

Wakefield MDC

Hazel Garth Reablement Hub

Inspection report

Hazel Garth
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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

This inspection took place on 25 and 26 April 2018 and was announced. The provider was given short notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager would be available. This was the first inspection of the service since registration with the Care Quality Commission in April 2017.

Hazel Garth Reablement Hub is a domiciliary care agency registered to provide personal care. The service provides short term care and support to people following an illness or hospital stay with the aim of enabling people so they can continue living independently in their own homes. It provides a service to people over the age of 18 years. At the time of our inspection 12 people were receiving reablement support.

The service had a registered manager. 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 and relatives we spoke with were unanimous in their praise of the service provided and the staff. People told us staff were patient and kind and enabled them to do things at their own pace. Medicines management was safe which helped ensure people received their medicines as prescribed.

Our discussions with staff showed they knew people well. Staff were recruited safely and told us their induction was thorough and prepared them for their roles. We saw staff received the training and support they required to meet people's needs. Staff had a good understanding of safeguarding and whistleblowing.

People's needs were assessed before the service commenced. People received person-centred care and were involved in setting their own reablement goals and making decisions about their care and support. Risk assessments showed any identified risks had been assessed and mitigated. People's nutritional and healthcare needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People we spoke with raised no concerns but knew the processes to follow if they had any complaints and were confident these would be dealt with.

People and staff praised the way the service was run. They told us communication was very good. We saw systems were in place to monitor the quality of service delivery. The registered manager promoted a positive and inclusive ethos which focused on looking at ways in which the service could be improved for people. People, relatives and staff all said they would recommend the service to other people.

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.

Medicines were managed safely. Staffing levels were sufficient to meet people's needs. Staff recruitment processes were robust.

Safeguarding systems helped protect people from abuse. Risks to people's health, safety and welfare were properly assessed and mitigated. Safe infection control systems were in place.

Is the service effective?

Good ●

The service was effective.

Staff had received the training and support they required for their job role and to meet people's needs.

People's rights were protected because the registered manager and staff understood their responsibilities under the Mental Capacity Act 2005.

People received support to ensure their healthcare and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring.

People were treated with respect and their privacy and dignity was maintained by staff.

Is the service responsive?

Good ●

The service was responsive.

People received person centred care and were involved in planning and making decisions about their care

A complaints procedure was in place and people knew how to make a complaint and were confident it would be dealt with

appropriately.

Is the service well-led?

Good ●

The service was well-led.

Systems were in place to assess, monitor and improve the quality of the service.

The registered manager provided strong and effective leadership and promoted an open and inclusive culture.

Hazel Garth Reablement Hub

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 was planned to check whether the 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.

This inspection took place on 25 and 26 April 2018 and was announced. The provider was given notice because we needed to be sure that the registered manager was available. The inspection was carried out by one inspector. The inspector visited the agency office on 25 April 2018 and made telephone calls to people who use the service and relatives on 26 April 2018.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service. We also contacted the local authority contracts and safeguarding teams.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

During our visit to the agency office we spoke with four reablement staff, the co-ordinator and the registered manager. We looked at three people's care records, one staff recruitment file, training records and other records relating to the day to day running of the service.

We spoke on the telephone with four people who used the service and one relative.

Is the service safe?

Our findings

There were enough staff to support people safely and meet their needs. People told us they felt safe with the staff who visited them. They said staff arrived on time and had enough time to give them the support they needed without rushing. One person said, "I can't fault them. They're always here on time, in fact sometimes they're early. They don't rush me, it's very good."

The service operated seven days a week from 6.30am until 11pm. Staff logged in by telephone when they arrived at people's homes and again when they left. An alert was sent to the office if staff had not logged in or out within a certain time. This helped to keep people and staff safe. The registered manager told us call times were tailored to meet individual requirements and adjusted according to needs. The care records confirmed this flexibility showing as people improved the duration of the call decreased and where reviews identified more input was needed, call times were increased.

Staff said the rotas were well planned giving them sufficient time to travel between calls. They confirmed they had enough time to provide the support people required. One staff member said, "We have the time to let people do things at their own pace which is what it's all about. We're there to support and encourage them and get them back on their feet."

Robust staff recruitment processes ensured all necessary checks were completed before new staff started employment. This included references and a criminal record check through the disclosure and barring service (DBS).

Safeguarding procedures were in place. Staff had received training in safeguarding and understood the different types of abuse and the reporting systems. The registered manager told us there had been one safeguarding incident which related to medicines. Records showed this incident had been dealt with appropriately and had been referred to the local authority safeguarding team.

