

Nottinghamshire County Council

Start Service - Mansfield and Ashfield Locality

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

We carried out an announced inspection of the service on 31 March 2016. Start Service – Mansfield and Ashfield Locality is registered to provide short term reablement services and personal care to people in their own homes. Reablement is about helping people regain the ability to look after themselves following illness or injury. At the time of our inspection the service was providing the regulatory activity of personal care to 40 people.

On the day of our inspection there was a registered manager in place. 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 were notified on the day of the inspection that the current registered manager would be leaving the service in April 2016. They told us a new manager would be appointed soon and they would make the necessary applications to become registered with the CQC. We will monitor this application.

People were supported by staff who made them feel safe when they were in their home. Staff understood how to identify the signs of abuse and who to report their concerns to. Assessments of the risks to people's safety were conducted and support plans were in place to address those risks. An appropriate number of staff to support people's reablement were in place and checks of staff suitability to work at the service had been conducted prior to them commencing their role. People did not require staff support with their medicines, but staff understood the risks associated with people's medicines.

Staff received regular supervision of their work and they felt supported by the registered manager. Staff completed an induction and completed a comprehensive training programme. Records showed staff training was up to date.

The registered manager was aware of the principles of the Mental Capacity Act (2005), although due to the type of service provided, people had capacity to make their own decisions. Staff respected people's wishes.

People were encouraged to eat healthily and were supported with preparing and buying their own meals. People's day to day health needs were met by other health care professionals, but staff understood how to support people where required.

People told us they thought the staff were kind and caring, treated them with dignity, respected their privacy and acted on their wishes. People were provided with the information they needed that enabled them to contribute to decisions about their care. People were provided with information about how they could access an independent advocate to support them with decisions about their support needs.

People's support records were written in a way that ensured their aims and wishes were reflected throughout. People agreed clear, achievable goals with staff in order to aid their reablement. People's

support records contained guidance for staff to respond to people's needs. People were provided with the information they needed if they wished to make a complaint.

The registered manager led the service well and understood their responsibilities. They ensured the CQC were notified of incidents that had occurred.

People and staff spoke highly of the registered manager. People's feedback was requested once they had finished using the service in order for the service to develop and improve. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the reablement support provided.

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.

People felt safe when staff supported them in their home.

Staff understood how to identify the signs of abuse and who to report their concerns to.

Assessments of the risks to people's safety were conducted and support plans were in place to address those risks.

An appropriate number of staff to support people's reablement were in place and safe staff recruitment processes were followed.

People did not require staff support with their medicines, but staff understood the risks associated with people's medicines.

Is the service effective?

Good ●

The service was effective.

Staff received an induction prior to commencing their role and received regular supervision and training. Staff felt supported by the registered manager.

The registered manager was aware of the principles of the Mental Capacity Act (2005), although due to the type of service provided, people had capacity to make their own decisions.

People were able to make choices and staff respected their wishes.

People were encouraged to eat healthily and were supported with preparing and buying their own meals.

Staff understood how they could contribute to supporting people with their health needs.

Is the service caring?

Good ●

The service was caring.

People thought the staff treated them with respect and dignity and listened to and acted on their wishes. People thought the staff were kind and caring.

People were provided with the information they needed that enabled them to contribute to decisions about their support and they felt involved with this process.

People were provided with information about how they could access independent advocates to support them with decisions about their care.

People were supported to regain their independence in a structured and achievable way.

Is the service responsive?

Good ●

The service was responsive.

People's care records were written in a way that ensured their aims and wishes were reflected throughout.

People agreed clear, achievable goals with staff to improve their ability to return to independent living.

People's care records contained guidance for staff to respond to people's needs.

People were provided with the information they needed if they wished to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The registered manager understood their responsibilities and carried out their role in line with the requirements of their registration with the CQC.

People and staff spoke highly of the registered manager.

People's feedback was requested in order for the service to develop and improve.

There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the reablement support provided.

Start Service - Mansfield and Ashfield Locality

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 31 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection team consisted of one inspector and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also spoke with health and social care professionals and asked for their views.

