

Islington Social Services

Reablement and Home Support Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 5 May 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present.

The service currently offers five different types of support and works primarily with people aged 65 and over. The service offers home support which provides people with long term care within their own home. The service also offers four types of varying reablement services: a rapid response service which helps prevent hospital admissions; a discharge service which assesses the support people need when leaving hospital; enhanced reablement services which provides 72 hours of 24-hour care assessment and support and reablement services which provides six weeks of care and support for people requiring rehabilitation. The service was supporting 70 people at the time of inspection. Seven people were receiving the home support service, while 63 people received care from the various reablement services.

At the last inspection of this service on 13 and 14 December 2016 we found that some aspects of risk management were not safe and there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to the serious nature of the breach we took enforcement action against the registered provider.

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

We undertook this announced focused inspection to check that the most significant breach of legal requirements in relation to Regulation 12, concerning risk assessments, which had resulted in enforcement action, had been addressed. During this inspection we found that the provider had not adequately addressed this issue and people's risks were still not appropriately identified. There was insufficient guidance provided to front line staff to ensure that they were aware of how to work with people's known risks.

Due to the serious nature of this on-going breach, we took further enforcement action with regards to the lack of adequate risk assessments. A warning notice was issued which gives the provider a limited time frame in which to improve. We will re-inspect the service following the compliance date of the warning notice to check that appropriate action has been taken by the provider to address this issue.

This report only covers our findings in relation to the key question of safe and in particular the findings following enforcement action around risk assessments. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Reablement and Home Support Service on our website at www.cqc.org.uk.

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 not always safe. Risk assessments failed to provide adequate guidance for staff on how to mitigate people's known risks. The service had not ensured that risk assessments were fit for purpose following enforcement action at our last inspection.

Requires Improvement ●

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 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.

We undertook an announced focused inspection of Reablement and Home Support Service on 5 May 2017. The inspection was carried out by one inspector.

The inspection was carried out to check that action had been taken to comply with the warning notice as the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 specifically regarding risk assessments.

We looked at action plans regarding the breach of Regulation 12 that the service had sent to us, 32 risk assessments [seven for people using the home support service and 25 for people using the reablement service]. We spoke with seven staff.

Is the service safe?

Our findings

At our last inspection we found a number of failings regarding assessing people's personal risks and risk management. We found that known risks were not always being carried through from the point of referral to care plans. The service did not carry out their own assessments of people's risks and for all aspects of the service and risk assessments failed to provide staff with adequate guidance on how to mitigate risks. Some of these risks were significant. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People using the service were not safe and we took enforcement action against the registered provider. A warning notice was issued which gave the provider a specific time-frame in which to become compliant.

At this inspection we found that the service had developed their own risk assessments forms for both the home support and reablement aspects of the service and were now completing risk assessments when people were referred to the service. The registered manager told us, "We have developed new templates for risk assessments for both services. Risk assessments are completed by team leaders for home support and reablement are completed by reablement co-ordinators.

At our last inspection we found that risk assessments were not always updated on a regular basis. At this inspection we found that risk assessments had been updated for all people using the home support service since the last inspection. For people using the reablement service, records showed and we were told that people's risks were re-assessed each week for the duration of the six week care package. The registered manager said, "We have gone out and reviewed all seven service users [home support]. Every month we review the risk assessment and update it if any new risks are identified. When we do update it we make sure that support staff are aware that it has been updated. We update the reablement clients every week." Staff confirmed that they were informed if there had been any changes to the risk assessments. The registered manager also said, "We are speaking to them [care staff] regularly at team meetings and supervision about the new procedure for risk assessments." However, despite these positive developments around the service writing their own risk assessments and ensuring regular reviews, we found risk assessments were still not adequate and failed to address people's risks and provide staff with enough guidance on how to mitigate known risks.

People using the home support service had individualised risk assessments separate from their care plans. At our last inspection we found that risk assessments were a tick box format that provided no information regarding the identified risk. At this inspection we found that risk assessments were more narrative and contained more information. However, the service had used a format that focussed on environmental risks rather than people's personal risks. In some cases people's personal risks, such as falls, had been placed in the environmental risk assessment section and did not provide staff with guidance on how to mitigate the risk of falls for that individual.

