

Royal Borough of Kensington & Chelsea

The Royal Borough of Kensington and Chelsea

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

This inspection was carried out on 30 December 2016 and was announced. The provider was given 24 hours' notice because the location provides a service to people in their own homes; we needed to be sure that members of the management team or senior staff would be available to speak with us. At our last inspection in September 2013, the service was meeting all of the regulations we checked.

The service specialises in providing care for people recently discharged from hospital with rehabilitation potential. Care is commissioned by Kensington and Chelsea health and social care services. 53 people were using the service at the time of our inspection although they were not all receiving support with personal care. Staff that went into people's homes to support them were known as 'community independence assistants' (CIAs).

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

We received positive feedback from people using the service who felt they were supported to regain their independence and that staff had the skills and training to help them achieve their goals.

People were assessed prior to using the service and care records were comprehensive and person-centred, providing staff with the information they needed about people to care for them effectively. Risk assessments had been carried out to address each area of risk to individuals.

Each person had an independence plan which identified the areas that people needed support with. A goal setting document was also used to identify SMART (specific, measurable, achievable, realistic and timed) goals that people could work towards to improve their independence with regards to their daily living skills. Support typically lasted six weeks or ended when people achieved their goals.

The registered manager understood their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005. People's capacity to make decisions about their care and support had been assessed and people were encouraged to maintain as much independence as they were able and to make decisions for themselves.

Staff recruitment procedures were in place and were being followed to ensure suitable staff were employed by the service. The service employed enough staff to ensure people's needs were being met.

Staff understood safeguarding and whistleblowing procedures and were clear about the process to follow when reporting concerns.

Staff received training in medicines management and people received their medicines safely.

Staff knew how to respond to medical emergencies or significant changes in a person's health and systems were in place to manage emergencies and to provide continuity of care to people.

Staff received regular supervision and yearly appraisals during which they were able to discuss any concerns, identify any training needs and set any personal development objectives for the year.

Feedback was sought from people during and at the end of their support as part of the provider's quality assurance monitoring.

Complaints procedures were in place and people said they would feel able to raise any issues so they could be addressed.

The provider recognised the importance of monitoring and improving the 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.

Medicines were managed safely and administered by staff who had completed medicines training.

Risk assessments were in place for people's safety and well-being.

Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training, supervision and support to meet their needs effectively.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards preventing people from being unlawfully restricted.

People were supported to access healthcare professionals to meet their needs.

Is the service caring?

Good ●

The service was caring.

People told us that the staff who supported them were kind and caring.

People's privacy and dignity was promoted and maintained and their independence regarding their daily life skills was encouraged.

Staff encouraged people to make their own choices regarding their daily routines.

Is the service responsive?

Good ●

The service was responsive.

People were involved in developing their care plan so that staff knew how they wanted to be supported.

The provider involved relevant health and social care professionals in decisions about people's care.

People were given information about how to make a complaint. People's concerns were listened to and investigated when needed.

Is the service well-led?

Good ●

The service was well-led.

People and staff told us the service was well managed.

Staff told us they were given clear guidance and training about how to provide a high standard of care and support.

The provider conducted regular audits and checks to monitor and improve on the quality of the service.

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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 30 December 2016 and was announced. The inspection was carried out by one inspector.

Prior to our visit we reviewed the information we held about the service including notifications we had received. Services are required to tell us about important events relating to the care they provide using a notification. During our visit we spoke with the registered manager, a business support manager, a care supervisor and a CIA. We looked at a sample of eight care records of people who used the service, six staff records and records related to the management of the service.

Following the inspection we contacted six people receiving support from the service. We also spoke with a further five CIAs.

Is the service safe?

Our findings

People using the service told us they felt safe and trusted the staff supporting them with their care needs. Comments included, "[Staff] are very good, excellent", and "I have no complaints, it's been a good experience."

Staff were able to describe the care people needed to keep them safe whilst encouraging them to maintain their independence in areas where they were able to do so. Risks to people had been identified in relation to people's home environment, mobility and transfers, communication and use of medicines. Management plans were in place to mitigate these risks.

Staff were aware of any identified risks to people's health and safety and knew how to manage these risks. A member of staff told us, "We make sure the home environment is safe, we check people have enough medicines, we check for any problems with [people's] skin and general health, make sure people have enough to eat and drink, that finances are ok. We report any issues to the office." Risks were reviewed and updated when required to reflect any changes.