Prior to the inspection we sent questionnaires to 32 people who used the service and 32 relatives or friends to gain their views on the quality of the service provided. We received 11 responses. We sent questionnaires to 11 staff and 11 health and social professionals. We received nine responses.

At the provider's office we reviewed the support records for five people who used the service. We also looked at a range of other records relating to the running of the service such as quality audits and policies and procedures. We spoke with two members of the support staff, two office based reablement managers and the registered manager.

After the inspection we carried out telephone interviews with five people who used the service and seven relatives and asked them for their views on the quality of the service provided.

Is the service safe?

Our findings

All of the people who responded to our questionnaire or who spoke with us told us they felt safe when staff supported them in their home. One person told us that if they did not feel safe with the member of staff who came to their home then they would ask for a different member of staff. All of the relatives we spoke with also felt their family members were safe.

People were supported by staff who could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they believed a person had been the victim of abuse. Staff had attended safeguarding adults training and understood how to use what they had learned to ensure people were kept safe. Staff were also aware of who they could speak with both internally and externally if they had concerns. All staff spoken with said they would report concerns to the registered manager or the reablement managers, but also to the CQC, the local multi-agency safeguarding hub (MASH) or the police.

A staff member said, "I would report concerns to my manager, but if things were really serious I would call the police immediately." Health and social care professionals, spoken with prior to the inspection felt people were safe. One said, "The manager I have worked with has been very enthusiastic about the service and open to new ideas to ensure their service remains safe."

People's support records contained risk assessments that had been completed in a number of different areas such as the environment that people lived and their ability to manage their own medication. The registered manager told us due to the type of service provided, the aim of the service was to encourage and support people to do as much for themselves as possible to enable them to return to living independently of staff support. They also told us that people were not rushed with their recovery, and progress with meeting agreed goals was continually reviewed. We did find a small number of examples where people's support plans had shown that their needs had changed, but this had not always resulted in an updated risk assessment.

All of the people we spoke with told us they were satisfied that staff did not restrict their freedom and encouraged them to do as much for themselves as possible.

The registered manager told us they had the processes in place to ensure that if people had an accident it was investigated and measures were put in place to reduce the risk of reoccurrence. They told us that due to the type of service provided and the limited time people spent using the service, in some cases as little as one or two weeks, then the number of accidents or incidents was minimal.

People were supported by an appropriate number of staff to keep them safe but also to ensure they were provided with the appropriate amount of support required to assist them with their reablement. The registered manager told us to ensure that all people received the support they needed they and their support coordinators monitored daily the number of people they supported, their individual needs and the number of staff available to support them. They told us if they were unable to provide new people with the

support they needed then they would not authorise them to start using the service until appropriate resources were available. This process also ensured that people who were currently using service did not have their support affected which could lead to a longer period of time for their recovery.

The majority of people told us that staff arrived on time, although one person felt the staff did not always let them know when they were running late. The staff we spoke with told us they felt there were enough staff to support people safely. They also told us they had enough time to provide people with the support they needed. One staff member said, "We have a good system here. I know where I'm going in advance which means I can plan my day. When I get to a person's house, I know what I am doing and how long I have to help and support them."

The risk of people receiving support from staff who were unsuitable for their role was reduced because the registered manager had ensured that appropriate checks on a prospective staff member's suitability for the role had been carried out. We checked the recruitment records for three members of staff. Their records showed that before they were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the registered manager in making safer recruitment decisions.

We asked people if staff supported them with their medicines. All of the people we spoke with told us they managed their own medicines, although one person told us they did sometimes ask staff to wash their legs for them before they applied cream to their own legs.

People were supported by staff who understood the risks associated with medicines. The staff we spoke with told us people managed their own medicines but they did check that people had taken them, or offered assistance if they were asked to by the person. One staff member told us medicine administration records (MARs) were kept in people's houses to ensure that if staff provided any support for people with their medicines they recorded what action they had taken. One staff member told us they checked the stock levels of people's medicines to ensure they were being taken.

