

# Nottingham City Council






# Social Care Reablement

## Inspection report

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## Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

## Overall summary

This inspection took place on 16 December 2015. Social Care Reablement is a domiciliary care service which provides personal care and support to people in their own home.

There is a registered manager and she was available during the inspection. 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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks to people’s health and safety were managed and plans were in place to enable staff to support people

# Summary of findings

safely. There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

Positive and caring relationships had been developed between staff and people who used the service. People

were involved in the planning and reviewing of their care and making decisions about what care they wanted. People were treated with dignity and respect by staff who understood the importance of this.

People received the care they needed and staff were aware of the different support each person needed. Care records provided sufficient information for staff to provide personalised care. People felt able to make a complaint and knew how to do so.

People and their relatives were involved in the development of the service. Staff told us they would be confident raising any concerns with the management and the registered provider was meeting their regulatory responsibilities. There were systems in place to monitor and improve the quality of the service provided.

# Summary of findings

## 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 safe.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

Good



### Is the service effective?

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

Good



### Is the service caring?

The service was caring.

Positive and caring relationships had been developed between staff and people who used the service.

People were involved in the planning and reviewing of their care and making decisions about what care they wanted.

People were treated with dignity and respect by staff who understood the importance of this.

Good



### Is the service responsive?

The service was responsive.

People received the care they needed and staff were aware of the different support each person needed. Care records provided sufficient information for staff to provide personalised care.

People felt able to make a complaint and knew how to do so.

Good



### Is the service well-led?

The service was well-led.

People and their relatives were involved in the development of the service.

Staff told us they would be confident raising any concerns with the management and the registered provider was meeting their regulatory responsibilities.

There were systems in place to monitor and improve the quality of the service provided.

Good



# Social Care Reablement

## 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 visited the service on 16 December 2015, this was an announced inspection. We gave 48 hours' notice of the inspection as we needed to be sure that the registered manager would be available. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about

important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the commissioners of the service and Healthwatch Nottinghamshire and Healthwatch Nottingham to obtain their views about the quality of the care provided by the service.

During our inspection we spoke with 16 people who used the service, seven relatives, a business support officer, three members of care staff, a care team leader and the registered manager. We looked at the care plans of four people who used the service and any associated daily records such as the daily log and medicine administration records. We looked at three staff files as well as a range of records relating to the running of the service such as quality audits and training records.

# Is the service safe?

## Our findings

People were protected from the risk of harm or abuse. People told us they felt safe when staff were caring for them. One person said, “I am safe when staff are around.” A relative said, “Of course we feel safe when the [staff] come.”

Staff told us how they kept people safe, and were able to tell us about the different types of abuse that could happen, and how to spot signs of abuse. Staff told us they were confident in reporting any concerns to the registered manager or to the office. A safeguarding policy and procedure was in place which contained appropriate detail and was in the staff handbook.

Relevant information had been shared with the local authority when incidents had occurred. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe.

Steps had been taken to protect people and promote their safety without unnecessarily restricting their freedom. People told us they were offered choices and did not feel restricted by staff. People who used the service had care plans in place, which also contained information about how to support people to keep safe without unnecessarily restricting their freedom.

Assessments of risks to people’s health and safety were carried out and we saw examples of these in the care plans we viewed. All the records we checked contained risk assessments, which outlined any potential dangers and risks, and looked at ways to minimise these dangers in order to keep people safe.

The service had plans in place which meant that the service to people could continue even if there was, for example, a loss of power at the main office. This meant that people would not be left without support in such an emergency. Accident and incident forms were being completed and were analysed to identify actions to prevent similar incidents in the future.

People were supported by sufficient numbers of staff, and this was confirmed by the people we spoke with. Most people we spoke with felt staff did arrive on time. A person said, “Yes. They arrive on time and if there is a problem they phone and apologise.” People told us that staff had never missed a visit and they did not feel rushed during the visit. Staff told us that there were sufficient staff to meet people’s needs. The service knew how many staff were needed and were able to respond when staff were on holiday or off sick.

The agency made pre-employment checks on all staff to make sure they were safe and suitable to work. Staff files contained evidence of criminal record checks carried out through the Disclosure and Barring Service, as part of safe recruitment. There was also evidence of references being supplied by former employers. Staff confirmed that they had been subject to these checks before starting employment with the agency.

