

Islington Social Services

Reablement and Home Support Service

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

About the service:

- The service's office is based in Islington. Care is provided in the surrounding areas.
- The service is provided by Islington Council. The aim of the Islington Reablement Service is to support adults who are recovering following hospital admissions or have experienced a recent decline in health, to reach the maximum level of independence possible.
- The reablement service lasts for a maximum of six weeks.
- The service covered a range of areas including prompting with medication, personal care, weekly shopping, housework and laundry.

People's experience of using this service:

- The provider had made significant improvements to the service since our last inspection on 24 October and 1 November 2017.
- Effective systems and processes had been developed, and were being maintained to minimise risks to people.
- Risk assessments were all comprehensive and up to date, with detailed guidance for staff on how to reduce identified risks.
- People received personalised care and support services that met their needs. Care plans had been well developed. They gave clear guidance for staff on how people's needs should be met.
- Governance of the service had improved. A range of quality assurance systems had been used continuously to drive improvement. There were more effective arrangements in place for monitoring, investigating and learning from events.
- People's needs had been assessed, and care delivered in line with standards and guidance.
- People were treated with dignity and respect. They were supported to maintain their independence.
- The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".
- More information is in our full report.

Rating at last inspection:

At our last inspection, the service was rated "requires improvement". Our last report was published on 16 January 2018.

Why we inspected:

- All services rated "requires improvement" are re-inspected within one year.
- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 ●

Reablement and Home Support Service

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was completed by one adult social care inspector, one bank inspector, and an 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. Our expert-by-experience had knowledge about personal care of adults within the community.

Service and service type:

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 visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for

feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs).

- We checked records held by Companies House and the Information Commissioner's Office (ICO).
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with 16 out of 58 people who used the service and three relatives.
- We spoke with the provider's deputy director, registered manager, reablement manager, mental health case manager, occupational therapist, a physiotherapist and a social care workers.
- We reviewed 10 people's care records, 10 staff personnel files, audits and other records about the management of the service.
- We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

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

We have inspected this key question to follow up the concerns found during our previous inspection on 24 October and 1 November 2017. Previously, people's risk assessments were not properly documented. At this inspection we found that improvements had been made. People were safe and protected from avoidable harm and therefore legal requirements were met.

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- People felt safe in the care they received from staff. One person told us, "Staff look after me well since I came back from the hospital. They are a reliable group of staff who are absolutely wonderful and extremely helpful."
- The service had relevant policies in place, including safeguarding, whistleblowing and harassment.
- Staff had received safeguarding training. They were clear about the importance of their role in safeguarding people.
- Staff understood the types of abuse and the signs to look for. They were also aware of the action to take if they suspected abuse had occurred.
- Examples were seen of staff being vigilant and of appropriate actions being taken when concerns were identified. This included reporting concerns to their line manager, and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management:

- Since our previous inspection, effective systems and processes had been developed, and were being maintained to minimise risks to people.
- The staff team in the office included physiotherapists, occupational therapists and a pharmacist who were fully involved in risk assessments and care planning.
- Staff with appropriate training completed risk assessments for every person before they started to use the service. The risk assessments were monitored and reviewed frequently during the six-week period when the service was provided.
- Risk assessments covered areas such as seizures, manual handling, eating and drinking, falls, transport, choking, and behaviour.
- At our previous inspection there were concerns regarding the completeness of people's risk assessments. At this inspection we found that action had been taken. Risk assessments were all comprehensive and up to date, with detailed guidance for staff on how to reduce identified risks. For example, where one person had been identified as being at risk of falls, a risk management plan had been put in place, which identified the use of additional equipment and the level of support the person needed to reduce the level of risk. This was consistent across all records reviewed.

Staffing and recruitment:

- Staff had been recruited safely. They underwent appropriate recruitment checks before they could commence work at the service. This ensured they were suitable to provide people's care.
- Checks undertaken included, at least two references, proof of identity and Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.
- The service had sufficient staff to support people safely and in a timely manner.
- The service employed 50 regular home support workers and some health and social care professionals. Additional regular agency staff were also engaged to ensure consistency throughout the week. One person told us, "I have the same staff since I came out of hospital."
- The manager told us that they kept staffing levels under review to meet the needs of people using the service. The staff rota showed that staffing levels were consistently maintained to meet the assessed needs of people. We saw that where needed staffing levels increased in line with changes in people's needs. For example, when people needed extra support to help them to access the community or healthcare appointments, additional staff cover had been arranged.
- The service had an on-call system to make sure staff were supported outside the office hours. This service was available at evenings and weekends. Staff confirmed the on-call system was available to them at all times.