Staff had received the appropriate training to enable them to have the skills to support people safely with their medicines if needed. The registered manager told us that due to the type of service provided people did not require support with their medicines. This was because people would need to manage their own medicines once reablement support ended.

Is the service effective?

Our findings

People and the relatives we spoke with, or responded to our questionnaire, told us they thought the staff who supported them or their family members had the skills, knowledge and experience to support them in an effective way. One person said, "They [staff] are brilliant." Another person said they were 100 per cent confident staff knew how to support them. The relatives we spoke with agreed. One relative, who responded to our questionnaire said, "They [staff] have been wonderful, I would use them myself if needed and I would recommend them to family and friends."

Staff received an induction prior to commencing their role and the staff we spoke with told us they felt the induction equipped them with the skills needed to carry out their role effectively. Staff had been enrolled and had commenced a new nationally recognised qualification called the 'Care Certificate'. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

A comprehensive training programme was in place to ensure that staff received the appropriate training for their role in order to provide people with appropriate and effective reablement support. Training was in place in areas such as moving and handling, nutrition and hydration and safeguarding of adults. Records showed, at the time of the inspection, that staff training was up to date. External health and social care professionals agreed that staff had the skills needed to provide people with effective support with their reablement. One professional said, "I completed some training with some members of the team and I found the staff to be well informed and knowledgeable."

The staff we spoke with told us they felt they had the skills they needed to carry out their role effectively. One staff member said, "The training is brilliant and is always kept up to date."

Records showed staff were offered the opportunity to complete external qualifications such as diplomas (formerly known as NVQs) in adult social care to help to develop their skills and to continually improve the quality of the care people received.

People were supported by staff who received regular assessment and review of the quality of their work. Records showed staff received regular one to one supervision. The provider's PIR explained how they ensured staff were well trained and had their performance assessed in order to provide people with effective support with their reablement. The PIR stated, 'All staff receive regular supervision, support, team meetings and appraisal, which is recorded. The service takes a proactive approach in relation to training by using multiple approaches for delivery. This ranges from classroom based training days to distance learning, briefings and workbooks, which can be used flexibly in [staff] downtime.'

The people we spoke with did not raise any concerns with us regarding how staff supported them with them and not respecting their choices.

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. We checked whether the service was working within the principles of the MCA.

Records showed all staff had completed MCA training. The staff we spoke with had a good understanding of the MCA and could explain how they used the principles of it in their role.

The registered manager told us that due to the type of service provided, people had the capacity to make their own decisions. However, they also told us they regularly discussed with staff the need to be aware if people were showing signs that they may be having difficulty with making a decision; or, did not understand the implications of a decision they may make.

People spoke positively about the support they received with their meals and with buying and preparing food. One person said, "They make me a hot drink." A relative said, "They [staff] prompt [my family member] to get a meal, or if [my family member] is having a bad day, they will get it for them."

People's dietary requirements and guidance for staff to support people with following a healthy diet were assessed and recorded within their support records. Where people required assistance with following a diet in line with their cultural or religious preferences, details were also recorded in people's records. Where a risk had been identified to people's health we saw referrals and liaisons with external healthcare professionals had been made. This included dieticians and Speech and Language Therapists (SALT).

We identified one person who was living with diabetes and required staff to support them with maintaining a healthy diet to reduce the risk of them having a hypoglycaemic or hyperglycaemic seizure. These can occur when there is too much or little glucose in a person's bloodstream. Guidance was not available for staff to support this person if they had one of these seizures. The registered manager told us they would ensure a process was immediately put in place to ensure that when a person started using the service and had been identified as living with diabetes, that guidance was provided for staff on how to support them.

Due to the type of service provided people had alternative arrangements in place to support them with their healthcare. The staff we spoke with had a good understanding of people's day to day health needs and were able to explain how they would support people in case of an emergency. A variety of other healthcare professionals supported people with their day to day health needs. These included occupational therapist and physiotherapists.

All of the people we spoke with confirmed that their healthcare needs were met by other agencies and healthcare professionals.

Is the service caring?

