

Bristol City Council

Bristol North Rehabilitation Care Services

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 ●

Summary of findings

Overall summary

This inspection started on 20 August and then completed on 20 September 2018 and was announced. We gave the service 48 hours' notice of the start of our inspection because we wanted key people to be available. The inspection was carried out by one adult social care inspector.

At the time of this inspection the service were providing a short term reablement service to 54 people in their own homes. The staff team was made up of 44 reablement and senior reablement assistants. Throughout the report we have just referred to these as reablement staff. The aim of the service is to provide a six-week domiciliary care service to people in their home, either after discharge from hospital or to prevent a hospital admission. The reablement staff will work with people to help them regain their independence or regain as much as possible and determine the level of ongoing support needed.

There was a registered manager in post and they were available when this inspection took place. 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 last inspection of the service was completed in August 2016 and we rated the service overall as Good. There were no breaches of the regulations. Since this inspection the service no longer provides a residential rehabilitation service, just a community based service.

The feedback we received from people who used the service, relatives and reablement staff was positive and has been detailed in the full report. Satisfaction was expressed regarding the quality of the staff and their ability to "get them back on their feet". As a result of this inspection, we have rated the service as Good.

People received a service that was safe. The reablement staff were aware of their responsibility to protect people's health and wellbeing and had received safeguarding adults training. They knew how to report concerns and how to safeguard people from harm. Risk assessments and management plans ensured any potential risks to people's safety and wellbeing were identified and action taken to reduce or eliminate the risk.

Where required people were supported with their medicines. Staff were trained to do this safely. There were sufficient staff employed and new provision of care and support to a person was only organised when the staff team had the capacity to meet needs. Staff were recruited safely to ensure unsuitable staff were not employed.

People received an effective service. Their care and support needs were assessed and goals were set, to be achieved by the end of the six week period. Progress in meeting those goals was reviewed each week and included the views of the person. Where people needed help with meal and hot drink preparation, the reablement staff would assist them to regain the skills to do this independently. The reablement staff

worked with other health and social care professionals to ensure people's health and wellbeing was maintained.

Staff received the appropriate training to do their jobs well and were well supported. They were regularly supervised. This meant they had the necessary skills and knowledge to care for people correctly. The aim of this service was to help people be independent again following a period of ill health or as independent as possible. People were involved in making decisions and making their own choices about their care and support. People were asked to consent before care and support was delivered. The service was meeting the requirements of the Mental Capacity Act 2005.

The service was caring and feedback we received evidenced that people were treated with dignity, respect and kindness. The reablement staff formed good working relationships with the people they were assisting. They understood their role in assisting people to regain independence. The staff good team worked well together.

The service was responsive. The level of support each person received was based upon their own needs and was reduced as they made progress in achieving the goal of being independent or as independent as possible. People were provided with information about the service and were informed about the provider's complaints procedure should they need to raise any concerns. People were encouraged to provide feedback about the service they received and action was taken where necessary.

The service was well led. The staff team was led by a registered manager with many of the staff having worked together for many years. There was good leadership and management in place. Review meetings and staff meetings ensured the staff team all worked together to achieve the aims of the service. Staff meetings also ensured reablement workers were kept up to date with changes and developments in the service. The provider had reporting systems in place to ensure they were aware of how things were running in the service and a programme of audits was completed to check on the quality and safety of the service.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well led.	Good ●

Bristol North Rehabilitation Care Services

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

On the first day of the inspection we met with the registered manager, two senior reablement assistants and the referral care coordinator. On the second day we attended the weekly staff meeting, met with three other senior reablement assistants and 11 reablement assistants.

We spoke with five people who had either used the service in the recent past or were currently using the service. We also spoke with two relatives whose family member was using the service. We looked at care records, staff files and other records relating to the running of the service. This included the policies and procedures, quality assurance and audit systems and letters of compliments that had been received by the service.

We received feedback from one healthcare professional who worked closely with the service.

Is the service safe?

Our findings

The service remains safe. People said, "I feel safe with the staff", "I have always felt safe when the staff are in my home", "I feel a lot safer when I know I have got someone (member of staff) who has been to me before" and "I have never not been treated nicely, all of the carers are very friendly".