Staff understood how to report and record any accidents and incidents. These records were reviewed by the registered manager and the organisation's health and safety team. Bi-monthly health and safety meetings were held to ensure any learning from safeguarding, accidents, incidents or concerns was shared with staff to make sure improvements were made across the service.

We saw risk assessments were in place to ensure the safety of the person receiving the service. When a risk had been identified action had been taken to mitigate the risk. This included individual risks such as mobility as well as risks related to the environment. Risk assessments were in place for staff which included lone working. We saw all staff wore uniforms and had identification cards. Staff told us they felt safe as they had mobile phones, torches and personal alarms and there was always a senior staff member on call when they were working. People supported by the reablement service had an alarm installed prior to the service commencing which provided a 24 hour response through the organisation's CareLink system. This helped people to feel safe knowing someone would respond to their call for help when the reablement team were not working.

We saw infection prevention procedures were in place and all staff had received relevant training. Staff were provided with personal protective equipment such as gloves and aprons.

People we spoke with told us they managed their own medicines or their family helped them. Where this was the case it was clearly recorded in people's care records. We looked at the care record for one person who received support from staff with their medicines. These showed arrangements for the delivery and storage of medicines and provided guidance for staff about the support the person the required. We found medicine administration records (MARs) were well completed. For example, the MAR listed each individual medicine contained within the blister pack including the dose and frequency of administration. Staff signatures confirmed the medicines had been taken.

Staff told us they had received medicines training and this was confirmed by the training matrix. The registered manager told us the MARs and medicines were checked by senior staff as part of the care reviews which took place in people's homes. We saw staff were pro-active and open in reporting any medicine concerns or errors. Where issues had been identified these had been addressed and any lessons learnt shared with the staff team.

Is the service effective?

Our findings

The registered manager told us prior to the service commencing, a senior staff member visited the person in their own home. This visit included a discussion about the expectations of the service, an assessment of the person's needs and setting achievable goals for the reablement period. One person told us, "They came out to see me first and we talked about how they could help me get going again. It's all written down." We saw evidence of this in the care records we reviewed.

Staff told us the training they received was 'very good' and was kept up to date. This was evidenced in the training records we reviewed. This included areas such as moving and handling, first aid, safeguarding, medicines and dementia care. All staff had a learning and development pathways folder which was used as part of the induction for new staff and to record any ongoing training. We spoke with one recently employed staff member who told us their induction and shadowing period had been thorough and prepared them for their role.

The registered manager told us all staff were completing the Care Certificate and records we reviewed showed the evidence gathered and observational assessments undertaken to complete each standard. The Care Certificate is a set of standards for social care and health workers. The registered manager told us all staff had, or were working towards, a Diploma in Care qualification.

Staff said they felt well supported in their roles and confirmed they received regular supervision and appraisals. We saw evidence of supervision and appraisal in the staff files we reviewed.

Some people required support with their nutritional needs and this was outlined in their care records. Staff described how they encouraged and supported people to prepare their own meals so they could regain their independence. One person told us, "I appreciate the help I get from them. They're slowly getting me right again." A relative said, "(Staff) make sure (my family member) has breakfast and gives (them) lunch and a drink." Daily records showed what food and drinks people had received.

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 so that they can 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.

The registered manager told us all the people they supported with personal care had the capacity to make day-to-day decisions themselves, sometimes with support and help from their relatives. People told us they were consulted about all aspects of their care and support. The registered manager had a good understanding of the MCA and of their responsibilities under the Act. All staff had received training in the MCA.

People were supported to access healthcare services in the local community such as GPs, physiotherapists, occupational therapists, district nurses and social workers. We saw the reablement service worked in partnership with other agencies to benefit people who used the service. For example, when people required small items of specialist equipment to aid their rehabilitation, such as pressure relief cushions, the registered manager arranged for staff from the reablement team to deliver the equipment. This meant people received the equipment more quickly.

Is the service caring?

Our findings

People we spoke with were very happy with the care and support provided and praised the staff. One person said, "They're so good, like angels. I don't know how I'd manage without them." Another person told us, "They're very good, very polite and very helpful. I look forward to them coming. They've got me going. I couldn't walk before." A further person said, "I can't fault them. They're very good and very sociable, will sit and have a chat."

The relative we spoke with was equally positive about the care provided to their family member. They said, "They've not been coming for long but they're very good. I'm happy with everything. It gives me support and peace of mind knowing they're here for (relative)."

Staff told us they loved their jobs and said it was really satisfying seeing people improve. One staff member said, "I've worked in care before but not like this as we did things for people because it was quicker and we didn't have time. This job is different. It's great to see people improve and to have the time to let them do it for themselves." Our discussions with staff showed they promoted people's independence and focussed on their strengths.

