London Borough of Croydon

Community Reablement Service

Inspection report

Fellows Court
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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

The service is a domiciliary care agency which operates a specialist rehabilitation service to people who had just left hospital to help them regain skills to live independently over six weeks. It provides personal care to people living in their own homes, flats and specialist housing. It provides a service mainly to older adults but also some younger adults. There was one person receiving personal care from the service at the time of this inspection although more people were receiving care from parts of the service we do not regulate.

This inspection took place on 24 August 2018. We gave two days' notice to the provider to ensure someone was available to assist us with the inspection. This was the first inspection of the service since it registered with us in July 2017.

People received joined-up care which met their needs well. The service was part of a team of health and social care professionals called the LIFE Team. The professionals included community nurses, physiotherapists, occupational therapists, social workers, health and wellbeing assessors and some voluntary organisations. The service communicated well with other professionals in the LIFE team to ensure people received the care they needed.

People were supported to regain their independent living skills and staff tailored people's care to their needs. The LIFE Team assessed people's needs holistically before they began receiving care and identified which services they would benefit from. People agreed their goals with staff at the start of their six-week period of care. Typical goals included gaining confidence, improving strength and mobility and regaining the skills to do day to day tasks such as cooking and making hot drinks. The service was successful in supporting people to achieve their goals which meant they could continue to live in their own homes.

People received care from staff who were suitably trained and supported. A training programme as in place to help staff understand people's needs. Staff were also trained as 'trusted assessors' which meant they promptly identified any equipment people needed to maintain their independence and helped them obtain it through the LIFE Team. Staff also received regular supervision with their line manager.

People felt safe with staff and staff understood their responsibilities to protect people from abuse and neglect. Staff received training in safeguarding adults at risk each year.

People received safe care. The provider assessed risks relating to people's care and staff followed guidance in place to reduce the risks.

People were supported by appropriate numbers of staff and the provider checked staff were suitable to work with people through recruitment processes.

People received the support their required to maintain their health and the service worked closely with healthcare professionals to meet people's needs.

People's care plans contained sufficient detail to guide staff on people's physical, mental, emotional and social needs and informed them of their personal history. People were involved in developing their care plans and in decisions relating to their care.

People were positive about the staff who supported them and positive relationships developed during the six-week periods of care. Staff understood the care people needed and how people preferred to receive their care. Staff treated people with dignity and respect and people's privacy was maintained.

People's concerns and complaints were investigated by the provider and responded to appropriately.

The service was well-led with visible management and a clear management structure. The registered manager and staff understood their role and responsibilities.

The provider had systems in place to oversee the quality of service including observing the care staff provided, audits and gathering feedback from people, relatives and staff.

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. Staff reduced risks to people's care.

Staff understood how to protect people from abuse and neglect.

There were enough staff deployed to support people. Staff recruitment was robust.

Is the service effective?

Good

The service was effective. People's care was assessed holistically by the LIFE Team to identify their needs.

People received care in line with the Mental Capacity Act (2005).

Staff received training and supervision to help them understand their roles.

People were supported to regain their skills in relation to cooking.

Is the service caring?

Good

The service was caring. People were supported to regain their confidence and skills so they could continue to live independently.

Staff knew the people they were supporting and understood their needs and preferences.

People were treated with dignity and respect and their privacy was maintained by staff.

People were involved in decisions relating to their care.

Is the service responsive?

Good

The service was responsive. People were involved in developing their care plans. Care plans were reliable for staff to follow and

reflected people's needs.

People's care was reviewed to check it continued to meet people's needs and people were achieving their goals.

There was a complaints system in place and the provider responded appropriately to concerns.

Is the service well-led?

Good

The service was well-led. The registered manager and staff understood their roles and responsibilities. Leadership was visible and competent.
The provider had good oversight of the service with audits to check the quality of care.

The provider gathered feedback from people and relatives as part of improving the service.

The service worked well with other healthcare professionals in delivering joined-up care to people.

Community Reablement 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.