Using medicines safely:

- There were systems in place to ensure proper and safe use of medicines.
- At the previous inspection we found that home support workers did not administer medicines. At this inspection we found that this had been reviewed and a training programme had been rolled out to equip home support workers with the necessary skills.
- Home support workers that were assessed as competent following mandatory training were now administering prescribed medicines to people in accordance with care plans. Since medicines administration was a new role for home support workers, we saw that support and additional training was offered to ensure competencies, particularly in recording the medicine administered accurately.
- The pharmacist and management team were supporting home support workers with using Medication Administration Records Sheets (MARs). We saw that these were reviewed weekly through audits and checks by a pharmacist employed at the service. The pharmacist undertook the role of observing and monitoring medicines procedures and dealing with any staff queries.
- Home support workers we spoke with were confident about their new role in administering medicine. One home support worker said, "It is very much part of a carer's or home support worker's role to ensure the care plan is followed and that people take their prescribed medicine."

Preventing and controlling infection:

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.
- Staff had completed training in infection control prevention.
- The service had an infection control policy in place.
- Staff received personal protective equipment (PPE) such as gloves and aprons. Staff told us this was readily available at the office.

Learning lessons when things go wrong:

- The service had a system for managing accidents and incidents to reduce the risk of them reoccurring.
- We saw that staff completed accidents and incidents records. These included details of the action staff took to respond to and minimise future risks, as well as information about who they notified, such as a relative or healthcare professional.

- We saw examples of lessons learned and how procedures were changed to prevent reoccurrence.
- Improvements were also shared at staff and multidisciplinary meetings.

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

We have inspected this key question during our previous inspection on 24 October and 1 November 2017. This key question was rated "good". At this inspection we saw this had been sustained. Legal requirements had continued to be met.

Good: 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, and care delivered in line with standards and guidance.
- The referrals set out essential background details about people, including what support was being requested. Once a referral was accepted, a reablement healthcare professional completed an enhanced reablement needs and risk assessment.
- A reablement plan was then agreed and this detailed how people's needs could be met. This also set out the hours and times for support to be provided.
- We noted that staff completed notes for each visit, recording the care and support provided and indicating the level of dependency or independence of the person to help case managers track and review progress.
- One example typified how the service assessed and delivered care in line with standards and guidance. The person had been referred to the service for self-neglect and personal care. An initial assessment identified the person was neglecting their personal care and withdrawn from day to day activities. We noted that details about preferences and history were ascertained and recorded. Risk assessments were completed. Reablement goals were agreed, focussing on re-engagement with personal care and day to day routines. Reablement plan and timings were clear. Home support workers were to encourage and provide help with personal care needs, and thus reducing risk of self-neglect: starting off with encouraging strip wash in bed, moving to bathroom and aiming to have the person taking showers again.
- The reablement plan and risk assessment accurately cross referenced with the needs and risks identified in the referral received.

Staff support: induction, training, skills and experience:

- Staff felt supported. They were trained, skilled and experienced in their role.
- We spoke with home support workers who were enthusiastic about their roles. Most of home support workers were experienced working within the care field. Most had worked for more than ten years as home support workers in the domiciliary care service prior to the development of the reablement scheme.
- The home support workers told us of their sense of satisfaction of seeing people regain independence and carry out a number of tasks independently. One staff member said, "Training programmes here are very good and have enabled me to understand my responsibilities."

- People were supported by staff who had the skills and knowledge to meet their needs. For example, one person using the service told us, "I think staff are great. They have good knowledge and skills. They encourage me to carry out chores rather than doing it for me."
- Staff had completed mandatory training, which covered a range of areas, including, food hygiene, infection control, equality and diversity, health and safety, safeguarding, moving and handling, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Staff spoke positively about their line management. They felt able to approach their line manager at any time for support. We evidenced that staff were supported through regular spot checks, supervision and yearly appraisal of their performance.
- Staff were described in complimentary terms by other professionals for their skills and experience.

Ensuring consent to care and treatment in line with law and guidance:

- People's rights were protected because the service ensured that the requirements of the Mental Capacity Act 2005 (MCA) were met.
- The MCA 2005 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. We checked whether the service was working within the principles of the MCA 2005.
- People were supported to participate in their care and to make decisions about their care. We examined people's records, which confirmed that decisions had been made in their best interests and by whom.
- The service employed a social worker who carried out mental capacity assessments. We saw evidence of positive outcomes for people. This demonstrated how effective staff had been by working with people where concerns were raised regarding varying capacities and in making specific decisions.
- In one example, one person had been supported successfully to make a decision about returning to spending their retirement in their country of birth. In another example, consent had been obtained for information sharing.

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

- People were supported to eat and drink in order to maintain a balanced diet.
- There was a nutrition and hydration policy to provide guidance to staff on meeting the dietary needs of people.
- Staff assessed people's nutritional needs and supported them to have a balanced diet.
- One person told us, "I have diabetes. Staff know how to prepare and serve the food I eat."
- Home support workers had attended training in nutrition and healthy eating.