Our findings

The people we spoke with and who responded to our questionnaire told us staff were kind and caring when supporting them with their reablement. One person said, "The staff are very caring." A relative said, "The staff are awesome." An external health and social care professional said, "I have certainly found the staff I have met to be very caring."

Staff spoke passionately about the support they provided for people. Each member of staff told us they took great pride and a sense of achievement when they saw people's health and ability to do more things for themselves improve during the reablement process. One staff member said, "You get to form a nice bond with people. It's so nice to see their improvement. I helped a person who was in their 90s. They were so determined to get better and quickly. It's a pleasure to help them along the way."

When people first started to use the service, they were given a 'welcome pack' which explained clearly the type of service provided, how long they would get support for, who they could contact in an emergency and who they could contact if they were not happy with the service provided. The registered manager told us they ensured people were fully aware of the aims of the reablement service provided and ensured people were encouraged to set themselves clear and achievable goals to regaining their independence.

People's support records contained information about their life history and personal preferences. The registered manager told us that although people did not use the service for long, it was important that staff had information about what was important to each person to show the staff cared about and were interested in, what was important to them.

The majority of people we spoke with told us they felt they were involved with the planning of their reablement support needs. In each of the support plans we looked at, we saw there were clear, agreed goals set in place for people to aim for to encourage them to regain their independence. Some of these goals included being able to use their bath or shower independently or to get themselves dressed. The staff we spoke with had a clear understanding of their role in supporting people with achieving their goals. One member staff told us they understood that the aim of their role was to assist people to regain their independence as quickly and as safely as possible.

Information was provided for people about how they could access and receive support from an independent advocate to help them make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People and the relatives we spoke with felt staff treated them or their family members with dignity and respect. A relative said, "They have been wonderful, I would use them myself if needed and I would recommend them to family and friends." Records showed all staff had completed dignity awareness training. The provider's PIR stated, 'All staff are Dignity Champions and completed a workbook training exercise so that their line manager was able to assess their knowledge and understanding. One of the

managers has the lead for dignity (awareness) and is working towards having a network of champions leading up to an event to celebrate Dignity Action Day.' The registered manager told us this event took place in February 2016 and all staff were now accredited as Dignity Champions. Dignity Champions challenge poor care and act as role models to others, ensuring that they and others treat people with the respect they deserve.

Each person's support plan provided guidance for staff on how to respect the person's home in which they were entering. This included establishing from each person whether they gave staff permission to enter their home with their shoes on.

The staff we spoke with were able to explain how they ensured they treated people with respect and dignity whilst maintaining their human rights. One staff member said, "I treat people how I would like to be treated. It is that simple."

People's records were handled in a respectful way within the provider's office. Records were stored in a locked cupboard to prevent people accessing people's personal information. This maintained people's right to privacy.

People felt the staff supported them regain their independence. A relative told us the staff helped their family member with bathing but encouraged them to wash themselves. People's support records contained clear guidance for staff on how to support people with regaining their independence and the level of support people wanted to do so.

Is the service responsive?

Our findings

Prior to commencing using the service people's reablement needs were assessed to ensure the service was able to provide the appropriate support for the person to regain their independence. Once the person started using the service a variety of health and social care professionals met with each person to agree a support plan with them to aid their reablement. The provider's PIR stated, 'Within the first few days of entering the service, an occupational therapist will visit to build on the support plan with the individual to write reablement goals towards independence. The plans reflect a person's strengths and what they can do, their needs, choices and preferences and how they prefer to manage their health.'

People told us they had been involved with the planning of their care and deciding the goals they wanted in place to help them achieve their independence. One person said, "My friend and I were [involved]." A relative said, "After our relative came out of hospital, I think that it was the [registered] manager, who came to see us to discuss care."

The registered manager told us that due to the type of service provided it was key for achievable and realistic goals to be agreed with each person, enabling them to take control of the way in which they wanted to be supported. The provider's PIR stated, 'Individuals in START receive a service for a maximum of six weeks, which is consistent and personal to them to help regain their independence.'