This inspection visit to the service took place on 24 August 2018 and was announced. We gave the managing director 48 hours' notice to give them time to become available for the inspection. It was undertaken by a single inspector and an expert by experience. An expert by experience is a person who has direct experience of care services.

Before our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR contains information about the service and how it is managed by the provider. We reviewed this, as well as other information we held about the service such as statutory notifications. Statutory notifications are used by the provider to inform us about information such as safeguarding allegations and police incidents, as required by law.

During the inspection we spoke with the registered manager, the service manager, a senior reablement support officer and two reablement support officers. We looked at two people's care records to see how their care was planned, three reablement support officers' recruitment files and records relating to the management of the service.

After our inspection we spoke with one person using the service and the relative of a person who recently used the service. We also received feedback from four health and social care professionals.

Good

Is the service safe?

Our findings

Risks relating to people's care were reduced by staff. A person and a relative told us staff provided care in safe ways. The provider assessed risks before people began using the service and identified the support people needed from staff to reduce the risks. The registered manager gave us an example of a person who had a history of falls who was rarely injured but often unable to get up themselves. There was a risk the person would be lying on the floor in discomfort for some time. Staff taught the person techniques so they could stand up themselves after falling, such as crawling to the stairs and using steps as an aid. Staff also helped the person obtain a call pendant so they could summon help. Staff helped people with day to day risks such as removing obstacles to reduce trips and falls.

People were supported by staff who the provider carefully recruited. The provider carried out checks including work history and references from former employers, any criminal records, qualifications and training, the right to work in the UK, health conditions and their identification. The provider interviewed staff to check they had the right attributes, knowledge and skills to care for people.

People were supported by the right numbers of staff. A person and a relative told us staff timekeeping was good and they never rushed when providing care. Staff told us there were enough staff to care for people safely. The registered manager told us they accepted less people to the service during times of planned staff absences. For unplanned absences the staff team and the registered manager were available to provide additional care to people, as were other professionals in the Life Team such as physiotherapists and occupational therapists. The Life Team is a group of professionals in Croydon who work closely together to help people to live independently again following a period in hospital.

People were safeguarded from abuse and received support in relation to any accidents and incidents. A person and a relative told us they felt comfortable with staff and they provided safe care. Staff understood the signs people may be being abused and how to respond to keep people safe. There had been no safeguarding alerts since the provider registered with us although the provider had clear safeguarding procedures for staff to follow. Staff recorded any accidents and incidents and the registered manager reviewed these to be sure people received the right support.

The registered manager told us staff did not administer medicines to people as part of rehabilitation care. However, staff received training in safe medicines management to help them understand people's medicine-related needs. This also helped staff identify whether people may require support with medicines from additional services.

Infection control risks were reduced by staff. Staff understood how to follow safe infection control procedures when providing personal care to people such as using personal protective equipment (PPE). Staff received training in infection control to help keep their knowledge current.

Good

Is the service effective?

Our findings

The service had a holistic approach to assessing, planning and delivering people's care. A person told us senior staff met with them to find out more about them and what they wanted to achieve from their six weeks of rehabilitation and staff from other parts of the LIFE Team assessed the care people would need from them, such as physiotherapy. Staff were trained as 'trusted assessors' which enabled them to assess people's need for some specialist equipment such as walking frames and hand rails in the same way an occupational therapist usually would. As part of the Life service people received the equipment people needed to maintain their independence promptly. Senior staff also spoke with others involved in their care and read professional reports to understand the support people needed from the service. Records showed staff regularly assessed how people were progressing in relation to their rehabilitation care.

People were supported with their day to day health and links between health and social care services were excellent. Staff understood the support people needed with their day to day health and details were recorded in their care plans for staff to refer to. Some healthcare services were readily available to people as part of the LIFE Team such as physiotherapy and occupational therapy. The service manager told us, "We don't need to make a referral. We just call them, we're in the same team." They said that being part of the same team meant there was joined up way working which reduced waiting times for people.