Staff working with other agencies to provide consistent, effective, timely care:

- We saw examples where staff had worked with other agencies to provide consistent and timely care.
- In one example, we read feedback from the London Ambulance Service (LAS) relating to staff actions that resulted in a person using the service being attended to by paramedics, and being given emergency treatment. The feedback had highlighted how this had been effective in preventing hospitalisation and ensuring the person was attended to promptly.
- The service worked with other providers to ensure people continued to receive care in a consistent way. For example, regular multidisciplinary meetings were held to discuss people's progress. If it had been identified that a person required a referral to another provider, the service worked to ensure an on-going package of care was developed in collaboration with all involved.

Supporting people to live healthier lives, access healthcare services and support:

- Staff supported people to access the healthcare services they needed. For example, one person was referred to relevant professionals following a fall.
- The service worked jointly with relevant professional, including, GPs and community matron, physiotherapist, reablement social worker and district nurses.

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.

We have inspected this key question during our previous inspection on 24 October and 1 November 2017. This key question was rated "good". At this inspection we saw this had been sustained. Legal requirements had continued to be met.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff had a good understanding of protecting and respecting people's human rights. They had received training around equality and diversity.
- The registered manager and other managers were familiar with relevant policies, including The Equality Act 2010 and The Human Rights Act 1998.
- People's diversity and human rights were highlighted in their care plans.
- The service treated people's values, beliefs and cultures with respect. There were practical provisions for people's differences to be observed. For example, provisions had been made to support people's diversity, and this included gender preferences.

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

- Staff were aware of the importance of seeking consent from the people they supported. People told us they received support that provided maximum choice and control of their lives with staff supporting them in the least restrictive way possible. The provider had policies and systems in the service that supported this practice.
- Everyone we spoke with told us they had been fully consulted about their care arrangements and had agreed care arrangements with management that were at suitable times.
- Staff were knowledgeable about people's preferences. People's care records contained their profiles, which recorded key information about their care. This included their likes and dislikes, gender, interests, culture and language

Respecting and promoting people's privacy, dignity and independence:

- People found they were treated with dignity and respect. One person said, "Staff coming to my home are respectful of me and my home, and always appear happy to see me." Another person told us, "Staff knock before coming in although they have a key, they close my blinds when assisting with personal care." These were some of the many complimentary remarks we received from people who used the service.
- People were supported to maintain their independence. Their care records contained information about their choices and independence.
- Staff knew each person's ability to undertake tasks related to their daily living. They took time to support

people to participate as fully as they could.

- The service recognised people's rights to privacy and confidentiality. Care records were stored securely in locked cabinets in the office and, electronically.
- Confidentiality policies had been updated to comply with the new General Data Protection Regulation (GDPR) law.

Is the service responsive?

Our findings

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

We have inspected this key question to follow up the concerns found during our previous inspection on 24 October and 1 November 2017. Previously, people's care records were not person centred. At this inspection we found that improvements had been made. People were receiving person centred care.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Referral documentation included detailed information about people's medical conditions and the support they required and the health professionals involved.
- Care plans were well developed. They gave clear guidance for staff on how people's needs should be met. For example, one person's care plan recorded that staff encouraged the person to prepare breakfast. Another person's care plan included exercises from a physiotherapist for the person to complete with support from staff. Follow up information recorded in daily records showed that both these people were supported by staff with these tasks.
- We viewed completed daily records and noted that staff wrote detailed information that identified the person's state of health and wellbeing, and their ongoing progress.
- People told us they were receiving personalised care and support services that met their needs. One person told us, "I have had great attention since my discharge from hospital."
- We saw from people's care records that various health care professionals including the physiotherapists were involved in reviewing their care. One person told us, "The Reablement team are remarkable. We have the best service with an occupational therapist, a physiotherapist and the team all working together to make sure I am getting all the support and help I need."
- People told us that they received care and support that was responsive to their individual needs. One person told us, "This is an exceptional service. Having come home from hospital I was weak and lacked confidence. This has all changed in weeks with the support and encouragement of the team that come to visit."
- One person told us, "I get all the support I need and I am ready to be transferred to another service."
- People's diversity and human rights were highlighted in their care plans. Referrals included a section relating to people's diverse needs such as their religion, culture, ethnicity and their preference of gender support.
- There were practical provisions for people's differences to be observed. When it was possible, the management had tried to match people with staff from the same cultural or religious background if the person requested this.

Improving care quality in response to complaints or concerns:

- The service had a complaints procedure which people and their relatives were aware of. The procedure

explained the process for reporting a complaint.

