London Borough of Sutton

# Short Term Assessment & Reablement Team (START - London Borough of Sutton)

## Inspection report

Civic Offices
St Nicholas Way
Sutton
Surrey
SM1 1EA

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01 August 2016

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06 September 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This inspection took place on 28 July 2016 and 1 August 2016 and was announced.

The Short Term Assessment and Reablement Team (START) provides short-term care and therapy, to assist people to maximise their level of ability and independence in their own homes. Services include supporting people to manage their personal care and other daily tasks such as meal preparation, advice on food and hydration and referrals to other services as needed. The local authority is the provider and the service is situated in the Civic Offices in Sutton.

At the time of the inspection, there was a registered manager. 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.

The service was flexible as the number of people receiving care varied over time. This was due to unpredictable levels of referrals from hospitals, GPs and other community healthcare professionals. The service worked in conjunction with the local NHS Trust to ensure that reablement and rehabilitation was fully implemented into people's care packages. This joint working enabled people to regain their independence as much as and as quickly as possible.

The Short Term Assessment and Reablement Team used a comprehensive assessment and care planning process which ensured that people's care was detailed and based on all their needs. Staff we talked with were professional and caring. People told us they thought the care provided was consistently positive. There were sufficient staff to meet people's needs at all times and the service incorporated a robust method of determining correct staff deployment. People's medicines were administered, stored and documented appropriately and people were encouraged to self-administer their own medicines.

Staff had the skills and experience to ensure people received effective care and support. Staff received some supervision and following the inspection the registered manager put in place measures to ensure staff received more regular and formal support in the future. Staff completed regular training in areas relevant to their work.

Staff demonstrated a good understanding of their roles and responsibilities under the Mental Capacity Act 2005 and put them into practice to protect people.

People were supported with food and fluids and to maintain good health.

Staff provided a professional service which was kind, caring and respectful. People's dignity and privacy were protected and people were fully involved in their care and support to help increase their independence as much as possible.

People's needs were regularly assessed and they were involved in the assessment of their needs. Care plans were personalised and updated regularly as and when people's needs changed. People's views were always taken into account and they consented to their care.

People did not have any complaints about the service but knew how to complain if they had any concerns.

All of the people, relatives, staff and healthcare professionals we spoke with as part of the inspection commented that the service was well-led. They felt that the managers took time to listen and would take action to make improvements when needed. People felt that management were approachable and had a visible presence in the operation of the service.

We found that the registered manager conducted a range of checks to assess the standard of care. This included "spot checks" and satisfaction surveys where people rated the service positively.

## 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 were protected from abuse or neglect because staff were trained and knowledgeable about how to act or report any concerns.

Comprehensive risk assessment and care planning were an integral part of the service which ensured safe care for people.

Suitable numbers of staff were deployed to provide care for people receiving a service.

There were safe procedures for the administration of medicines. Staff encouraged people to be independent with taking their medicines.

### Is the service effective?

Good

The service was effective. Staff received good training during induction and on going training to ensure people received the best possible care. Staff received regular informal support but not formal supervision. Following this inspection the registered manager took action to ensure staff received regular formal supervision according to the agencies own supervision policy and procedure.

The service ensured they gained people's consent to care before the service was provided. People's capacity to consent to care and treatment was assessed and staff were aware of the principles and procedures as set out in the Mental Capacity Act 2005 Code of Practice and Deprivation of Liberty Safeguards (DoLS).

People were supported to have a balanced and nutritious diet.

Health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

### Is the service caring?

Good

The service was caring. People felt staff were genuinely kind and compassionate to their individual needs.

People were actively involved in the commencement and review of the care provided.

People's privacy and dignity was respected.

## Is the service responsive?

Good

The service was responsive. People's needs were comprehensively assessed and reviewed. There was a system in place for staff to inform the office of any changes in people's needs.

Care plans were individualised and reflected people's preferences.

The service had a complaints procedure and people knew what to do if they wished to raise a concern.

## Is the service well-led?

Good

The service was well-led. We found there was an open and positive culture in which staff were encouraged to participate in the development of the service. People, their relatives and other healthcare professionals told us they thought the service was well-led.

There was a system of audits that the provider had put in place to monitor and ensure the quality of the services provided were of a consistently high standard. We found service records we inspected were well maintained and easy to access. Records management was of a high standard.

# Short Term Assessment & Reablement Team (START - London Borough of Sutton)

**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 announced inspection took place on 28 July and 1 August 2016. The provider was given 24 hours' notice because the location provided personal care in the community and we needed to be sure that staff and managers would be present in the office.

It was carried out by one inspector. Before this inspection we looked at notifications that the service is legally required to send us about certain events such as serious injuries and safeguarding alerts.