Occupational therapists (OTs), physiotherapists (PTs) and district nurses (DNs) were an intrinsic part of the Reablement team and involved in more complex referrals and the assessment process, often those involving moving and handling or transfer requirements. They were responsible for ordering aids and recommending adaptations. The therapy team often carried out joint visits with staff to show them correct transfer techniques. Staff told us they received training from OTs in the use of any equipment that people needed such as bath boards, hoists and walking aids. This ensured staff were able to observe and monitor people's mobility safely and provide guidance and reassurance when needed.

The registered manager informed us that staff were provided with a range of safeguarding training which included the discussion of case studies. Training records demonstrated that staff had completed relevant training in safeguarding adults. Policies and procedures were in place for staff to follow if they suspected harm. Staff understood how to recognise the signs of abuse and told us they would speak to the registered manager if they had concerns about a person's safety and/or welfare. Staff understood whistleblowing procedures and were aware they could report any concerns they may have to the local authority, the police and the Care Quality Commission. A member of staff explained, "Safeguarding is about protecting people from abuse, if we notice something or have any concerns we have to report it to the office and the police if necessary. We always keep an eye on our clients to make sure they are safe."

Safe recruitment procedures were in place and were being followed. Staff records contained copies of application forms, proof of identity and right to work in the UK and suitable references. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS) before staff began work. This demonstrated that steps had been undertaken to help ensure staff were safe to work with people using the service. There were appropriate numbers of staff employed to meet people's needs.

Staff received training in medicines management and people received their medicines safely. Where

assistance with medicines formed part of the agreed care plan, staff were responsible for prompting people to take their medicines from dossetted boxes and/or blister packs. Staff told us that medicines details sheets were kept in people's care files within their homes and signed accordingly. Charts were collected from people's homes when the package of care ended and archived safely and securely once they had been checked by senior staff.

Procedures were in place to plan rotas and monitor the visit times of CIAs. All staff members had a smartphone with an app to check their rotas for the coming week and receive work related emails and information updates. Phones were also used to scan visit times and feedback any information about people's welfare to staff based in the office. People told us they normally received a phone call letting them know if staff were running late. Systems were in place to ensure appropriate cover was provided for any staff holidays or absence. People told us they were usually supported by the same staff and had no issues regarding staff time keeping.

People using the service were provided with contact details for the service including out of hours telephone numbers and other useful contact details. Staff were aware of the procedures in place for responding to medical emergencies or significant changes in a person's well-being and had completed basic first aid training. Staff told us they would contact the emergency services and record and report events to the provider.

Is the service effective?

Our findings

Staff were provided with a sufficient level of information about people's health and social care needs and an understanding of the support they required, from their first point of contact. People's needs were assessed and care plans included details about people's health conditions and medical diagnoses, care needs, levels of independence in relation to their mobility and self-care and completed risk assessments. Because people were often referred for support after a stay in hospital, details of their hospital admission were included in the referral form which helped staff to support them appropriately. Contact details of GPs and other appropriate healthcare professionals were also documented. People were asked to consent to the sharing of their personal information and we saw that care records were stored safely ensuring people's confidentiality was protected.

Staff monitored people's health and wellbeing and recorded this in visit communication records. The registered manager informed us that all staff received 'hybrid' training and had developed skills to carry out low level non-invasive nursing care such as, glucose monitoring tests, skin integrity checks, urine sampling, providing home exercise programmes and food and fluid monitoring. A dedicated clinical facilitator was responsible for improving practice through training and the validation of staff skills and levels of competency. Staff worked closely with health professionals in the team and with those based in the local community and understood the importance of maintaining people's health. Staff were able to describe the action they would take to contact healthcare professionals if a person's condition deteriorated, so they could receive the input they needed in a timely manner.

Care plans included details about people's nutritional needs and how these were to be met if this formed part of the agreed service. Where so, staff were required to support people to prepare or heat up simple meals. Staff we spoke with confirmed they supported people with eating and drinking and had recently completed a refresher course in the safe handling of food. Staff told us they always offered people choices at meal times. One member of staff explained that they "Always check sell by dates, fridge temperatures and whether milk is ok to use." If people had specialist feeding needs, for example, if someone had swallowing difficulties, this was recorded and staff received specialist training and were confident they would be able to provide the care and support people needed if required.