All reablement staff completed health & safety training, including infection control and food safety, safeguarding adults and moving and handling training as part of the mandatory training programme. Staff were trained to look after people safely and knew what action to take if abuse was suspected, witnessed or a person made an allegation of harm. Those we spoke with said they would report any concerns they had to the registered manager or any of the senior staff but could report directly to the local authority, Police and CQC.

For each person supported, risk assessments were completed. Risk assessments were undertaken of the person's living environment to ensure the safety of the person and the reablement staff. They were completed in respect of activities the person and staff may undertake including personal care tasks and administration of medicines. A moving and handling plan set out the equipment to be used and the number of staff required. Risk assessments were reviewed on a daily and weekly basis as the person's care and support needs changed.

The staff team was stable with many of them having worked for the service for over 10 years (one reablement assistant had worked for the service for 30 plus years). The service had sufficient reablement staff and referrals to support people for up to six weeks were accepted by the referral coordinator. This meant the service would not agree to providing support for a new referral if they did not have the capacity to cover the care calls. The referral coordinator would also not accept referrals where there was no reablement role. At the end of the six-week period if people required ongoing domiciliary care support, arrangements were made with other care providers. At the time of our inspection a number of people had been in receipt of a reablement service for longer than six weeks. This delay in transfer of care prevented them from supporting new people.

The service was provided between the hours of 8am and 10pm seven days a week. The office was covered at all times by one or two senior reablement staff. They were available to offer advice to the staff team as necessary and also act upon any emergency calls.

The service followed safe recruitment procedures. Pre-employment checks were undertaken and included an interview and interview assessment, written references from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

People were supported with their medicines safely. At the start of receiving the service, where people needed support with their medicines, the level of support they required was assessed and detailed in their care plan. Goals were set to be achieved by the end of the service. This could be that the person would be

independent in managing their own medicines or the reablement staff would make arrangements for the medicines to be packaged up in a dossett box. The reablement staff were all trained to administer medicines safely and their competency was rechecked regularly.

Reablement staff completed infection control and prevention training and understood their roles and responsibilities to maintain high standards of care. Staff were supplied with personal protective equipment (PPE), which included gloves, aprons and hand sanitising gels. Staff also received food safety training so where they assisted people with meal preparation, they did so safely.

Is the service effective?

Our findings

We asked if the service was effective. People told it was and their comments included, "I cannot speak highly enough about the service", "The whole service worked well for me, I am now fully independent again", "My social worker is trying to arrange an ongoing package of care, but reablement are still coming to me", and "This is an absolutely wonderful service".

People were referred to the service, either to facilitate a discharge from hospital or because of illness for example were unable to manage in their own home. An assessment of their care and support needs would have been undertaken by a hospital or community social worker. Reablement staff completed their own assessment during the first visit and set the goals to be achieved. Each person was provided with a person-centred approach service based upon their own specific needs. Arrangements were agreed with the person.

The reablement staff were well trained to do their jobs effectively. New staff completed an induction training programme, which included a two-day corporate induction and other role-relevant training. Any new-to-care staff completed Care Certificate training which prepared adult social care workers for their role. For all reablement staff there was a mandatory update programme of training. This included moving and handling training, safeguarding and the Mental Capacity Act 2005 (MCA), health and safety, principles of care, safe medicines and equality and diversity. Most of the staff we spoke with us told us they had completed additional 'key-movers' training and were able to assess people's mobility needs. Training was also arranged in regards to dementia care, mental health, stoma and catheter care for example. Staff were encouraged to complete health and social care diplomas at level two or three. The measures the provider had in place ensured staff had the skills and competencies appropriate to their role.

Regular supervision sessions were arranged for each staff member with their line manager and these were confirmed by those staff we spoke with. In addition, the reablement staff attended a weekly meeting to discuss how people were progressing and there was monthly team meetings. Staff had access to a confidential employee assistance telephone line and were well supported. An appraisal of their work performance and training and development needs was undertaken on a yearly basis.

People were supported to regain independence with preparing meals and drinks where possible or the level of support they needed on an ongoing basis was determined. Where people were at risk of malnutrition or dehydration, this was recorded in the care plan for the new care provider. Any concerns the reablement had were reported to the senior staff, the social worker attached to the service and health care professionals.

Each person was able to remain registered with their own family doctor as they were being supported in their own home. Reablement staff had close working relationships with health and social care professionals such as occupational therapists, physiotherapist, the district nurses and social workers. One healthcare professional told us the reablement staff always sought advice from them in a timely manner and acted upon any advice given.