The service did not administer medicines for any person using the service but did prompt people to take their medicines. For several people, their risk assessments stated, 'There is a possibility that [person] may suffer from side effects from medication'. However, this was a general phrase. Risk assessments did not list

the medicines people were taking and where people were taking any specific medicines there was no further information provided about any possible side effects. Risk assessments failed to state what type of side effects staff should be looking out for or needed to be aware of.

Risk assessment forms asked standard questions and where an issue had not been identified as a risk, the service had still included information on how to mitigate the 'risk'. For example, social isolation, where there was no risk identified, staff were guided to report any concerns to the office.

For another person it was noted that the person had 'risks associated with mobility'. However, there was no information on what the risks may have been for this person. Staff were guided to contact the office if there were any issues. For another person living with a mental health condition their risk noted, under the mental health section, that they may self-neglect if they were becoming unwell. However, where the risk assessment asked if the person was at risk of self-neglect, the risk assessment stated that they were not.

Risk assessments for the home support service were narrative but often confused with information in the wrong places or issues being identified as risks but on further reading, were not risks. It was not always clear exactly what people's risks were.

We looked at 25 care plans for the reablement service. Risk assessments formed part of the care plans for this aspect of the service. The service updated risk assessments and care plans on a weekly basis and we looked at the most recent risk assessments for these people.

At the back of each care plan, there was a risk assessment that noted what each person's risk was. However, there was no information provided for front line staff on any of the risks identified as to how they should mitigate the risk when they were attending care visits. Ways to manage the risk were written from the perspective of assessments that had been completed by the occupational therapists or physiotherapists and included where referrals had been made. Where people had been noted as being at risk of falls, risk assessments stated that an assessment had been completed but failed to provide front line staff with guidance on how to mitigate the risk of falls. For example, one person's risk assessment noted that they were at risk of falls and had been provided with an alarm in case they fell. However, there was no further information for staff on how to support the person appropriately to mitigate the known risk when carrying out care tasks. Another person had also been noted as being at risk of falls. The risk assessment stated that a referral for a falls detector had been made but no further information or guidance had been included.

Another person had been noted to have a risk of short term memory loss. The risk assessment stated that they had been referred to the GP. However, there was no further information on how this affected the person, why this was a risk or how this affected the person. There was no guidance for staff on how to work with the person to mitigate the risk.

For several people, the risk assessment identified a risk, such as falls and self-neglect. The risk assessment then said, 'refer to reablement plan' under ways to manage the risk. There was no further information for staff on how to mitigate the known risk. The associated care plans also failed to provide information for staff on how to mitigate the identified risk.

Risk assessments for the reablement service were not detailed and often failed to provide adequate guidance on mitigating the known risk to people.

We spoke with seven staff regarding the quality of risk assessments. For the home support service staff knew people well and told us that there was a continuity of care where people had regular carers. However, for the

reablement service, all staff that we spoke with told us that people did not have regular carers and that staff found it difficult to, "keep up" with people's risks as they may only see that person once a week. Staff told us, "Sometimes we can be regular but not so much. Maybe twice a week. It would make more sense if we had more continuity" and "One lady had four carers in one day. It makes it difficult for us to understand the risks." We asked if risk assessments provided staff with enough guidance to understand and work with people's personal risks. Staff said, "[Risk assessments] not as detailed as they could be. They should be reviewed more clearly", "Risks need to be better identified before they come to us. It makes it more difficult for us" and "Risks are not always identified. Sometimes it says follow the care plan but that's not clear. Sometimes I have to ask the client."

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had not adequately addressed this issue and were still not compliant with the regulations. Following our last inspection we took enforcement action under Regulation 12, safe care and treatment. Following this inspection and our findings that risk assessments were not ensuring that people were safe we took further enforcement action under Regulation 17, good governance. This is because the provider had been made aware of our concerns and had failed to ensure that this issue had been addressed to a standard that met the regulatory requirements.

Since our last inspection the registered manager told us, and records showed, that office staff responsible for completing the risk assessments had completed training around risk assessments. However, not all care staff had completed this. The registered manager said that the service was in the process of engaging an external trainer to deliver face-to-face training for care staff around risk assessments.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure that risk assessments provided staff with adequate guidance on how to mitigate known risks.

The enforcement action we took:

At our last inspection risk assessments failed to identify risks or provide adequate guidance for staff on how to mitigate these risks. We took enforcement action under regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that this issue had not been addressed. We took further enforcement action under regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and issued a warning notice.