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. The registered manager understood the legal requirements relating to deprivation of liberty and worked with health and social services to ensure any restrictions were identified, so appropriate action could be taken to make sure these were in the person's best interests and would be authorised through the Court of Protection.

The registered manager informed us that people using the service were 'fully involved in decision making

and planning for their reablement and therapy.' Where people had capacity to make their own decisions, care plans had been signed by the person who used the service to show their agreement with the information recorded. In cases where people lacked the capacity to make decisions about their own care, plans were developed in people's best interests and signed by family members (if appropriate) and/or health and social care professionals. Staff demonstrated an understanding of acting in people's best interests and supporting them to make choices.

A policy was in place and staff had received training in the MCA and understood the need to act in a person's best interests. Staff we spoke with understood consent and capacity issues and knew how to support people who were unable to make decisions for themselves.

Staff were required to successfully complete a three month probation period during which they received supervision on a regular basis in line with the provider's policies and procedures. Staff were also visited by care supervisors who carried out spot checks which involved observing staff during the course of their duties and providing constructive feedback.

Staff had a programme of training, supervision and appraisal, so people were supported by staff who were trained to deliver care safely and to an appropriate standard. A training matrix showed the training all staff were required to undertake to meet the needs of people they supported such as safeguarding, Mental Capacity Act 2005, first aid, infection control and moving and handling.

The registered manager organised staff meetings on a regular basis. A member of staff told us, "We have supervision every month and staff meetings. It's a chance to catch up and discuss any problems." Annual appraisals were also carried out for all staff, to discuss their progress and any training and support needs. Staff confirmed the registered manager was supportive and approachable and they were happy with the level of training and support they received.

Is the service caring?

Our findings

People told us they were involved in day to day decisions about their care and that staff got to know them well. One person told us, "[Staff] did very well with me and it was well worth having them here." The registered manager informed us that people using the service were 'given choice and control over their support delivery and are always kept in the centre of decision making.'

The provider ensured consistency in care by ensuring where possible the same care staff worked with people using the service. Staff reported that they were able to spend time talking with people and getting to know them. People confirmed staff were not rushed when staff attended and had the time required to complete the care and support they needed.

Care records were person centred, comprehensive and identified the care and support each person wished to receive and what was important to them in their lives, so staff had the information they needed to provide the care people wanted to receive. Staff confirmed they read the care records and made sure they understood the care people needed in relation to cultural and religious preferences.

Staff members we spoke with were clear about the aims of the service and we heard repeatedly from staff how they supported people to become independent by encouraging them to do as much as they could for themselves. Staff were able to access information about local groups and voluntary agencies from various websites via their phones. This meant that if needed, staff were able to signpost people to other appropriate services in the local community.

People told us their privacy and dignity was respected. Feedback from people using the service was positive and we were told, "[Staff] are very good and very respectful", "kind and helpful." Staff told us they took measures to ensure that personal care tasks were done in private and with as much sensitivity as possible. One member of staff told us, "We help with washing and dressing. We help people to use equipment to help themselves. We respect them, protect their dignity and encourage them to wear appropriate clothing especially if there are other members of the family at home."

Staff understood people's right to make decisions about their care and also the importance of recognising and respecting people's individual values and preferences regardless of people's backgrounds, religion, age, sexual orientation and disability. Staff maintained good relationships with the people they supported and their relatives.

All of the staff we spoke with had been working for the Reablement team since its inception and previously as care workers for various home care teams run by the same provider. Staff told us they enjoyed their jobs and had no issues with the service or the management. A member of staff told us, "I love what I do. I never wake up and think, no not again! My job is really satisfying." Another member of staff said, "I love meeting people and helping them to become independent again. I've just been to see [a person using the service over 100 years of age]. [They] are amazing, [they] motivate me. It's great to see people progressing, sometimes it's spectacular."

Is the service responsive?

Our findings

People's individual needs were assessed and met. The majority of the referrals came from hospital social work teams to support people to regain their independence after a hospital admission. In some instances, referrals came in at short notice requesting support in an emergency. Referrals were screened by the Reablement service's operations team. Once a decision to accept a referral had been made assessment information was used effectively to develop a plan of care that provided sufficient information to guide staff and ensured consistent delivery of care. People using the service could receive up to four visits per day depending on their need. Care plans were designed to help people regain confidence and independence with their daily living skills which included personal care, meal preparation and domestic management. Where specified, visits included indoor and outdoor mobility practice in order to promote confidence, well-being and community inclusion.