People's support records were written in a person centred way, focussing on the support people wanted from the staff. This included the choice of male or female staff, how they wanted to be supported with their personal care or the assistance they wanted with getting dressed or making meals. One person's support plan stated they were 'very independent' and had clear guidance for staff on how they wanted to be supported.

The staff we spoke with had a clear understanding of their role and how, during the limited time they spent with each person, a maximum of six weeks, they could support people to achieving their goals. One staff member said, "The support plans give you the information you need to help support people in the way in which they want to be."

Each person's support plan contained regular updates of their progress in achieving their goals. The registered manager told us they ensured that people had all of the support they needed to regain their independence. This included providing them with external health and social care professional support, making small adaptations to their homes or providing them with assistive technology.

People and their relatives were provided with the information they needed if they wished to make a complaint. The majority of people we spoke with or who responded to our questionnaire told us they were aware of how to make a complaint. Information to do so was provided within the 'Welcome pack' given to them when they started to use the service. One person said, "I would ring the office, but I haven't got a problem." A relative told us they had made a complaint and it had been dealt with appropriately.

The registered manager told us that due to the type of service provided complaints were rare as people were not with the service for longer than six weeks. We looked at the service's complaints procedure and saw the appropriate process was in place to respond to people's concerns in a timely manner.

Is the service well-led?

Our findings

People and their relatives did not raise any concerns with the way the service was led and felt able to raise any issues with the support staff or the reablement managers. Some people felt they did not know who the registered manager was, however this was because of the limited amount of time that people used the service. People did feel that if they raised any issues they would be acted on. One person said, "We had two minor problems but they were sorted."

The majority of people who responded to our questionnaire told us their views on the quality of the service provided had been asked for. The registered manager told us when people finished using the service they were provided with a questionnaire to complete to give their feedback on the quality of the service they had received and whether any improvement could be made. The registered manager told us they used this feedback to assist them with continually developing and improving the service.

The staff we spoke with felt able to discuss any concerns they had or ideas for developing the service with their reablement manager. Staff also told us they would speak with the registered manager if they needed to and felt they were approachable and welcomed their views. One staff member said, "The manager is brilliant and very supportive."

Regular team meetings were held and staff were encouraged to contribute to the monthly 'Top Tips' process. This process provided staff with helpful ideas about how to make their role more productive for the people they supported. The registered manager also told us that a newsletter was in the process of being established for staff and people who used the service to be kept informed of what was occurring within the service.

The staff we spoke with had a clear understanding of the provider's values and aims for the service and could explain how they used them to provide people with a high standard of reablement support. The staff we spoke with clearly enjoyed their job. One staff member said, "Our aim is to support people to return to independent living as quickly but as safely as possible."

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. 'Whistleblowers' can be employees who become aware of illegal activities taking place in a business either through witnessing the behaviour or being told about it.

The registered manager told us they operated in an open and transparent way and welcomed the views of their staff on how to improve the service. They also told us they had a variety of processes in place to ensure that staff felt supported and informed, felt able to develop their role and understood how they could contribute to reducing the risks faced by people who used the service and the service as a whole. The provider's PIR stated, 'All staff have regular supervision, weekly drop-ins, appraisals, observations, team meetings and additional support sessions from their manager if required. Within supervision sessions there is a set agenda in relation to health and safety, safeguarding, performance, service delivery, training and development and the individual's well-being.'

Healthcare professionals felt the service was well managed and spoke positively about the registered manager and reablement managers and felt the service was well managed.

Registered persons are required to notify the CQC of certain changes, events or incidents at the service. We reviewed the provider's records and found statutory notifications had been sent to us when required. The submission of these notifications is important as it enables the CQC to assess whether a service is taking, or has taken, appropriate action when there is an allegation of abuse or if a person has been seriously injured.

The service had quality assurance systems in place that monitored the quality of the service people received to ensure people received the care they wanted in a safe way. Regular reviews of care plans and staff performance were some of the ways the registered manager monitored the service. A 'quality assurance and performance improvement plan' was in place. This plan assessed the quality of the service provided and where improvements or changes were needed; agreed plans of action were put in place and regularly reviewed to ensure they were completed.