

Reading Borough Council

Community Reablement Team (CRT)

Inspection report

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Date of inspection visit:
10 January 2020

Date of publication:
07 February 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Community Reablement Team (CRT) is part of the Intermediate Care Service which is delivered in partnership by Reading Borough Council and Berkshire Healthcare Foundation Trust. CRT provides a short-term flexible service for up to six weeks, for people who have been assessed as being able to benefit from a reablement programme. The service is delivered in people's own home or at the intermediate residential care centre. The service was supporting 98 people at the time of this inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People we spoke with told us they felt safe using the service. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. There were enough staff available to meet people's needs. People were supported to take their medicines independently where able. Incidents and accidents were reported, investigated and actions taken to prevent recurrence.

People's needs were assessed, and care plans were in place. People were cared for by staff who had been trained to carry out their roles and who were knowledgeable about the support people needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were cared for by kind and compassionate staff. People told us staff respected their privacy and dignity.

Staff were knowledgeable about people's support needs as well as people's preferences for how they were cared for. People's feedback was sought. Complaints were reported, investigated and resolved appropriately.

Systems were in place to monitor the quality of care provided and continuously improve the service. Staff spoke highly of the provider and said it was a good place to work. The service worked closely with other health and social care teams.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 12 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Community Reablement Team (CRT)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector and one 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. It provides personal care to people living in their own houses and flats.

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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted to speak with people using the service and needed the service to ask people's consent for us to contact them.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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 in this report. We also looked at all the information we have collected about the service. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and five relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, care workers and care assessors. We reviewed a range of records. This included six people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. One person said, "I have always felt safe." Another person told us, "I absolutely feel safe; you can just relax with [staff] knowing they are there."
- Staff had been trained and were knowledgeable about the procedures to follow if concerns about people's safety arose. One member of said, "If I thought someone was being abused in any way, I would report it immediately."
- Staff said they felt confident to raise concerns about poor care. One member of staff said, "I would report it to [registered manager], and I would report it higher if I needed to."

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed. For example, risks in relation to mobility and falls had been assessed and reviewed. When risks were noted, staff had documented what they had done to reduce the risk.
- Internal environmental risks were assessed. For example, fire safety was assessed. If people did not have smoke alarms in situ, staff referred them to the local fire service for a free home safety check. The service had won an award during 2019 for referring the most people to the fire service.
- External environmental risks were also assessed such as the areas outside people's homes which staff needed to access. For example, it was documented whether staff could park close to people's homes or not, and whether access routes, such as paths, were even or not. In one person's care plan it had been documented that staff should, "Carry a torch when dark, take extra care when wet and slippery." Staff were also provided with high visibility jackets, torches and the provider's winter plan. This was a plan informing staff how to stay when working in cold weather conditions."

Staffing and recruitment

- Safe recruitment processes were in place and were followed. These included inviting potential staff for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.
- We had mixed feedback from people and their relatives about staffing levels and the time of visits. Although some people told us staff didn't always arrive for appointments on time, other people told us they did.
- Safe staffing levels were achieved. Most staff said they felt there was enough staff on duty to meet people's needs. One member of staff said that during periods of staff sickness, they felt under increased pressure and

"rushed." The registered manager explained that although there were some staff on sick leave which had impacted on the number of visits other staff had to cover, this was not usual. The service monitored closely the length of visits and the number of staff required. Due to the nature of the service, the registered manager explained that it was not appropriate to use agency staff.

- Additionally, the registered manager told us they worked to a maximum number of people on the service and if that number was reached, no further referrals were accepted.
- There was a system in place to monitor missed calls, the reasons why and actions taken. None of the people we spoke with said they had ever had a member of staff not turn up.

Using medicines safely

- Medicines were managed safely. Because the service was designed to promote people's independence, staff were often prompting people to take their medicines by themselves. One person's relative told us, "They just prompt [person] with the medication. I sort it out and it's all been okay. When [person] came out of hospital on the Saturday the first call was a teatime call and staff did ring me just to check the medication. They make sure it's all done properly."
- Regular audits of medicines management were carried out. We looked at the latest audits and saw that no issues had been noted.

Preventing and controlling infection

- Staff were provided with personal protective equipment (PPE) such as gloves and aprons to use when supporting people with their care.
- Everybody we spoke with told us that staff wore PPE which they brought with them to each visit. One person said, "They wear a uniform, name badge and gloves and aprons every time."

