

Reading Borough Council

# Community Reablement Team (CRT)

## 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 was an unannounced inspection which took place on 19 June 2017.

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 6 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 58 people at the time of this inspection. The number of people supported fluctuates on a daily basis.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:

There is a registered manager running the service. 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.

The CRT continued to offer people a service that was run as safely as possible. The service made sure staff were recruited safely and were suitable to work with the people. Staff understood how to protect people and followed the relevant procedures to keep people as safe as they could. General risks and risks to individuals were identified and action was taken to reduce them. People were supported to take their medicines safely, at the right times and in the right amounts by trained and competent staff.

The service remained effective. People's health and well-being needs were met by staff who were appropriately trained and responsive to people's rapidly changing needs. The service worked with health and other professionals to ensure they met people's needs in the most effective way. 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.

The service continued to be caring and responsive. The staff team were committed and provided positive care with kindness and respect. Care staff were knowledgeable and responsive and helped people to regain as much of their independence as possible.

The service continued to be well led. The registered manager was described as highly supportive, approachable and responsive. The quality of care the service provided was assessed and reviewed regularly and improved, as necessary.

## 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 remains good.

Good ●

### Is the service effective?

The service remains effective.

Good ●

### Is the service caring?

The service remains caring.

Good ●

### Is the service responsive?

The service continued to be responsive.

Good ●

### Is the service well-led?

The service continued to be well-led.

Good ●

# Community Reablement Team (CRT)

## **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 was unannounced and took place on 19 June 2017. It was completed by one inspector.

Before the inspection we looked at the Provider Information Return (PIR) which the provider sent to us. 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. We also looked at all the information we have collected about the service. This included the last inspection report dated 28 and 31 July 2015 and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

Prior to the inspection we sent questionnaires and received nine responses from 27 people, six responses from 13 staff and one response from 27 friends and families. One community professional of four responded to the questionnaire sent.

We looked at the paperwork for eight people who currently use the service. This included support plans, daily notes and other documentation, such as medication records. In addition we looked at records related to the running of the service. These included a sample of audits, quality assurance, staff and training records.

During the inspection we spoke with the registered manager and one staff member. After the inspection we spoke with a further five staff and six people (or their representatives) who use the service. We received written comments from an additional two staff members and two people who use the service. We requested

information from six other professionals and received two responses.

## Is the service safe?

### Our findings

People told us the carers were, "Totally trustworthy" and another said, "I absolutely trust them. Another person told us they were, "Safe and comfortable when carers were in their home." The service continued to keep people as safe as possible from all forms of abuse and/or poor care. Staff received regular training in safeguarding adults and were able to clearly describe how they would deal with specific safeguarding concerns. They demonstrated their commitment to protecting the people in their care. There had been no safeguarding issues during the previous year. We did not receive any information from other professionals with regard to any concerns about the service.

Any risks to people and staff were properly assessed and people were kept as safe from harm as possible. People and staff continued to be protected by generic health and safety and individual risk assessments such as lone working, pets in the home, mobility and fire safety. Additionally the provider worked with other community services to try to ensure people's safety. For example they referred people to the local fire and rescue service for advice and assessment to ensure they were as safe as possible from the risk of fire. Staff were trained in and followed the service's health and safety policies and procedures which were in the process of being up-dated. A provider wide health and safety meeting continued to be held every 12 weeks. The service and the provider continued to record monitor and learn from any accidents and incidents which occurred.

People continued to be supported with their medicines safely (as described in plans of care) by staff who were trained to follow the medication administration processes and procedures. However, further detail was needed in some plans of care with regard to the service's responsibility for administering medicines. This was particularly relevant when relatives were also involved in helping people with their medicines. The registered manager agreed to review this element of the care plan. Medicines training was provided annually as were competence assessments to ensure staff were still able to administer medicines. The service had recorded 11 medicines errors/ omissions (six because of a missed 'round' by one staff member). All errors or omissions were appropriately dealt with and there was no harm to people who use the service. The medication policy was currently under review to reflect the rising complexity of people's conditions and consequent medicine regimes.

The service continued to regularly assess people's needs and ensured staff had enough time to meet those needs and keep people safe. Staff told us they were given as much time as necessary to ensure they were able to meet people's needs. They told us that in a crisis they could telephone the office and were given additional time, as necessary.

## Is the service effective?

### Our findings

The service remained effective. People received individualised care from staff who were supported to obtain the skills, knowledge and understanding needed to carry out their roles. Care plans included enough information to ensure staff knew how to meet people's individual identified needs. However, some care plans were not totally completed and/or were not detailed in some areas. The registered manager told us that some people chose not to disclose personal information and some people had a very limited service delivered in emergency conditions. The registered manager undertook to ensure the reasons for limited information were recorded on care plans. Additionally they advised that the care planning and recording system was currently being reviewed as they had recognised some improvement was needed. Staff told us they were always kept informed of changes to care plans which they felt included the necessary information to enable them to deliver an effective service.