People received the support they required to safely manage their medicines. People told us that they received medicines when they needed them. One person said, “Yes [staff] give me medication twice a day.” Another person said, “[Staff] fetch my medication for me.” Another person said, “They make sure I take my medicines on time.” Staff knew how to safely support people to manage their medicines and clearly described the different levels of support people needed. They knew how to respond if a medicines error took place.

People’s care plans contained information about what support, if any, they required with their medicines. Staff completed medication administration records to confirm whether or not people had taken their medicines. The manager ensured that staff received training and support before administering medicines and this was provided on an on-going basis to ensure staff remained competent. There were medicines procedures in place which contained appropriate detail.

# Is the service effective?

## Our findings

The majority of people told us that staff were competent. One person said, “Yes they are well trained.” Another person said, “Some of them are really good but the regulars are excellent. I have one who really knows what they are doing.” A relative said, “They seem to know what they’re doing. They have the right skills.” Another relative said, “[Staff] are absolutely fantastic. They have been a lifeline to us.”

Records showed staff had received training, including equality and diversity training, as part of their induction and a wide range of training was attended by staff in addition to their induction. Staff told us that the induction took a week and prepared them for their role.

Staff told us they felt supported. A staff member said, “You know where you stand, supervision is very good.” Staff told us they also received an appraisal. Records showed that staff received appropriate supervision and appraisal.

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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Consent to care and treatment was sought in line with legislation and guidance. People and relatives told us that staff explained what they were going to do before they did it and checked that the person was happy to receive the support at that time. A person said, “They always check what I want.” Another person said, “[Staff] listen all the time and they offer options.”

Staff described the importance of gaining people’s consent before providing any care. Staff were also aware of their role in supporting people to make their own decisions, even when their capacity to make certain decisions may vary. Staff received MCA training.

Where required, people received support from staff to have access to food and drink. People told us they were supported to eat and drink enough. The staff we spoke with described the different levels of support they provided to people regarding eating and drinking. Care records provided clear information for staff on how to support people to meet their nutritional needs.

People were supported to maintain good health. People told us that staff supported them to access healthcare services when required. A relative said, “They have contacted the GP and nurses for us. It worked well and they came quickly.” Records showed that staff involved external professionals where appropriate.

# Is the service caring?

## Our findings

People told us that staff were kind and caring. One person said, “I think they’re very kind.” Another person said, “[Staff] are so friendly and supportive with a good sense of humour. They are exceptionally kind and patient. It is a real pleasure when they come, it really cheers you up.” A relative said, “[Staff] have a good rapport with my [family member].”

People told us they were able to express their opinions and were listened to. Staff described how they involved people in day to day decisions relating to their care and gave people choices. Staff were aware of the information in people’s care plans regarding the preferences they had about their care.

People’s needs were assessed prior to their care package starting and we saw that the information provided by people was made available to staff within the care plans. The registered manager and staff told us that they regularly asked people if they remained happy with their care.

People and their relatives were able to be involved in making decisions and planning their care. People and their relatives told us that they were involved in making decisions about the care being provided and had discussed what care could be provided when the service first contacted them.

Records confirmed that people and their relatives had been involved in providing information for their care plans.

Care plans were reviewed on a regular basis and people were involved in this process if they wished to be. Staff told us that information on advocacy services were available if a person required additional support in making a decision.

Where people could not communicate their views verbally staff were able to explain how they would identify people’s preferences. Staff also told us that staff were available to talk with people in their own language if their first language was not English. Guidance was available in care records for staff when supporting people with additional communication needs.

The people we spoke with told us they were treated with dignity and respect by staff. Staff were able to explain how they ensured that people were treated with dignity and dignity in care formed part of the induction programme.

People told us that their privacy was respected. Staff were able to explain how they understood the importance of respecting their privacy.

People were encouraged to maintain independence by carrying out tasks for themselves where they were able to. People told us that staff supported them to be as independent as possible. One person said, “[Staff] know where and when I need support.” Staff told us that they encouraged people to do as much as they could for themselves. One staff member said, “Staff are trained to promote people’s independence. The objective of our service is to re-able people.”

