

Wiltshire Council

Wiltshire Council Reablement Service (Salisbury Hub)

Inspection report

Council House
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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

About the service

Wiltshire Council Reablement Service provides short term personal care to people who live in their own home. The aim of the service is to support people to regain their independence so they can continue to live at home. At the time of the inspection 11 people were using the service.

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

People were happy with the support they received from Wiltshire Council Reablement Service and said they felt safe. Staff knew what to do to keep people safe and were confident any concerns would be taken seriously.

Risks to people's well-being and safety were assessed, recorded and kept up to date. Staff supported people to manage these risks effectively. People received support to manage their medicines safely and maintain their independence.

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 were supported to develop support plans that were specific to them, with goals to support their reablement. These plans were regularly reviewed with people and updated when needed. The plans contained clear information about people's communication needs.

People said staff were caring and treated them in ways that maintained their privacy and dignity. Staff spoke with passion about reablement and supporting people to achieve their goals.

People were supported to prepare food and drinks where needed, ensuring this met their needs and minimised identified risks. Staff worked well with health and social care teams to ensure people were able to access the services they needed.

Staff were very positive about the leadership of the service. They spoke of a supportive management team, that respected and listened to them. Staff said they were able to have open discussions and saw changes as a result.

Quality assurance systems were in place, based on feedback from people, observations of practice and reviews of records. Actions were developed in response to the checks and reviewed to ensure they were completed.

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

Rating at last inspection

This service was registered with us on 12/02/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on date the service was registered.

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 ●

Wiltshire Council Reablement Service (Salisbury Hub)

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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 6 February 2020 and ended on 12 February.

What we did before the inspection

We reviewed information we had received about the service since it was registered. 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 used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the support provided. We spoke with four members of staff and the registered manager.

We reviewed a range of records. This included five people's support records. We looked at two staff files in relation to recruitment and an overview of training and supervision for all staff. A variety of records relating to the management of the service were reviewed.

After the inspection

We received feedback from three professionals who have regular contact with the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place to support people to be as independent as possible, whilst staying safe. Examples included support for people to manage their mobility including the risk of falls and to manage medical conditions. An assessment of the person's home was completed to identify any environmental risks to them or staff visiting. Action was taken to support people to maintain their safety where needed.
- People had been involved in assessing risks and their views were recorded. Staff demonstrated a good understanding of these plans and the actions they needed to take to keep people safe.
- Risk management plans were regularly reviewed by the management team and were updated when people's needs changed.

Learning lessons when things go wrong

- Incidents were well managed and lessons were learnt when things went wrong.
- Staff had recorded information about incidents and the immediate actions they had taken to keep people safe.
- The registered manager had reviewed all incident records and recorded any actions that had been taken as a result. Actions included referrals to external health services where necessary and changes to people's support plans.

Using medicines safely

- People were supported to manage their medicines safely. Each person had a medicines assessment, which stated what they could do themselves and what they needed support with.
- Staff supported people to manage their medicines independently where possible. Medicines records had been fully completed to state the support people were given.
- Staff had received training in safe administration of medicines. Their practice had been assessed to ensure they were following the correct procedures.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems in place. People told us they felt safe when staff were in their home. Comments included, "I feel safe when staff are in my home. It took some getting used to because I've never had any help before, but everything is ok."
- Staff had a good understanding of what to do to make sure people were protected from harm. Staff had received regular training and safeguarding issues were regularly discussed in staff meetings.
- Staff were confident the registered manager would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with other agencies if they needed to.

Staffing and recruitment

- There were enough staff working to meet people's needs. People told us they were happy with the arrangements and staff stayed for as long as needed. One person commented, "I have never felt rushed by them, even when I take a long time to do things."
- Senior staff had a daily handover meeting, to plan what support people needed and how it would be provided. They reviewed any staff absence to ensure everyone received the support they needed.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Preventing and controlling infection

- Staff were trained in infection control and demonstrated a good understanding of the systems in place.
- Staff said they had access to equipment such as gloves and aprons whenever they needed them. Senior staff completed spot checks to ensure staff were following the correct procedures.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff worked with external professionals to ensure people were supported to access health services and meet their health needs.
- The service had occupational therapists working as part of their team. They took part in weekly review meetings to assess people's progress towards their reablement goals. One member of staff commented, "It works well having the occupational therapists in the same team. We work well together and get good support from them."
- Health and social care professionals were positive about their relationship with the service. Comments included, "We have monthly meetings with reablement managers at a senior operational level, and at team level, to ensure best practice, communication and continuity of care."

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

- People's needs were assessed before they started using the service. This assessment was regularly reviewed to ensure staff had current details of people's needs and choices.
- Assessments were completed with input from relevant health specialists. This ensured care was delivered in line with current good practice and the law.
- People told us staff provided the support they needed to meet their goals. One person told us, "They are very encouraging. They don't jump in, only help when I ask."