Learning lessons when things go wrong

- Staff knew how to report incidents and accidents.
- Incident and accident reports showed immediate action taken and any steps taken to avoid a recurrence. The outcome of these was shared with staff.
- The registered manager said the reports were reviewed each month by the provider to identify any 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to the service starting. People's individual goals were documented.
- People's needs were reviewed. The service was aimed at rehabilitating people and promoting their independence and this was seen in the updated care plans we looked at. One person told us, "One of the carers said next week she plans to get me doing a few more things. They are brilliant with me and they have helped me set a target for myself."

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained to carry out their roles.
- Staff spoke highly of the training. One member of staff said, "The training is really good. Some of it is online and some face to face."
- The registered manager told us they reviewed staff training needs as the service developed. They said, "Mental health first aid training has recently been started. The aim is to help staff to listen, reassure and respond even in a crisis. Staff feedback about the course has been positive and I want to offer it to all staff. Mental health is becoming a larger part of our referrals."
- One person said, "I feel that they all know what they are doing. They do everything I ask or if not, they get the right person in to do it. For example, I have an inflatable mattress which wasn't working, and they got somebody to fix it."
- Records showed staff received regular supervision from a line manager. Staff confirmed they had regular opportunities to meet with a line manager one to one. One member of staff said, "I've had a few problems and they've dealt with it really well. They're very understanding."

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

- Staff supported people by encouraging them to prepare their own drinks and meals. People's goals in relation to food and drink were documented. For example, in one person's plan it was written, "[Person's name] to be able to do meal prep independently and safely."

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

- The service was based within the same office as many other agencies. The registered manager explained that this contributed to them working closely with other services.
- The registered manager told us, "Whilst people are receiving our service, we assess and help them to access any other care and support they need. That could be signposting for example."
- One person's relative said, "[Staff] gave us an address for helping to get an extra allowance and the

assessor who came, gave me lots of addresses for private care, so I know what is available."

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff demonstrated a good understanding of the principles of the MCA. One member of staff said, "Sometimes it's hard to tell [if people have consented], especially those people with dementia, so I always double check before I do anything."
- Records showed people had consented to their care and support.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Everybody we spoke with said that they found care staff and other team members to be kind and caring. One person said, "[Staff name] is cheery, friendly and caring. Some [staff] are outstandingly kind and I have never felt unsafe with any of them. They seem happy in their work."
- One person's relative told us, "[Staff] have been brilliant. They've done everything we could ask for including cleaning the toilet and the commode. They are so nice and [relative] likes the way they talk to him."

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

- People told us staff supported them how they wanted. One person said, "[Staff] leave me to guide them on how much help I need." Another person said, "If I don't feel like a shower [staff] bring a bowl in and all the bits to help me."
- People's feedback was sought. We saw letters and cards that people had sent to the service. Example comments included, "To all my carers, I can never thank you enough for all your kindness, and patience. You truly are a great blessing," and "Thank you for all the help; [person] enjoyed the visits."
- 'Feedback' forms were left in people's homes for them to complete at their convenience. The registered manager told us the response rate was quite low. They said, "I think by the time they come onto our service, people have already been asked to fill in a form for the hospital and they don't always want to do another one." We looked at some of the latest feedback received. Comments included, "The service was very good, and the carers were excellent," and "I can see no improvement is needed to the service, the service was very good and very helpful in lots of ways."

Respecting and promoting people's privacy, dignity and independence

- People told us staff encouraged them to be as independent as they could be. One person told us, "I've done a bit more myself each time. [Staff name] has let me have a practice shower on my own and so I now feeling confident about them stopping the service next week."
- One person's relative said, "They do cajole [person] but in a nice way. [Relative] will often say, 'Do I have to?' But they encourage independence in a nice way."
- Staff understood their role to support people to regain their independence. One member of staff said, "My job is to get people back on their feet and get them to be independent again. We make sure people are strong enough to do it. I might see someone at the start and they can't do much and then by the end of six weeks they're doing everything for themselves. I feel really satisfied and rewarded in this job."
- Staff understood how to promote people's dignity and privacy. One member of staff said, "I always make