People told us staff were respectful and maintained their privacy and dignity. One person said, "They help me get dressed and get into bed. It's all done properly. They make sure I'm safe too by putting the lock on the door."

Staff we spoke with knew the people they cared for well and were able to describe in detail the care and support people needed. During their discussions with us staff showed caring and compassion for the people they supported and their relatives. Their responses to our questions demonstrated they were aware of the key principles involved in providing dignified care and ensuring people were treated with respect and listened to.

All the staff we spoke with said they would recommend the service as a place to work and would be happy for a loved one to receive support from the service.

Is the service responsive?

Our findings

People who used the service told us they were very satisfied with the care and support they received. When we asked people if there was anything they thought could be improved they made the following comments. "There's nothing to improve, love. I'm very happy" and "I'm happy with everything" and "Nothing they could do better."

Care records clearly detailed the goals each person wanted to achieve through their reablement programme. For example, one person wanted to gain confidence in managing their own personal care and making their own meals. Daily records provided a full account of the support provided and showed the progress people were making in meeting their goals. We saw people's support was reviewed regularly with them and any changes required were recorded as part of the review. However, we found the support plans lacked detail and did not reflect the information provided in the initial assessment, reviews or daily records. For example, one person's assessment showed they needed support with washing, dressing, transferring from the bed and meal preparation, yet their support plan for each of these areas provided no detail and only stated 'May need some help'. The other two care records we reviewed also lacked detail. We discussed this with the registered manager who had already identified this as an area for improvement and was considering the best way to record this information as the support people required changed frequently during the reablement period.

Although the support plans lacked detail, we found staff had a good understanding and knowledge of people's current needs which was due to effective communication systems, in particular the daily handovers between staff. We observed the staff handover which took place between 2.30 and 3pm. Staff who had attended the morning calls provided detailed information to staff who were coming on for the afternoon and evening. This included all aspects of the person's support and an update on how the person was managing. This provided an opportunity for staff to discuss and make any changes that were needed such as more time for the call or additional resources that may be required. One staff member said, "The handovers are very good. There's a lot of detail which is important as people's needs change daily." Another staff member described the handovers as 'brilliant'.

The service had a complaints policy and this was referred to in the Reablement Service brochure which was provided to people when the service commenced. People told us they would have no hesitation in raising any concerns with the staff and felt confident these would be dealt with appropriately.

The registered manager told us none of the people the staff supported currently were receiving end of life care.

Is the service well-led?

Our findings

People and staff praised the management of the service which they described as 'well-run'.

The service had a registered manager who was supported by a co-ordinator and four senior staff. Our discussions with the registered manager showed they were focussed on providing a quality person-centred service. We saw they promoted a positive, open and inclusive culture where staff were encouraged to put forward ideas for how the service could be improved. The registered manager told us the handovers had been introduced as a result of staff feedback. We saw observational supervisions were carried out to make sure staff were delivering the care and support people required.

Staff told us they felt valued in their roles and were able to influence how the service was run. One staff member said, "It's a great team. We all work together well. If there's anything we think could be done differently or better we can just say and they do listen." Another staff member said, "I could go to (names of senior staff) with anything and know it would be dealt with."

Effective quality assurance systems were in place to audit all aspects of the service. For example, where improvements were needed action plans were in place. Learning was shared across the provider's other reablement services through monthly meetings with the co-ordinators. This information was then cascaded to the reablement staff through their team meetings.

The registered manager told us the service had been nominated for a national local government award in the adult social care integrated working category last November. Although the service did not win the award it was one of the top eight services nationally to be shortlisted.

People's views were gathered about the service through regular care reviews and the use of questionnaires. When the reablement period ended people were sent satisfaction questionnaires. We looked at the questionnaires received back recently and the feedback was unanimously positive. Comments included; "Couldn't walk or wash well but now I can" and "100% plus, good team players, all knew what to do – fantastic service."

We saw compliment forms received in April 2018 from people who used the service. The following comments were made - "All the care workers have been very good and the service invaluable. Nothing but praise for this service"; "Very good, friendly, helpful. Score 10 out of 10"; "Helped me get my confidence back" and "Lovely staff, sad to say goodbye to them all. Made me feel at ease and looked after me really well"

We received positive feedback from health and social care professionals who worked with Hazel Garth Reablement Hub. Comments included; "I have found the staff all to be very approachable, helpful and supportive. I have carried out many joint visits with several members of the team. They are very good at updating me. They have also been very quick to respond to any urgent requests that I have made. I have had a lot of successful cases whom have been fully reabled" and "I have visited with the reablement team on

several occasions and the service has been good and prevented further hospital admissions. The service is excellent".