

# Knowsley Metropolitan Borough Council

# Knowsley Reablement Service

## Inspection report

Whiston Primary Care Resource Centre  
Old Colliery Road, Whiston  
Prescot  
Merseyside  
L35 3SX

Tel: 01514434623

Date of inspection visit:  
23 September 2016  
26 September 2016  
27 September 2016

Date of publication:  
23 November 2016

## 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 on 23, 26 and 27 September 2016.

Knowsley Reablement Service provides short term, time-limited personal care and support to people living in their own homes. The focus of the service is to enable people to maximise their potential to manage their own care without further support, or with minimal assistance. If at the end of the service a person still required assistance, their care would be transferred to a more permanent provider of the person's choice. At the time of the inspection there were 57 people using the service.

A registered manager was 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.

People said they felt safe when using the service and that staff paid good attention to their safety, for example, when using equipment to help with their independence. People were protected from potential harm because staff knew how to recognise abuse and were aware and confident about the processes for reporting any concerns they had.

No new staff had been employed to work at the service since our last inspection however there were processes in place to ensure the safe recruitment of staff. The registered manager described the process which they would follow for recruiting new staff and it was in line with the registered provider's robust procedures.

People's needs had been assessed and planned for with their involvement and where appropriate the involvement of significant others. The plans instructed staff on how to meet people's needs in a way that people preferred. Support plans included guidance for staff about how to manage any hazards which posed a risk to people's safety.

People were provided with individualised care and support that was tailored to meet their needs. Staff responded to changes in people's needs and they provided flexible support to make sure people achieved their goals.

Staff received the training and support they needed for their roles and responsibilities. Staff had been provided with relevant training and they underwent refresher training in a range of topics. Staff attended regular supervision meetings and team meetings which enabled them to discuss their work, training and development needs and receive updates regarding the service.

People and their family members told us that staff had always been respectful, kind and caring towards them. People also told us that they were very happy with the service they received and that they had been

given choices regarding how and when support was given.

The registered provider had a complaints procedure which they made available to people who used the service and their family members. People were confident about complaining should they need to.

Staff had access to a detailed set of policies and procedures which provided them with information and guidance essential to their work. The policies and procedures were reviewed and updated regularly to ensure they included relevant and up to date information about current legislation and safe and effective working practice.

Systems were in place to regularly check on the quality of the service and ensure improvements were made. These included regular audits on areas of practice and seeking people's views about the quality of the service. Developments were made to the service in response to people's views and to changes in practice guidance.

## 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 kept safe and protected from avoidable harm.

The process for recruiting staff was safe and thorough.

People received care and support from the right amount of suitably skilled and experienced staff.

### Is the service effective?

Good ●

The service was effective.

Staff received the right training and support for their roles.

People were provided with the right care and support to meet their needs.

People's rights were understood and people were involved and consulted about their care and support.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People's choice and independence were promoted in line with the ethos of the service.

People were afforded appropriate levels of privacy.

### Is the service responsive?

Good ●

The service was responsive.

Support plans instructed staff on how to meet people's needs and they were kept under review.

People were given choices and their wishes and goals were acknowledged and understood.

People were aware of how to complain and had not hesitation to do so if needed.

**Is the service well-led?**

**Good** ●

- The service was well-led.
- The registered provider had clear vision and values which staff reflected in their attitudes and practices.
- The service was managed by a person who was described as supportive and approachable.
- There were effective systems in place to monitor the quality of the service people received.

# Knowsley 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 took place on 23, 26 and 27 September 2016 and was announced. The inspection was announced because we wanted to make sure that people were available to support the inspection process.

The inspection was conducted by an adult social care inspector.

Before the inspection we checked the information that we held about the service and the registered provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the registered provider is required to send to us by law.

On the first day of our inspection we spoke over the telephone with two people who used the service and five people's family members. On the second day we visited the office and met with eight staff and the registered manager. We also spent time looking at records, including seven people's care records, training records for five staff and other records relating to the management of the service. On the third day, with their prior consent we visited three people who used the service at their homes and obtained their views about the service and checked their care records.

# Is the service safe?

## Our findings

People told us they felt safe with staff. Their comments included; "I feel safe with them all [staff]. I have no worries at all", "I trust them with everything" and "Very safe indeed". Family members told us they were confident that staff ensured their relatives safety.

