbal handover to staff from other care providers if people were to receive ongoing care and support.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Staff understood how the MCA applied to their day to day work with people. People we spoke with told us staff always asked for their consent before providing any care and support. One person said, "I like my daily carers. They never do anything without asking and explaining first."
- People had signed to consent to their agreed support plans. When people were not able to provide such consent, staff understood they should act in people's best interests. The registered manager told us they would consult with others involved in people's care such as advocates and social workers as needed.

# 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

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

Respecting and promoting people's privacy, dignity and independence

- Staff were clear about the service's role in supporting and encouraging people to regain their independence following illness or injury. Comments included; "We give people the initiative and encourage them to see what they can do", "The aim of the service is to promote independence and get people back to their normal routine before they were poorly. It's about supporting people, getting their confidence and self-esteem up, signposting to other services" and "We set people goals and fill out progress reports each week. We might set a goal with someone even if it's something quite simple like making a cup of tea."
- One person using the service told us, "Staff have discussed how I can become more independent when their service finishes. They have given me helpful ideas for my recovery."
- People told us staff always respected their privacy and treated them in a dignified manner. One person said, "My dignity and privacy are always respected. The help they provide is a bonus which I really appreciate. They know exactly how to look after me and what I need. I am happy to recommend my carers to anyone."

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

- Everyone we spoke with was positive about the kind and caring support they received from staff.
- Staff told us there were usually small, consistent staff teams supporting each person, which helped them get to know people. One person using the service commented, "I am familiar with my regular carers and have the same group of carers who help and listen to me. I would not wish to change. They are fantastic and respectful."
- Other comments included, "Excellent. They are always on time and very pleasant. I am more than happy with their help", "All my carers are pleasant when visiting me and they are hard-working, nice and professional. They provide an excellent service" and "Very professional carers, who showed great empathy for my situation which I appreciate. I have made new friends. They have explained and helped with everything."
- The service monitored the demographics (characteristics) of people using the service. They told us these were reflective of characteristics of the population of the areas the service provided support.
- The registered manager told us the service would meet any requests people had in relation to the gender of the care staff providing their support. They would also try and match care staff with people who shared the same first language when possible.

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

- People, and where appropriate, their families, told us staff involved them in discussions about their current

care and support and plans for the future when support from the reablement service ended. One relative told us, "We always discuss Mum's care needs and plan on each visit, and they [staff] are always willing to change things where needed to help Mum's comfort."

- Staff were aware of and provided people with information about other services in the area that could help support them to regain independence and continue to live independently. One person said, "I am happy recommending the carers and they have given me information on other agencies where I can get more help for my health and recovery." Another person told us, "All the staff are likeable and well-trained. I appreciate their suggestions of physiotherapy and ongoing social care to help me back on my feet."

# Is the service responsive?

## Our findings

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

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 were involved in developing their care plans and agreeing goals. Staff reviewed people's progress towards achieving their goals and the level of support they needed in weekly progress reports.
- People received a copy of their assessments. They were made aware this could be provided in a range of formats including braille, audio tape, printed, or by email. This ensured people were provided with information about their care in a format they could understand.
- The service considered people's preferences in relation to the way they received their support. For example, we saw one person had requested only to be provided with support by a single member of staff and did not want staff who were shadowing to attend their calls. This information was noted on the provider's scheduling system so that only one staff member would be allocated. Another person had requested a change to their call times to meet their preferences, which the provider had been able to accommodate.
- Staff had access to details about other organisations and resources that could support people to take part in education and occupation opportunities.

Improving care quality in response to complaints or concerns

- Everyone we spoke with told us they had not had any reason to complain, and felt staff listened to any feedback they gave.
- People were given information on how to raise a complaint when they started using the service.
- The registered manager kept a log of any complaints received and the action taken. We saw one informal complaint had been raised within the past year. The registered manager told us formal complaints would be recorded on the log but would be dealt with by Manchester City Council's central complaints team.

End of life care and support

- The service was not providing end of life care to anyone at the time of our inspection, and the registered manager told us the service was rarely required to provide such support.
- The registered manager told us they would offer support to anyone using the service who lost a partner and would consider such factors in relation to how long they continued to provide a service to people.
- The registered manager told us any advanced decisions about people's end of life care would be kept in the information files kept at people's home, and also noted on the electronic care management system.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered manager had not notified the CQC of a safeguarding incident in a timely way. The registered manager told us they had been waiting for the outcome of investigations to notify us of the incident. We reminded them of their responsibility to inform us of such incidents without delay, and they sent the relevant notification shortly after the inspection.
- The service was not following best practice guidance in relation to the management of medicines. The service's policy also restricted the level of support staff could provide to people in relation to support with their medicines.
- We saw there was a new medicines policy under development, which the registered manager told us would be rolled out with relevant training by July 2019. However, there were some aspects of this policy that still did not reflect current best practice guidance.

We recommend the provider reviews current best-practice guidance in relation to the management of medicines and incorporates this into their medicines management policies.

- The provider had not always retained a record of staff member's full employment histories as required. We have discussed this issue in more detail in the safe section of this report.
- There was a registered manager in post as required as a condition on the provider's registration with CQC. There had been no change in registered manager since our last inspection in September 2016.

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

- Staff felt they received good support from the management team. They told us they would feel confident to ask for any advice or support they might need.
- Staff were clear about the purpose and values of the service.

Continuous learning and improving care

- The registered manager monitored outcomes for people using the service. This included checking whether people met their goals for increased independence, and whether they needed any ongoing social care support following the end of their service.
- The service used electronic call monitoring to help prevent the possibility of missed calls. The system also

allowed the manager to check how timely calls were, although at the time of the inspection, the system did not provide an overview of trends in how timely calls were.

- There were few incidents that occurred in the service. However, we saw the registered managers of all the provider's services discussed any incidents to facilitate effective learning across their services.

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

- Everyone who used the service was contacted by phone to be asked for feedback at the end of their package of support. We saw feedback was recorded, and staff followed up any issues or concerns that people raised.
- Staff were given the opportunity to attend meetings, which were used to keep them up to date about any recent developments. Staff felt the management team listened to them.
- We received positive feedback from two professionals with recent experience working with the service. They told us that staff worked efficiently, responsively and in partnership to provide people with quality, person-centred support.
- The registered manager was supported by a group of team leaders. Three team leaders worked directly with hospital discharge teams. This helped ensure effective communication and co-ordination of people's care.