- The service had received one complaint since our previous inspection. This had been investigated and action taken.
- People felt they would be listened to if they needed to complain or raise concerns. One person told us, "I have complained once. The service was very sorry it happened. They acted immediately."
- The registered manager told us, "We don't tend to receive many complaints because we are responsive to feedback from people we support."

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.

We have inspected this key question to follow up the concerns found during our previous inspection on 24 October and 1 November 2017. This key question was rated "requires improvement". The registered provider had not effectively assessed and monitored the quality of the service. At this inspection we found that improvements had been made. Legal requirements were met.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The service planned and promoted person-centred care for people. People felt the service provided a personalised care that supported them to develop or regain independent living skills and met their needs appropriately. We read many compliments from relatives expressing their gratitude to staff for the support given to their loved ones who had made progress and had become independent with their activities of daily living since their discharge from hospital.
- The culture of the service was focused on ensuring people received person-centred care. People were visited in hospital to discuss their needs and then involved in the development of a care plan.
- Staff assessed people's needs and delivered care in line with current evidence based guidance. For example, we saw guidelines from NICE (National Institute for Health and Care Excellence) for different aspects of care that the service followed. Staff had been trained so that they had skills, knowledge and experience to deliver high-quality care.
- The service was aware of and complied with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. There was an open and transparent approach to safety and a system was in place for reporting and recording significant events. We had been notified of significant events.
- Commenting on the quality of the service, a relative of a person who had recently been discharged from the service commended the service, stating, 'we would like to thank you all for the excellent service you gave to both of us. We appreciate the care, understanding and time you showed us to enable our relative get back on track. The professionalism of the staff was exceptional'.

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

- There was a clear leadership structure and staff felt supported by management.
- The service proactively sought feedback from staff and people, which it acted on.
- The leadership structure comprised the corporate director, service director, assistant director, three

reablement team managers, of which one is the registered manager and eight team leaders. There was also a team of health and social care professionals.

- □ We found the management to be knowledgeable about issues and priorities relating to the quality and future of the service.
- □ Staff told us there was an open culture within the service and they could raise any issues at team meetings and felt confident and supported in doing so.
- □ Staff felt respected, valued and supported by the managers. They were encouraged to identify opportunities to improve the service. We noted some staff had received awards, which ranged from Star of the month, Exceptional People of Islington Council (EPIC) award – Team of the year and Employee of the month.
- □ The management understood quality performance. They shared with us how they were performing against their key performance indicators. For example, 'remaining living at home 91 days following discharge' is a key outcome for many people using reablement services. The service had consistently met the performance target. We looked at the performance figures for the last three quarters and we were able to confirm a high-performance figure as follows: 98%, 93% and 94% respectively.
- □ This demonstrated that the service was able to maximise people's level of independence, in order to minimise their need for ongoing support and dependence on public services.

Continuous learning and improving care:

- □ A range of quality assurance systems had been used continuously to drive improvement. This included regular surveys, audits, monitoring of accidents and incidents and carrying out spot checks.
- □ Areas of improvement were identified in the management of the service. There were now effective arrangements in place for monitoring, investigating and learning from incidents and accidents.
- □ We saw examples of lessons learned and how procedures were changed to prevent reoccurrences of untoward incidents.
- □ We evidenced improvements from the provider's transformation plan. Improvements had been completed or on-going in areas such as medicines management, managing concerns, incidents and near misses, and staff training.
- □ Audits were carried out fortnightly. We reviewed the last two quarterly reports. One covered May to August 2018 and the other covered September to December 2018. The findings from the first showed 90% of reablement plans were person centred. The findings from the second showed that improvements had been carried out, with a 95% of reablement plans being person centred.

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

- □ The service encouraged and valued feedback from people, the public and staff. It proactively sought people's feedback and engaged them in the delivery of the service.
- □ Healthwatch Islington, with support from Islington Council, also carried surveys, which were fed back to the service. We saw that the service was acting on the feedback.
- □ The service was in the process of introducing a 'service user experience/end of service questionnaire', to include people's experience of assessments, support planning, service delivery and outcomes.

Working in partnership with others:

- □ The service worked with a range of other agencies. For example, A Single point of Access (SPOA) was established in 2017. Through the SPOA, the service worked in partnership with other organisations from across health and social sectors, to direct people to services most able to support their recovery.
- □ The service scheduled and chaired the weekly multidisciplinary meetings to discuss and monitor all cases with a variety of partners including the GP integrated networks.

- □ Enhanced Reablement community psychiatric nurse (CPN) in the team liaised regularly with mental health services within the local authority and coordinated reablement support and ongoing care.
- □ The service visited other reablement services across local authorities to share knowledge and best practice.
- □ The service participated in the National Audit of Intermediate Care (NAIC) 2017.