People were protected from abuse and the risk of abuse. People who used the service and family members knew what constituted abuse and they said they would tell someone if they were concerned about their safety. Staff had undertaken safeguarding training which incorporated learning about the registered providers safeguarding policy and procedure. Following the training staff underwent a knowledge check to ensure they were competent at recognising and reporting abuse. Staff described the different types of abuse which included; physical, neglect, emotional, financial. They also they gave examples of the signs which may indicate abuse had taken place including; unexplained bruising, deterioration in appetite and a sudden change in a person's behaviour or mood. Staff were knowledgeable about the relevant procedures for reporting abuse and they said they would not hesitate to report any concerns they witnessed or where told about.

Risk assessments were carried out and identified any risks people faced in relation to the care and support they received from the service. This included risks associated with things such as the environment, mobility, equipment, falls and people's mental and physical health. Where a risk was identified, a clear management plan was put in place for staff to follow to help keep people safe. Staff had a good awareness about managing risk and they were aware of their responsibilities to keep people safe, whilst promoting their choice and independence.

The registered provider had a clear process in place for recording and reporting incidents and accidents. This included the completion of an accident/incident report which required details of the event to be completed by or on behalf of the person involved. The records were checked by the registered manager or suitably qualified person to ensure appropriate action had been taken to ensure people's safety, and to plan any action or learning to avoid future occurrences.

The registered provider had a whistleblowing policy and procedure which was made available to staff. The policy contained details of those responsible for processing whistleblowing concerns and advising staff. Staff were familiar with the procedure and they said they would not hesitate to use it if they needed to.

No new staff had started work for the service since our last inspection. However, the registered provider had a selection and recruitment policy and procedure which needed to be followed for recruiting new staff. The registered manager demonstrated a good awareness of the procedure. The procedure set out requirements which included a series of pre-employment checks prior to an offer of employment being made. Checks would include a Disclosure and Barring Service (DBS) check. A DBS check consists of a check on people's criminal record and to see if they have been placed on a list for people who are barred from working with vulnerable adults. The registered provider required DBS checks to be renewed every three years. We saw that checks had been completed in accordance with this schedule.

The level of support people received from staff was based on an assessment of their needs. Reablement officers who were office based developed rotas to make sure all visits were attended to as needed. The registered manager confirmed that there were sufficient staff to meet people's needs safely and to accommodate new referrals. People told us that the right amount of staff with good knowledge and skills had always arrived at their homes on time and had stayed for the full duration of the contracted call. People said staff always arrived at their homes wearing a badge with photographic evidence of their identity.

Staff were trained in the administration of medicines but because the services were community-based, they were not always responsible for the storage and administration of these medicines. Some people who used the service managed their own medicines; others required prompting. Medication Administration Record (MAR) sheets were completed by staff where appropriate.

Training in emergency procedures such as fire safety and first aid was provided to all staff and they had access to the registered providers policies and procedures to be followed in event of an emergency. Staff had a good understanding of the procedures and they were confident about dealing with an emergency situation should one arise. The service operated an on call system up to 10 pm each night. People who used the service and family members were provided with the names and contact numbers of on call staff. There were contingency plans in place detailing the arrangements for providing safe care to people in event of adverse weather and other emergency events which had the potential to disrupt the service people received.

Staff had received training in infection control and they had a good understanding of their responsibilities in relation to this. There was a good supply of personal protective equipment (PPE) at the office, including disposable gloves and aprons and during the inspection we saw that staff accessed these. Staff told us they had always had access to a good supply of PPE. People confirmed to us that staff used PPE, for example, when providing them with personal care.



# Is the service effective?

## Our findings

We had limited opportunities to observe staff providing support during the inspection. However people who used the service and their family members told us that they thought staff had the right skills and knowledge, and that staff provided all the right care and support. Their comments included; "They [staff] are really good at what they do", "You can see that they have been trained well", "They do every well. My [relative] needs a hoist and staff always use it properly", "They do everything they are supposed to do and more" and "They understand everything they need to do for me".

Staff had undertaken training in topics relevant to people's needs and their roles and responsibilities. Staff completed refresher training on an ongoing basis in topics including health and safety, safeguarding, moving and handling, medication management, food hygiene and equality and diversity. In addition to completing the training staff were required to undertake a competency check to assess their knowledge and understanding of the topic covered. The registered manager maintained a record of all staff training which helped them to monitor and plan for any future training and development needs. Staff had completed additional training to aid their personal and professional development, for example, all staff held a recognised qualification in care at level two or above. Staff had been supported to develop within the organisation, for example two staff explained how they had been appointed to their current roles from junior positions.

Staff were appropriately supported to carry out their roles. Each member of staff had a named supervisor who provided them with ongoing support and direct supervision. Staff said they felt well supported by their supervisor and the registered manager. They told us that they found their one to one meetings constructive and supportive. The registered manager told us there was an open door policy and all staff echoed this. Staff told us the registered manager was very approachable and supportive and if she was unavailable they would comfortably approach another senior member of staff. Staff praised each other for effective teamwork, within the service and across the teams of other professionals they worked alongside.