We spoke with three support staff, an occupational therapist (OT), an OT team manager, a physiotherapist, the service manager and the registered manager. We inspected five people's care files and five staff files. We looked at other records related to the running of the service.

After the inspection we spoke with five relatives and ten people who used the services.

Good

# Is the service safe?

## Our findings

All of the people we spoke with as part of our telephone interviews strongly agreed that the service was safe. They said they felt safe with the personal care provided, that staff had not missed any calls to their home and that they were not rushed with care provided by staff. One person said, "They are excellent, they really are so committed. They make me feel very safe and well cared for." Another person said, "Very happy overall with the service, they do a great job." One of the relatives we spoke with said, "The service to my Dad has stopped now, but they were brilliant." All the relatives we spoke with told us that their family members felt safe, staff arrived on time and that staff stayed the necessary amount of time to provide their care.

As a part of this inspection we talked with three health professionals who worked with the service. They told us people received safe care. One professional said, "People being discharged from hospital are often referred to the START service with less clear cut needs. Because START has a robust assessment process to help with planning and facilitating safe discharges this enables a good and safe support plan can be provided for people."

We talked with staff about safeguarding people from abuse. We found there was a strong knowledge by staff and management regarding the principles of potential abuse and how to ensure people were safeguarded should allegations occur. Staff described the types of abuse they might encounter, the signs of abuse and the action they would take if they suspected or witnessed abuse. Staff we interviewed felt they were able to report another colleague who might abuse a person who used the service. All staff we spoke with were aware of whistleblowing and the authorities that they could approach if they needed to report something. The registered manager was clear about their part in managing safeguarding concerns. We saw that safeguarding was part of the induction process for new staff and that there was further training available for staff. At the time of this inspection all the staff whose files we inspected had completed safeguarding training in the last 12 months.

The provider helped people to be safe whilst they received care because their risk assessments and care plans reflected their individual risks. We looked at computer and paper based records for five people who used the service. We could see that people's risks were thoroughly assessed and documented. The registered manager told us that risk and needs assessments often occurred before the person started with the service so as to enable safe and appropriate care for the person when they were discharged into the community. For example, the service would ask hospital discharge coordinators and GPs who referred people to the service about risks pertinent to the start or on going provision of care for the person. In the risk assessments and care plans we examined we saw a comprehensive range of documents. Examples included any hazards that existed in the person's accommodation such as trip hazards, moving and handling assessments, how personal hygiene was conducted, and how nutrition and hydration would be assisted. The frequency of personal care also reflected people's individual needs and wishes. The people we spoke with told us calls and support from the service ranged from occasional to four times a day if the person required this. We saw that staff also reported any changes or new risks to the office managers. This enabled appropriate decision making and support to staff in people's homes as well as providing a current list of risks to manage.

With regards to the ratio of staff to people receiving a service, one person we spoke with said, "I think evenings can be difficult for staff sometimes. I don't think it's the most popular shift but overall we are happy." Other people told us they were happy with the staff who supported them and they told us they usually received care from a regular number of staff. This they said was their preferred choice as regular staff knew their needs best.

The number of people who used the service varied over time. At the time of the inspection there were 167 people in receipt of this service in their homes. We found there was an appropriate number of staff to provide care for people. We saw there was also a team of staff who worked in the office location to support staff that provided care in people's homes. Staff whereabouts and timing of calls was tracked by the office staff using technology. Staff were expected to call and message the office if they either exceeded the time they needed for a single call or had developed available time during their shift pattern. This meant the staffing was tailored to people's individual needs and calls were not cut short or routinely missed.

The service had robust recruitment and selection procedures that ensured there were suitable and experienced staff working with people. The staff files we looked at contained all of the necessary recruitment information. All the appropriate checks, such as criminal records checks, work references and identity checks had been undertaken and the results documented in staff files.

There were clear procedures for supporting people with their medicines. People were assessed on an individual basis to determine if they could manage their medicines or required support. One person said they managed their medicines and other people confirmed they had support from their families or from staff.

People and their relatives said they did not have any concerns about how the service dealt with medicines. Medicines were given from a monitored dosage system (MDS) for people who required support with their medicines. MDS is a medicines storage device designed to simplify the administration of medicines. The registered manager told us this was because the service aimed for people to be independent with this task. Staff had received training in the safe administering of medicines. Medicines records were completed to show when staff had administered any medicines.

Good

# Is the service effective?

## Our findings

All of the people who used the service, relatives, health professionals and staff we spoke with told us that they felt staff were well trained and that they knew how to meet peoples' care needs. We were told that staff often worker longer hours with people they were supporting so as to ensure people's needs were met.