Goal setting plans were in place for people; these were identified by people using the service in conjunction with staff. Plans included an overall goal such as personal care and SMART (specific, measured, achievable, realistic and timed) goals which identified what steps needed to be taken in order to reach the overall goal. For example, people had stated that they wanted to become independent in their self-care or be able to walk a certain distance. Smart goals included an agreed date and the action needed to reach those goals. People told us that staff supported them to reach their goals. The registered manager informed us that people using the service had the right to choose whether to participate in their programmes and were encouraged to go at their own pace.

Staff maintained daily records about people's care. We saw that support was responsive to people's changing needs and staff recognised how to adjust the care provided dependent on whether a person was having a good or bad day. Relatives were provided with appropriate feedback about people's health and welfare and advice and guidance was sought by staff if and when they felt people's health was deteriorating.

The registered manager informed us that people using the service were provided with information and contact numbers for the service in and out of hours and encouraged to contact the provider if they required further assistance, information or guidance. Information was available in braille and other languages for those whose first language was not English.

There were procedures in place when a person using the service failed to respond to a planned call. A member of staff told us, "We ring and knock, give people time to respond, call the landline, leave messages, enquire with neighbours, let the next of kin know and contact the manager or the out of hours team."

People were given information about how to make a complaint and there was evidence that when they did, their concerns were listened to and investigated. The provider's complaints procedure was included in information given to people using the service. People told us they had not needed to complain, but would feel comfortable doing so if necessary.

Is the service well-led?

Our findings

The service had a registered manager in post who was supported in her role by two care supervisors and a business manager. The registered manager had worked for the provider for many years and demonstrated a good understanding of the service and its core purpose. The registered manager was a member of the registered manager's network London care and support forum and had a lead role in the Integrated Care Council (a national organisation that supports the development and quality of service). The registered manager informed us that the service maintained a 'very strong working partnership with community health providers, mental health services and the voluntary sector.' Staff told us the service was well managed and that senior staff were approachable and supportive.

Staff understood the ethos and values of the service and demonstrated a caring and professional attitude and a very real sense of dedication to those they supported during the reablement period. A member of staff said, "I really love my job, I've been doing it for over 10 years. It's great to work with people. I often see them out and about and see them being independent again. It's lovely."

Staff told us and records confirmed they had regular work supervision meetings to discuss their performance and training needs and annual appraisals. Team meetings were taking place on a regular basis. We reviewed the meeting minutes for the last two meetings held and saw that staff were provided with a forum to discuss concerns and make suggestions and/or recommendations about how the service was run and where improvements could be made.

The provider had robust systems and processes in place designed to monitor and record accidents and incidents and any safeguarding concerns. We have received a number of notifications from the provider and other agencies since our last inspection took place in September 2013, all of which have been managed and investigated appropriately.

There were systems in place for monitoring the care provision. These included spot checks, telephone interviews and meetings with relatives to gain their views, staff meetings, care reviews for people using the service and reviews of care records. The registered manager checked records that were returned via email to the office, for example, daily records which were checked for content and quality. This was to ensure staff were completing people's paperwork correctly and to monitor this so any issues could be addressed with staff.

Medicine administration records were completed by staff to evidence people had received their medicines appropriately. Any medicine related incidents were reported to the local authority and staff received training updates to refresh their knowledge and skills. The provider discussed and monitored staff prompting and administration of medicines during spot checks, supervision sessions and team meetings.

Provider performance information we reviewed for the period from October 2016 to February 2017 demonstrated that the provider monitored referrals appropriately and analysed outcomes. Results from quality questionnaires for the period from October 2016 to December 2016 showed that 100% of

respondents felt that staff were respectful, treated them with dignity and encouraged them to do things for themselves. Overall satisfaction responses indicated 34 respondents were 'very satisfied' with the support they received and seven people were 'satisfied'.

People we spoke with told us they were more than happy with the service, felt safe, well supported and had no complaints. Feedback questionnaire results were positive. Comments included, 'All carers were so dedicated to their job. It made us feel really cared for. We shall miss their visits.' Another person had stated, 'I enjoy and look forward to the ladies coming in to support me with my daily tasks and love the little chats we have.'

Staff told us they were confident about raising any concerns they had with the senior management team and were reassured that action would be taken if and when needed.