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. 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. People's capacity was assessed in conjunction with families and professionals. None of the people, who used the service at the time of our inspection, were subject to restrictions on their liberty. However, the registered manager and staff were aware of the need to seek authorisation from the Court of Protection (COP) if people's liberty needed to be restricted to keep them safe.

People told us their choices and wishes were respected by staff and that staff always obtained their consent before doing anything. One person said: "They [staff] listen to me and do things the way I like", "They [staff] always consider my feelings" and "They [staff] always listen to my point of view and they have never taken

over".

People received the assistance they needed to eat, drink and prepare meals. The type of assistance people needed varied depending on their needs. For example, some people required meals preparing and others required prompting and encouragement to eat and drink. The level of support people needed to maintain a healthy diet was detailed in their support plan.

People's day to day health needs were not met by the service, however support plans included any relevant information about people's health so that staff were aware and knew how to respond to any concerns they had. Details of people's GP and any other healthcare professionals involved in their care were recorded in support plans. Arrangements were made to support people to attend healthcare appointments if required. A family member gave an example of when staff had supported their relative to attend a hospital appointment.

## Is the service caring?

### Our findings

We had limited opportunities to observe staff providing support during the inspection. However, people and their family members told us that staff were kind, polite and caring. Their comments included; "They are very polite indeed", "Ever so caring I couldn't ask for them to be any nicer" and "My [relative] has only ever said they [staff] are kind and caring".

The aim of the service was to support people so they could live as independently as possible in their own homes. People who used the service and their family members told us that they thought the service was invaluable, their comments included "It's fantastic, I don't know what I would have done without it. They have helped me to get back on my feet", "Such a good service, I never thought I'd be this independent and it's with their help" and "My [relative] has improved so much with their input and it's took a lot of pressure off us".

Staff were very clear about their role to promote people's independence and well-being. People told us that staff only helped with things which they were unable to do for themselves and that staff constantly encouraged their independence. People told us that the staff helped them regain confidence and independence and they never took over. One person said "They have done a great job in making sure I could do the things I used to do".

People's privacy and dignity was respected. People confirmed that staff always knocked prior to entering their home and on their arrival staff greeted them and enquired about their wellbeing. People told us that staff were discreet when assisting them with intimate tasks such as personal care. One person said "They [staff] are very aware of my dignity and they make me feel embarrassed". A family member told us that staff knew that their relative liked to be left alone when using the bathroom and staff respected this but were always close by should their relative need assistance. People told us that staff always left their homes clean and tidy prior to leaving and that staff never imposed on their home environment. One person told us that if staff needed to use their bathroom they always asked first.

People told us they were involved in deciding how their care and support should be delivered, and were able to give their views at any time whilst receiving a service. People and where appropriate family members contributed to support plans. People had signed the documents to say that they agreed with the contents, and were clear that they had choices regarding how and when support was given. One person said "They visited me here at home to discuss what I needed and was able to tell them how I wanted things done" and another person said "Everything I said I wanted is written down for staff". Support plans were written in a way that reflected the ethos of the service which was to support and encourage people to have as much control as possible over their own lives. The plans included terms such as encourage, promote, choice and enable and these terms were used by staff when describing their work. Staff described the services as promoting choice, independence and control for the people they supported.

Wherever possible, people were supported by the same staff on a regular basis. People knew in advance which staff would be visiting their homes to provide their support and they were informed and provided with

an explanation as soon as possible of any changes which had to be made to the staff visiting. People and family members commented that having the same staff helped them build up a trusting relationship with them and that it provided all round consistency. People's comments included "I've really got to know [staff] and I trust and love them all", "It's made a big difference knowing that the same girls are coming because I've really got to know them and they have got to know me".

People spoke highly of the caring nature of the staff and they said that staff took time out to listen to them and that they had taken an interest in what they had to say. People told us; "We have lots of lovely chats about different things and have a laugh and a joke", "They [staff] brighten up my day we put the world to right. I will miss them" and "They are so patient and caring and they are very polite indeed". A family member told us; "They lift up [relative] spirits, they jolly [relative] up and always ask how he is".

People were provided with information about the service such as who they could contact at the office should they need to. Other information included useful contact numbers and leaflets for other community health and social care services which people may benefit from.

## Is the service responsive?

### Our findings

We had limited opportunities to observe staff providing support during the inspection. However people told us that their support plans fully reflected the support they needed and this was also confirmed by family members. People told us that staff knew their needs well and did a good job. Their comments included; "I couldn't ask for a better service, it's so much better than I expected" and "They [staff] do exactly what they need to do and more. I have improved so much with their help". Family members told us "It's a brilliant service, they do a fantastic job".