Various field and office based staff we spoke with told us they had received training in a number of subjects, including dementia awareness. Health professionals who we spoke with told us staff worked to ensure people were supported sensitively and professionally.

We saw from our inspection that new staff received effective induction and support to establish their knowledge and skills in their new roles. The registered manager showed us records for staff inductions. The programme allowed the new staff to attend formal mandatory training, shadow experienced staff in the community and work with partner agencies to understand what people's needs would be when they commenced receipt of care.

The registered manager told us the aim was for all staff to undertake the 'Care Certificate'. This is a nationally recognised training programme for care staff and the registered manager told us this was to ensure staff continued to develop and expand their roles and responsibilities.

Staff told us they had received some formal supervision in the last year but informally they received very good support from their managers and could approach them at any time to discuss any concerns. Additionally they had weekly informal meetings with the team and the managers that also provided a good support mechanism. When we looked at the records we found staff had not received formal supervision support. We looked at five examples of supervisions between staff and their managers and saw evidence that staff supervision was not recorded except for staff having one formal meeting with their manager in the last year. Staff had however received goal setting and a review of their performance via their annual performance appraisals. We saw documented evidence of staff's annual appraisals. The registered manager told us that an immediate review of staff supervision was to take place so as to ensure all staff received formal supervision and support which would be recorded. A programme for all staff to receive formal supervision was provided to us on the last day of the inspection.

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 be as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager told us that where a person lacked capacity they were referred immediately to the social services. This was not usually necessary because social services were nearly always involved with people referred to the team.

People who used the service confirmed that they were asked for consent. They stated that staff asked for consent before entering their house, and also asked for consent to commence personal care. This meant people were able to refuse a visit from the staff and also had the right to refuse any care during the visit. People's rights about refusing any personal care were respected by the service and individual staff members.

We spoke with the registered manager about consent, the MCA and how best interest decisions were made with people using the service. When we spoke with staff we checked their knowledge and practice in people's provision of consent and best interests decision making. We found consent for the commencement of the personal care provided to people by the service was obtained at the point of the referral to the Short Term Assessment and Reablement Team (START). This included, for example GPs, hospitals and social workers or other health professionals. Once people's consent had been given to these agencies it was passed on to the START team. They then visited the person in their home, gave them a service user guide and completed their first assessment. The guide contained information for the person relevant to the start of personal care and included the aims of the service and explanation of the care that could be provided. Staff talked with the person to ensure they were making an informed decision about whether to receive care from the service. The person was given the chance to refuse the service if they decide this was in their best interests.

People told us they were involved in decisions about their nutrition and hydration needs. Staff told us these needs were monitored so they could be met by staff providing support. We saw that people's care records identified the support required with meals and fluids.

People were supported to receive healthcare services. The service worked with healthcare professionals and was pro-active in referring people for additional support. People had access to health care professionals when they needed them such as District Nurses (DN), occupational therapists, physiotherapists, sensory loss teams or GP's. People's care records included body maps and incident reports had been completed highlighting wounds and when referrals had been made to DN's. Staff told us they worked closely with all professionals and had on many occasions made referrals to them. People confirmed they had been visited by an appropriate professional when required.

Good

# Is the service caring?

## Our findings

All the people we asked gave us positive feedback about the kindness and compassion displayed by staff. Comments from people we spoke with included: "Very friendly staff", "good care provided to me by friendly staff" and "I have been really pleased with the service provided". Relatives of people were also positive in their comments about staff who supported their family members. One person said, "Very efficient care with all the calls my family member gets every day, no complaints at all."

Staff we spoke with were consistently passionate about the caring relationships they developed with people. We saw from what they told us they had genuine care for people's welfare and this was demonstrated in their approach with people. One staff member said, "The service we provide is short term and often we are the first person people see when they are discharged from hospital or following a referral from a doctor or district nurse. So we focus on being caring from the start of our care."

We also received positive feedback from community healthcare professionals who worked with or had contact with the service. Their response was similar in nature to that of the people and staff we spoke with. One healthcare professional stated: "Yes they are consistently helpful and good quality in their response to patient's needs. I am happy with the service."

Overall we found people thought the service was consistently caring and that a caring approach was developed with people even over a short period of time. People told us they were involved in planning their care, making choices and being able to change the care if they wanted. Where people's conditions meant they were not as involved in the planning or delivery of their care, relatives and healthcare professionals were consulted to ensure that the person received the best possible care based on preference and likes. The service also took into account the times people wanted to be cared at. Where possible they arranged calls which accommodated people's requests.