sure people are covered with a towel, keep the curtains closed etc. If their post has arrived, I tell people their post had been delivered but I would always leave them to open it in private."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was planned around people's personal goals as part of their reablement. Examples of documented goals we saw included, "I would like support with washing and dressing in the mornings and support with completing tasks single handed" and, "To be independent with night time routine, getting undressed and getting ready for bed."
- Staff were aware of people's personal goals. People had a copy of their plan at their home which meant staff could easily access this information if they were unfamiliar with people.
- One member of staff said, "If I feel the goal is not achievable, I would take baby steps and take it a bit slower. I would prompt people slowly, such as, 'I'll wash your back, if you wash your front.' I would slowly build up to the goal."
- We saw that plans were reviewed, and that support was reduced as people regained their independence.
- One staff member said, "Sometimes, when I assess people for the service, I do think they might not get to be fully independent again. But then I go back to review them and see they can do it themselves. Then, I know the team have done a good job."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information available for staff about the AIS. This included details of how staff should identify any needs and how to make a referral for communication support if needed.
- The registered manager told us, "We have multi-cultural service users and a multi-cultural team of staff. We can access translation services, or we ask other teams. If needs be we could develop pictures to aid communication."
- The service was able to provide information in the format people required, such as large print.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people were provided with information on how to make a complaint.
- The provider had a system to monitor complaints, concerns and compliments. The information was used to understand how they could improve and what they were doing well.
- All complaints were taken seriously, reported, and thoroughly investigated.

- Nobody we spoke with had ever needed to complain. One person said, "If I had any problems I'd have a look in the file to see who to speak to and I'm sure they would deal with any issues as best they could."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they enjoyed working for the provider. One staff member said, "It's nice working here. This is the longest I've ever stayed in a job. [Provider] is a good employer." Another member of staff said, "Nowhere else is as good as working for [provider]. Here, I know exactly who to go to with any issues; [provider] is fully supportive."
- The registered manager said, "My staff don't tend to leave, which I think speaks volumes."
- Staff told us there was an open culture at the service. One staff member said, "We have regular staff meetings and we're encouraged to speak up."
- Another member of staff said, "In general I think the morale here is okay."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were clear about their responsibility to be open and honest. Staff were clear about their roles. They received information through induction, training and supervision about what was expected of them. The provider's ethics statement was included in staff induction files.

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

- There were comprehensive audits of all aspects of the service. These included audits of care plans, medicines management and people surveys. Incidents, accidents and complaints were reviewed centrally by the provider and measures to prevent recurrence were in place. The registered manager told us, "We might send in extra staff for visits if a difficult situation has arisen. I have also been out to see people in their homes to try and address issues."
- The registered manager had complied with the requirement to notify CQC of various incidents, so that we could monitor events happening in the service.
- Staff told us they felt well supported by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular feedback was sought from people using the service.
- Regular staff meetings took place and systems were used to communicate with the staff team who were mainly field based. For example, the manager told us they used 'Quick notes' as a way of getting messages

to every staff member. They told us, "We let the staff know about lunches, clubs etc that staff might want to recommend to people. We're having a talk on fuel poverty soon which is relevant to our clients because we might be the first people in there. So, it will be good for staff to understand what to look out for."

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they were always looking at ways to improve and develop the service. They told us, "This year, our focus is working with the care team more. We've started to think more outside of the box, thinking differently about the way we provide support. We recruited occupational therapists into the team which has been really positive and has helped move the service onto the next level."
- Feedback from people using the service was used to improve the service. For example, we saw that one person had written in the 'ways to improve the service' section of the provider's survey, "Keep to time". We discussed this with the registered manager who explained that as people's independence improved, the visit times for these people sometimes became more flexible. Following feedback to the service, more information was now being provided to people as part of expectation setting at the start of the service.
- We saw some feedback from the local mental health team. It said, "[Person] has had some reablement. I just wanted to say thank you. The difference in [them] is outstanding. [Their] esteem has improved. CRT played a big part in this, so I wanted to share what an impact you have had. I don't think we utilise our CRT enough."
- A falls protocol and toolkit had just been implemented. This was aimed at assisting staff to identify early falls risk factors and increase awareness of falls prevention.
- A 'settling in call' had also recently been implemented. This is a visit at a person's home immediately post discharge from hospital to settle people back into being at home. The registered manager told us this was started after being suggested by a member of staff.
- The registered manager was part of a network of local registered managers that met regularly to discuss best practice.
- The registered manager said they went with other staff into local schools to speak at career days for local schoolchildren and attended recruitment events in local colleges. They told us care staff had enjoyed the opportunity to talk at length about their roles and responsibilities and that doing these events helped to raise the profile of homecare services in general.
- The service worked closely with local health and social care providers. The registered manager told us, "We have access to lots of resources. The well-being and advice hub are based here in the office, so we have easy access to them. We had one person on our service who was quite isolated and lonely, but who loved football. We found a walking football group for [them] which [they] really enjoy."