People received support to regain skills in relation to cooking when this was an agreed aim of rehabilitation. The registered manager gave us an example of a person who required support to reduce their reliance on microwave meals and to cook more fresh food. Staff supported the person to regain their confidence to go to the local market to buy fresh vegetables and they were able to cook meals of their choice at the end of their six weeks.

People were cared for by staff who received the support they needed from the provider. A person and a relative told us they found staff to be well trained. New staff completed an induction which followed the 'care certificate'. The care certificate is a nationally recognised training programme which sets the standard for the essential skills required for staff delivering care and support. The provider closely monitored staff training needs and staff received regular training in topics including safeguarding, infection control, moving and handling, medicines management and the MCA. Staff received regular supervision with their line manager where they discussed the best ways to care for people and staff development needs. Staff also received annual appraisal to review their performance and set goals for the coming year.

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.

The registered manager told us if they suspected people may lack capacity in relation to their care other professionals, such as social workers, within the LIFE Team would carry out assessments. The registered

manager told us this had not been necessary in the past year as everybody using the service had capacity to make their own decisions about their care. Staff received training in the MCA and were able to tell us why the Act was important in their role.

Good

Is the service caring?

Our findings

People were supported to regain their independent living skills in ways tailored to them by staff. A person told us, "[A staff member] suggested I open the door and lock it to get me up and about and doing things for myself. They're going to help me get up the stairs too." A relative told us, "They helped [my family member] make herself a cup of tea. They provided her with specialist equipment to put her tea on tray and walk back to the table. It was really useful. They also helped her going up and down the stairs and they provided handrails. It did the trick!" The provider clearly identified the goals people wanted to achieve in relation to their independence in their six-week period with the service. Typical goals included being able to walk and go upstairs. Staff followed instructions from physiotherapists at each visit to help people regain their strength and confidence. Another typical goal for people was to be able to make hot drinks. Staff often helped people move items around in their kitchen to make it easier for them to make hot drinks. The registered manager gave us an example of when they obtained a device to fit on top of a person's walking frame so they could carry drinks and biscuits more easily around their home. For another person their goals included being able to apply a medical cream themselves. The provider supported the person creatively by making a tool for them to use as existing equipment on the market was unsuitable. Staff were very clear about the purpose of reablement and their role in enabling people to do things for themselves so they could continue to live independently.

People liked the staff who cared for them and developed positive relationships with them. One person told us, "The staff do everything perfectly. [A member of staff] really cares and so do the others." A relative told us, "They were very good at praising my Mum. All the encouragement was nice. They listened to everything she was talking about and they reminisced with her about the town and how it used to be." Staff were allocated sufficient time to care for people in a personal-centred way. Staff told us they had enough time to care for people without rushing and did not have to rush between appointments. The provider carefully determined the amount of time people required for their care through the assessment process. People also received consistency of care from the small team of support workers who worked with them and staff were motivated to provide high quality care.

The provider helped staff to understand people's diverse needs. Staff were offered training on specific conditions to help them understand the needs of people who may have these conditions, including dementia, autism, mental health issues, learning disabilities and diabetes. Staff also received training in equality and diversity. Staff understood what was important to people in their care as well as their needs, preferences and backgrounds and our discussions with staff showed they understood the people they cared for.

People were treated with respect and people's privacy and dignity was respected and promoted by staff. One person told us, "They always treat me with respect. They ask permission before washing the parts I can't do and I tell them it doesn't embarrass me." Staff received training on providing care with dignity and respect to keep their knowledge up to date. In our discussions with staff they spoke about people respectfully and in people's care plans and daily notes staff also described people respectfully.

People received choice in relation to their care. People received choice in the type of support staff provided as well as the times they received care. People had choice in who cared for them and were able to refuse staff they felt were not a good match for them.

Good

Is the service responsive?

Our findings

People received responsive care. The provider received several compliments cards and letters which reflected the responsive care people received. One person wrote in a card to the staff, "Thank you for all the help & encouragement given to me by your team over the last six weeks. It has enabled me to go on holiday, something I thought impossible on leaving hospital." A second person wrote, "You've made my legs much better…you have put the strength back. I've got the balance back in my legs and I can walk around the house. So thank you for everything." A third person wrote, "Everyone has been cheerful, helpful and encouraging to try to aid my recovery. I would be grateful if you would pass on my thanks to each and every one of them for bringing a feeling of optimism and cheerfulness into the house on some pretty lousy and dreary days. They have been a marvellous help to me."