People told us they received care which was dignified and respectful. When we asked people and relatives during telephone interviews whether privacy and dignity was respected by staff during visits, they all agreed it was. The service provided person-centred care in a way that helped people to maintain a good level of independence, make choices and enable people to do as much for themselves as possible. When personal care was provided, staff explained they maintained people's privacy and closed bedroom doors and curtains in people's homes.

Good

# Is the service responsive?

## Our findings

At our inspection of this service, we found people's needs were regularly assessed and they were fully involved in the assessment of their needs.

A referral process was in place for when people were referred from either a hospital or community setting. A member of the office based staff visited the person where they were situated and they completed an initial assessment together with the person. A further assessment followed later to ensure a correct assessment had been completed as the person's needs may have changed. Following this a care plan or support package was arranged to set goals and outcomes with the person. We saw care plans were personalised and updated regularly as and when people's needs changed. People told us their views were taken into account and they consented to their care. The registered manager told us the service had a new messaging system staff were able to use via their mobile telephones that assisted in the service being responsive to meeting people's needs by assisting the service to arrange rostering visits for people more effectively. The database also supported staff to send messages back to the office via a mobile phone to inform them of an immediate change in a person's needs. The person's care plan would be updated as a result.

A process was in place to ensure people were supported through the service within the timescales allocated and their needs were consistently being met as they changed. From the initial visit which would either take place in people's homes or at the hospital prior to their discharge, on-going monitoring visits were completed to review and reassess people's needs. The service liaised with the appropriate professional either occupational therapists, physiotherapists or sensory loss teams to be kept up to date with progress people were making as part of their rehabilitation and reablement.

We were told that where people required additional support following intervention from the service, the person would be supported by the service to move onto another care agency that provided long term support to them in their own home. Some people told us the information provided to the agencies that followed this service from START was poor. One person said, "The new lot (a domiciliary care agency) aren't as good as them (START)" and another person said, "We didn't know about the new service. We discussed this with the management and they agreed to improve the quality of the information provided about people at the handover stage to the new providers.

One person we spoke with said, "If I had any complaints or concerns I would speak to staff or the managers. I haven't had any complaints though, I am very happy with the service they provide for me." A relative said, "No we don't have any complaints to make. I'm sure they would sort it out if we did." Other people told us if they had any issues they would speak to the registered manager and were confident that something would be done. People said they did not have any complaints about the service and they felt confident to express concerns and complaints. Staff confirmed they would support people to raise complaints or concerns. We saw the service had a suitable complaints policy and procedure. Complaints and concerns were logged and the registered manager said they reviewed this as part of their quality assurance to check if there were any trends that needed to be addressed.

Good

# Is the service well-led?

## Our findings

Our inspection found this service was well-led and achieved the type of care that people in their own homes told us they needed. People we spoke with told us they thought the service was well-led. Relatives also told us the service was well-led as far as they could see. Staff were complimentary about the registered manager and the other managers of the service. Comments from staff included: "The team get good training and support from the managers", "the team is really well established and most of us have worked here for years. That's because it is such a good team and well-led" and "this is the best team I have ever worked with" and "I feel this team is well-led and well supported by the manager. I like working here."

Staff and other healthcare and social care professionals linked with the team thought the service was well led and said there was a cohesive team spirit. "We all have the same aim here and that is to support people as well as we possibly can and in the best possible way." This comment from staff reflected our findings at this inspection of the team spirit and sense of purpose.

From our discussions with the registered manager and the service manager we saw the leadership had a continual focus on improvement, and there was a real sense that positive change was welcomed if this led to an improvement in the quality of service provision for people.

The provider had strong and clear visions about the type of service they aspired to provide and what they wanted for people who used the service. These were mapped out clearly in different types of literature the provider used. There were overall goals and values on printed brochures that we were provided with. The statement of purpose also clearly stated the aims and objectives of the service. Staff we spoke with knew the purpose of the service and the benefits for people gained from the personal care they received. The service maintained strong ties with other departments in the local authority, commissioners and members of various multidisciplinary teams.

The registered manager told us that "spot checks" were used to monitor the quality of services provided in people's homes. We were told another method was satisfaction surveys of service user's experiences to do with the service, were also used to gather feedback information.  We saw documentary evidence of this in the feedback survey that was carried out in 2015; we also saw "spot check" audits on the files we inspected. The registered manager told us they intended to carry out an analysis of all the quality assurance information they gathered that would indicate how the service was performing. Any concerns the audit checks flagged up would be actioned appropriately by the registered manager.

All the records we inspected at this service were well maintained and we found that the information we required to see was easy to access and chronologically stored. Old information had been archived appropriately but was also accessible if needed. This reflected on a well organised and efficiently run service that was particularly important given the complexity and short term nature of this service, together with the level of demand for such a service in the community of Sutton.