People were fully involved in planning their support and where appropriate, relevant others such as family members contributed to the process. Following a referral to the service people underwent a detailed assessment to determine the level of support they needed. The assessment was carried out by a reablement officer. People's wishes, views and feelings about the support they needed were taken account of when planning their support. This included what people were able to do for themselves and the level of encouragement people needed. A support plan which was developed on the outcomes of the assessments provided staff with clear information about the type and level of support people needed. Midway through receiving a service, or sooner if required, a full review of the care package took place. This was to ensure that people were receiving the right support, that progress was being made and to identify if there were any changes which needed to be made to the support plan.

Support plans explained people's individual likes and dislikes and how they preferred to be supported. They also described the outcomes people had agreed to, how they were to be achieved and the steps people wanted to take to achieve those outcomes. Staff told us support plans gave them all the information they needed to support people's needs and to help them achieve their goals. In addition, relevant information from other health and social care professionals was included in support plans. For example, any equipment or adaptations people needed to help enhance their independence, comfort and mobility.

People received support which was responsive to their needs and preferences. People's abilities were assessed at regular intervals and visits were adapted in response to people's changing needs. This could mean a reduction in the number of calls or the length of calls. Reablement officers regularly completed an assessment of what the person had achieved and the outcomes of these were taken account of during reviews, and used to evaluate the progress people had made.

The service had effective links with other professionals, such as social workers, occupational therapist and physiotherapists and staff liaised with them quickly and effectively where people's needs changed. Staff told us they had enough time during their visits to respond to people's needs in a relaxed and unrushed manner.

There was good communication amongst staff at all levels which helped to ensure people's needs were responded to. Staff recorded all the support they had provided on a contact record which was kept at people's homes alongside their support plan. The records showed that people had received all the right care and support and progress had been made.

People confirmed that they had been given information about how to complain if they wanted to. No complaints had been made about the service since our last inspection. However the registered manager and staff were aware of the registered provider's complaints procedure and they told us how they would support someone if they wished to complain. People and family members said they would not hesitate to complain if they needed to.

## Is the service well-led?

### Our findings

People told us they were happy with the service and what they had been able to achieve with the support they had received. People's comments included, "It's a great service and the staff are fantastic", "I never expected such a good service" and "I would recommend it to anyone. Everything about it has been marvellous".

There was a clear management structure which people, family members and staff understood. People and family members made positive comments about the management and leadership of the service including; "It seems to be very well managed", "It's organised and well run" and "Nothing seems to be a problem, it's exactly what it says on the tin".

The registered provider had a clear set of visions and values which were made available to staff. Staff were able to explain the visions and values of the service and how they applied them in their practice. Staff told us they really enjoyed their job. They said they got a lot of satisfaction out of their work and felt valued. They said there was an open and positive culture at the service and that they never felt afraid to ask for guidance or advice from the registered manager or senior staff. Staff were provided with information about their roles and responsibilities and they told us they understood what was expected of them and who they were accountable to.

Regular staff meetings were held for staff at all levels and minutes of the meetings were made available to all staff. These showed staff were provided with updates such as changes to policies and procedures and new ways of working. The meetings also gave staff an opportunity to discuss the needs of people being supported and share any concerns they might have. Staff told us the registered manager was approachable and welcomed their views and opinions.

People told us they were given opportunities to feedback about the service. One person said, "Someone in charge has visited me a couple of times to have a chat about how things are going" and another person said, "They've called each week and asked if everything is ok". During reviews people and their family members were invited to make comments and give their opinions about the service they received. People's experiences were recorded on the review record and those we saw included positive feedback about the service people had received. People and family members told us that they had contact numbers for the office and they would not hesitate to call if they had any concerns or needed advice or guidance regarding the service.

There were effective systems in place for assessing and monitoring the quality of service provision. Staff recorded in daily contact sheets their arrival and departure at people's homes and this was regularly checked by the management to make sure people received care and support at the right time and for the correct amount of time. Reviews of support plans and supplementary records were carried out to ensure they remained accurate and up to date. Checks at people's homes were carried out to ensure people had received the right care and support which they were happy with.

Policies and procedures were held at the office and easily accessible to staff and staff were issued with a handbook, which included copies of the documents. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate. Policies and procedures were reviewed on regular basis and updated when there were any changes in legislation or best practice.

There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns of poor practice to a senior manager in the organisation, or directly to external organisations without the fear of reprisals. Staff told us they were familiar with the whistleblowing policy and they were confident about using it if they needed to.

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service.