Staff support: induction, training, skills and experience

- Staff received suitable training, which gave them the skills they needed to do their job.
- Staff said training was relevant to their role. The registered manager had a record of all training staff had completed and when refresher courses were due. New staff spent time shadowing experienced staff members as part of their induction.
- The training manager told us the induction includes information about the history of why the service was set up and how it fits into the wider health and social care sector. They commented, "The service recruits a high quality of staff, who are passionate and get the ethos of the service."
- Staff had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff told us they received good support.

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

- Staff supported people to maintain good nutrition and hydration.

- Where people were supported to prepare meals there was clear information in their support plans, including the goals they were working to achieve.
- The plans included guidance from speech and language therapists about the consistency of food and drink where necessary.

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.

- People's rights to make their own decisions were respected and people were in control of their support. Everyone using the service at the time of the inspection had capacity to consent to their care and treatment
- People were supported by staff who knew the principles of the MCA. The provider had systems in place to record people's capacity assessments related to specific decisions, if that was required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were treated with kindness and were positive about the staff's caring attitude. Comments from people included, "I am very happy with the way things are. Everyone has been very kind" and "They are very kind. I would recommend them to anyone who was in the same situation as I was."
- People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Examples included the importance to a person of attending religious and social events.

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

- Staff supported people to make decisions about their care. People expressed their views and set out what they wanted to happen during their assessment of needs. This information was used to support people to develop individual plans based on their reablement goals.
- People had regular reviews with staff to provide feedback on their goals and any changes that were needed. Records demonstrated this feedback had led to changes in support plans where necessary.
- Staff had recorded important information about people, including personal history, plans for the future and important relationships. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.

Respecting and promoting people's privacy, dignity and independence

- People said staff provided support in ways that maintained their privacy and dignity.
- Confidential records were securely stored and staff ensured they did not share information about people without their permission.
- Staff encouraged people to do things for themselves where they were able, to maintain their independence. Comments from people included, "Staff help me to do the things I need to around the home. They are helping me get back to normality."
- Health and social care professionals were positive about the way staff worked to support people to regain their independence. Feedback included, "The focus is in on what the person can do rather than what they can't do, encouraging independence, and enabling rather than disabling."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were supported to make choices and have as much control and independence as possible.
- People had clear plans, which set the support they needed to meet their individual goals. The plans were specific to people and contained detailed information for staff. Support plans were regularly reviewed and updated as people's needs changed. Comments from people included, "When I started they sat down with me and helped me set my goals. This is all set out in the plans."
- Staff knew people's likes, dislikes and preferences. They used this information to provide support for people in the way they wanted.
- Staff kept clear records of the support they had provided to people. Records were used to help identify any changes to the support people needed.

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.

- Staff had assessed people's communication needs and included details in the support plans.
- A handbook for people using the service stated information was available in various different formats, including large print, easy read, audio and on different coloured paper. Written information was provided in different languages where needed.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and were confident any concerns would be dealt with. The complaints procedure was given to people when they started using the service. Comments included, "I have been given the complaints leaflet and contact details, but never needed them" and "I would speak to staff in the office if I had any complaint. At the moment I have no concerns at all with the service they provide."
- Staff had a good understanding of the complaints procedure and action they needed to take if any concerns were raised with them. There were systems in place for recording complaints and reviewing any actions that came out of them.

End of life care and support

- The service did not routinely provide end of life support for people. The registered manager said despite their focus being on reablement, staff had received end of life care training. They said the service would work

with other health and social care providers to meet people's needs if necessary.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had effective quality assurance systems in place. These included, reviews of support records, staff records and quality satisfaction surveys. In addition to checking records the management team completed observations of staff practice. This was to assess whether staff were putting the training and guidance they had received into practice.
- The results of the various quality assurance checks were used to plan improvements to the service. The plan was kept under review to ensure agreed actions had been completed.
- The registered manager told us the service was still developing, and they had plans to add a further pathway into the service directly from hospital. The registered manager was aware of their regulatory requirements and the need to ensure the growth of the service was well-managed to maintain quality.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager had promoted a person-centred approach in the service. This was evidenced through the content of staff meetings and the training staff received. Staff reported the management team worked to ensure people received a high-quality service.
- Staff told us the service was well managed. Comments included, "We are able to raise any concerns. [The registered manager] listens and you feel valued, new ideas are always welcomed. We are able to be person-centred because people set their own goals" and "We get very good support from [the registered manager]. They are picky with the recruitment and make sure staff have the right skills and attributes."
- The registered manager had a good understanding of their responsibilities under the duty of candour.

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

- The service involved people, their families and others effectively in a meaningful way. Comments included, "I only have good things to say about them, They are absolutely brilliant" and "I have regular contact from staff in the office. They phone to see how things are going and have been round to see me."
- The registered manager responded to issues raised in quality surveys and let people know what action they had taken. In addition to individual communication, a newsletter was sent out to everyone to keep them up to date with developments with the service.
- The registered manager had regular meetings with partner health and social care professionals to review

the service requirements and how they could be met. They kept up to date with any changes in legislation or good practice guidance.