People's concerns and complaints were used to improve the service. A relative told us, "They had a folder at the house which had info about how to complain." A person told us, "They gave me a leaflet and the manager came to visit me and told me how to complain." We viewed complaints records which showed the provider had investigated concerns and taken appropriate action to resolve issues. The provider kept people informed about the action were taking and issued apologies if they were found to be in the wrong.

People were involved in planning their care so it was tailored to their requirements. A person told us they were involved in developing their care plans and one person said, "The day to day task are what I need." Senior staff met with people before their care began to gather their views and find out their preferences in relation to their care, including their levels of independence and quality of life, and incorporated these into their care plans. People's care plans reflected their physical, mental, emotional and social needs, their communication needs and their personal history. Staff read people's care plans and our discussions with staff showed they understood the best ways to care for people. People's care was reviewed throughout their six weeks of care and the provide amended the care staff delivered if necessary.

The service did not provide care to people at the end of their lives so we did not inspect this key line of enquiry.

Good

Is the service well-led?

Our findings

People received care from a service which was well-led. A person told us, "The service is very, very good. [The registered manager] definitely knows her job and the staff too." A relative said, "The service is very good, I'd rate it outstanding. They'd call and make sure I was happy with everything and that [my relative] was too. It gave [my family member] back the confidence they'd lost." The registered manager was an experienced manager having worked with Croydon Council for many years. The registered manager was involved in establishing the Community Reablement Service and understood the service and it's aims very well. Our inspection findings and discussions showed the registered manager had a good understanding of their role and responsibilities, as did staff. In addition, staff confirmed they worked very well together as a team and were supportive of one another.

Leadership was visible and competent with a clear management structure. The registered manager was supported by a service manager who also oversaw other services within the LIFE team. Senior support workers carried out assessments of people referred to the service as well as staff observations and supervisions. Staff told senior staff were very approachable and supported them well.

The registered manager gathered feedback as part of monitoring the quality of care and the provider had suitable systems to communicate with people. A person and a relative told us the provider communicated well with them. The provider called and visited people and their relatives to check they were happy with the service and sent out questionnaires. The provider recorded people's feedback and we saw comments from people were very positive. As an example, one person wrote, "I think the service was exceptional. It was all of a very high level and very punctual. I am very grateful for everyone's efforts and the efficiency of the team." The provider reviewed feedback to identify any areas the service could improve. We reviewed records of people's feedback and saw people were overwhelmingly happy with the service. Staff met together most mornings to review how they were meeting people's needs and to share any suggestions for improvement. The provider also held regular meetings with staff to encourage them to share any concerns and suggestions for improvement.

The provider had good oversight of the service to check people received a high quality of care. Senior staff carried out frequent observations of staff to check they provided care to people in the best ways possible. Staff received feedback from the observations and were supported to make any necessary improvements. The registered manager had systems to check the quality of records relating to people's care and staff and to check staff received effective supervision. In addition, the provider oversaw staff training requirements to ensure staff received updates at the right frequencies.

The provider worked well in partnership with key organisations. The service was part of a larger team called the LIFE Team who worked together to support people when they left hospital. The team included community nurses, physiotherapists, occupational therapists, social workers, health and wellbeing assessors, reablement support workers and some voluntary services. The LIFE Team also worked closely with specialist community health staff including a community geriatrician and liaised with people's GPs and hospital consultants so people received joined-up care. Staff in the Community Reablement Service spent

time with other services within the LIFE team to help them understand the different roles. We received very positive feedback from other professionals in the LIFE Team in relation to the Community Reablement Service. Professionals confirmed the service worked very well with the other services within the LIFE Team and this team work meant people's hospital discharges ran smoothly and on time. Professionals told us staff were extremely supportive and approachable.