People continued to be supported to meet their health and well-being needs, as specified on individual plans of care. People told us staff met all their needs and helped them with whatever was necessary. Staff told us they met people's needs effectively. They said they had easy access to health professionals such as physiotherapists and occupational therapists which meant that referrals could be made quickly to ensure people were offered the best possible care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA. People who use the service were able to make decisions and choices relating to the day to day care that the service provided.

People's needs continued to be met by a well-trained and knowledgeable staff team. Staff told us they had access to regular training. Of the 47 staff, 37 had obtained a relevant health and/or social care qualification. Both new and established staff completed the care certificate or elements of it to ensure they met the required standards of knowledge and practice.

People were offered care by a staff team who remained well supported by the registered manager and management team. Staff met, formally, with their supervisor regularly and completed annual appraisals. Staff told us they had, "Very supportive management." One staff member reflected the views of others when they said, "This is an extremely positive place to work."

## Is the service caring?

### Our findings

People continued to be supported by caring staff who were committed to offering a good quality service to individuals. One person told us, "They are very, very good carers who are very conscious of my dignity." Another said, "It is an excellent service, nothing is too much trouble." Other people told us they were always treated with respect. Staff were consistently described as friendly and cheerful.

People continued to be treated with respect and their privacy and dignity were promoted. The nature of the service meant that care staff generally offered care for a short period of time. However, staff appeared able to build good relationships with people as quickly as possible. Staff were aware of the transient nature of their involvement and told us how they managed to put people at their ease and get to know them as quickly as possible. They gave examples of being positive, cheerful and explaining exactly what you were doing and why. They also felt their reablement work required them to build relationships quickly to enable them to be successful.

People were given information which covered all aspects of the service and described the support it could offer them. People were encouraged to give their views of the service in a number of ways. These included the senior staff asking people their views of the care during staff 'spot checks' and questionnaires given to people to complete at the end of the care package. People told us they could talk to any of the care staff or telephone the office and they would be listened to.

Currently the service was not providing end of life care but care staff were trained to support people at the end of their life, if required.

Staff continued to understand how to protect information and uphold confidentiality. Personal information relating to people was kept securely in the care office. People kept their own records in their home in a place of their choice. The provider had a confidentiality policy which care staff understood and adhered to.

## Is the service responsive?

### Our findings

The service continued to be responsive to people's needs. The nature of the service required that care staff could identify and respond quickly to changes in people's levels of ability and independence. People who use the service commented, "They (care staff) are very reliable and listen and respond to what you ask or need them to do." One person described how one of the care staff carried out an unusual task for them and told us how responsive all their care staff were.

People's care was person centred and support plans reflected their level of need and the duration and involvement of the service. One person described how the responsiveness of the care staff had enabled them to regain their independence in a shorter time than they expected. Reabling people and assisting them to regain their independence was a key element of the service. Staff had received specific training in reablement techniques and told us that although they were not always successful they had a good success rate

People, their relatives and relevant professionals continued to be involved in assessments and reviews which occurred frequently. People told us they were involved in their care planning. Care plans were developed and changed as a result of the regular assessments and reviews. On going reviews of care plans were undertaken as people's needs constantly changed. Senior staff held a weekly meeting during which they discussed all the individuals being offered a care package by the service.

People told us they would complain if they needed to but had never made a complaint because staff listened to them and took action if necessary. The service recorded all concerns and compliments. They had received no complaints and 114 compliments in the previous 12 months. The themes of the compliments were generally about the kindness of staff and how much the service benefitted people.

## Is the service well-led?

### Our findings

People continued to be offered good quality care from a staff team who were led by an effective and qualified registered manager. The manager was registered in September 2014 and held appropriate qualifications. Staff told us the management team were highly supportive and described the service as a, "Great place to work." One staff member said, "They (the management team) are very supportive and extremely responsive to people's and staff's needs." A professional commented, "They (the management and office team) are always easy to approach and very helpful..."

The views of people, staff and other interested parties were listened to and taken into account when organising the service and providing care. The various ways of listening to people's views included weekly staff service meetings, daily notes and questionnaires. Additionally staff views and ideas were also collected by means such as team meetings and 1:1 meetings with supervisors.

People continued to benefit from a good quality service which was monitored and assessed to make sure the care offered was maintained and improved. There were a variety of auditing and monitoring systems in place. For example, the registered manager completed monthly monitoring statistics and sent them to the service manager. These included missed calls, complaints and compliments, safeguarding referrals and staffing data. The statistics were analysed by the service manager and any issues were discussed with the registered manager. Actions were taken as a result of listening to people and staff and the analysis of the quality assurance systems. These included areas such as changing staff's work patterns to try to provide people with more consistent carers. Reviews of care planning tools and medication policies and procedures to reduce errors and omissions and meet the increasing complexities of people's needs were also being carried out.

People's records accurately reflected their individual needs. Although they could include more detail, in some cases, they informed staff how to meet people's needs according to their preferences, choices and ability levels. Records relating to other aspects of the running of the service such as audit records and complaints were accurate and up-to-date. Records were of good quality, well-kept and easily accessible. The registered manager understood their responsibilities with regard to current legislation, duty of candour and when to notify the CQC about particular events.