# Is the service responsive?

## Our findings

The people we spoke with told us they received the support they asked for when they wanted it. Everyone described the care provided as excellent or very good. A person said, “I think they give me the care that I need – no complaints!” A relative said, “The care is excellent, outstanding!”

People told us that they received care that met their personalised needs and that staff never missed calls. One person said, “There was no time when [staff] did not turn up. They never rushed me.”

Records showed that staff mostly arrived at the time they were supposed to. The registered manager told us that as they were an urgent service they were not always available to provide support at exactly the time people wanted it. Staff told us that they did not leave for their next appointment until they had completed all of their support for the person they were assisting.

Care records showed that where possible a senior member of staff contacted people to assess their needs before the service began. This helped staff to deliver appropriate and safe care, based on individual needs and preferences. Care records contained detailed information on people's preferences to support staff to provide personalised care that met people's individual needs.

People's care plans were reviewed on a regular basis with the involvement of people and their relatives if they wished to be involved. Staff told us that care plans were reviewed regularly to ensure that people were receiving appropriate support for their needs. A relative told us that they had requested an additional daily visit for their family member. They had expected that it would take some time to arrange but told us that they were amazed when a staff member arrived a few hours later to carry out the additional visit.

Care records contained information regarding people's diverse needs and provided appropriate guidance for staff on how they could meet those needs. Staff told us that they had time to read people's care records so that they could support people with their diverse needs.

People told us they would know how to make a complaint. A person told us that they had complained about a staff member and their complaint had been responded to appropriately. A relative said, “I know how to complain but have never had reason to.” Staff knew how to respond to complaints and told us that they received feedback from the outcome of complaints.

The complaints policy was in the staff handbook and in each person's care records and a copy was kept in people's homes. The complaints process was translated into a range of languages including Punjabi, Arabic, Farsi and Polish. Complaints were responded to appropriately.



# Is the service well-led?

## Our findings

People were involved in developing the service. People told us that they were asked their views on the quality of the service that they were receiving. A person said, “I have been phoned by the person in charge to see how I am getting on.” People and their relatives told us that their suggestions were always listened to and acted upon.

Surveys were completed by people who used the service and their families after the service had ended. The feedback from surveys was positive regarding the quality of care provided by staff. Staff told us that survey findings were discussed during team meetings.

People benefitted from an open and honest culture within the service and they were encouraged to speak up. The people we spoke with told us they felt able to approach staff if they wished to discuss anything. Relatives told us they also felt able to raise any issues they had.

The staff we spoke with told us there was an open and honest culture in the service and said they would feel comfortable suggesting improvements. A staff member said, “It’s a pleasure to work here.” Staff told us that they received clear and constructive feedback on their performance and felt listened to. One staff member said, “Things are always discussed as a team.”

There were clear systems in place for people to contact the office and issues were dealt with promptly. Office-based staff maintained regular contact with each person or their relative to check they remained satisfied with the service. This meant that communication remained on-going and any issues that were raised were acted upon.

A whistleblowing policy was in place and contained appropriate details. The policy was also in the staff handbook. Staff told us they would be comfortable raising

issues. The guide for people who used the service described the values of the service and staff were able to explain how they worked in line with those values. The values were also in the staff handbook.

The service had a registered manager and they understood their responsibilities. People were not always aware of whom the registered manager was but those that did, said that they were approachable. Staff felt supported by the registered manager and felt the organisation was well-led. One staff member said, “She is very supportive, hands-on, and you can discuss issues with her.” They said, “She is very clear where she is taking the service.” Another staff member said, “[The registered manager] is very good. You can talk to her at any time about anything.”

We saw that all conditions of registration with the CQC were being met and notifications were being sent to the CQC where appropriate. We saw that regular staff meetings took place and the registered manager had clearly set out their expectations of staff.

There were systems in place to monitor and improve the quality of the service provided. The service had systems in place to ensure that visits to people were carried out. They also made use of technology to ensure staff were where they needed to be at the right times and were spending the right amount of time with the people they support. Regular spot checks of staff took place so that the registered manager could monitor the quality of care being provided.

A range of audits had been carried out by a person who did not work for the service. These audits included safeguarding, dignity and respect and consent. A quarterly audit was also completed and looked at complaints, medication, staffing, care plans and feedback from people who used the service. Audit findings were largely positive but actions were identified and completed in response to any issues found.