Reablement staff were aware of the need to ask people to give consent before they provided any support or assistance. People told us the staff always checked with them that they were in agreement to be assisted and that they were encouraged to say how they wanted to be looked after. Some people who the staff supported were living with dementia or cognitive impairment but were still asked to give consent. The staff team would work with the social worker where there were concerns regarding a person's capacity to make decisions so that best interest decisions could be made on their behalf.

Staff received Mental Capacity Act 2005 (MCA) training as part of their mandatory training. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. We found that the reablement staff were aware of the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Our findings

People were complimentary about the service they received from Bristol North Rehabilitation Care Services. They told us they were treated with kindness at all times and the reablement staff had caring attitudes and were helpful. They said, "Very, very good. An absolute blessing", "I have never met such a wonderful bunch of ladies" and "The staff are so caring and have given me lots of helpful advice". People told us their dignity was respected and independence was promoted. One person who had been supported following a fall and broken bone told us they were now fully independent and were grateful to the staff team for enabling them to achieve this. One reablement worker said, "We are generally only work with people for a six-week period therefore it is essential we form good working relationships quickly". Another told us there was a good staff team and everyone worked well together for the benefit of the people they were looking after.

Those reablement staff we spoke with were knowledgeable about the people they supported and were keen to make sure people achieved as much independence as possible following on from their input. They said they would recommend the service to their friends and family either as a 'service user' or to work for the service.

Each person was fully included in discussions about the care and support they were to receive and the goals for achievement to be obtained. People were encouraged to make decisions for themselves, to do as much for themselves as possible and to make their own suggestions about how tasks were completed. People's preferences, likes and dislikes were always respected but the staff would advise them if any decisions could potentially affect their health, welfare and safety.

The registered manager kept all thank you cards and letters received from people (or their family) who had received a reablement service. Comments included, "Their dedication and care was absolutely wonderful. You should be proud to have such an outstanding and compassionate team", "We would like to thank the amazing team who have successfully got X back to normal", "Thank you for all your help and kindness, also your understanding of dementia" and "The carers who visited were kind and caring, encouraging me to make progress and offered helpful advice". Individual staff were informed whenever specific feedback had been received about them.

Is the service responsive?

Our findings

People and relatives told us the service was responsive and had been provided at a time of difficulty, either caused by ill health or after a fall and bony injury. Each person was provided with a service based on their specific needs and then adjusted as and when they regained skills and became more independent.

At the start of service provision, an assessment and care plan was completed with the person and goals were set regarding what the person wanted to achieve. A copy of the care plan was kept in the person's home along with information about the service, the emergency contact details and the complaints procedure. The care plan was reviewed on at least a weekly basis when reablement staff got together with the registered manager, referrals coordinator and social worker.

An information leaflet was given to people and these explained what the service was about, how they could support people and for how long. The leaflet could be provided in large print, easy read, audio and braille as well as other languages and written format. Reablement staff completed a summary report at the end of each week and these detailed the progress the person had made.

The expectations of the service was that the level of support people required would reduce over the six-week period. Where people's progress was achieved before the six weeks were up, the service would be ceased in consultation with them. At the three-week point, where it had been identified the person would require ongoing long term support, a referral would be made to the social worker to arrange this. On occasions the reablement service was unable to end at six weeks due to delays in setting up the new care provider. The service would continue to be provided by Bristol North Rehabilitation Care Services. People who were receiving a service or had received a service recently, confirmed that regular reviews of their care and support needs took place and they were involved in this.

People were provided with a copy of the provider's complaints procedure and informed how to raise any concerns they had about the service or the staff. People we spoke with confirmed there was a copy of this in their care file. The registered manager said that any complaints would be viewed as an opportunity to review practice and make improvements.

The service was not specifically set up to look after people who were in receipt of end of life care however there had been one recent occasion where a person in receipt of a reablement service had suddenly become very unwell and was dying. The reablement staff had continued to look after this person to ensure the person was looked after by staff they were familiar with.

Is the service well-led?

Our findings

The service was well led. People and relatives told us the service was well organised and provided to them as they had expected.

The staff team was led by an experienced registered manager who had been in post for many years. Three of the staff we spoke with had also worked in their role with Bristol City Council for 22, 30 and 31 years. The staffing structure consisted of six senior reablement staff, one referrals coordinator and 38 reablement staff. At the time of our inspection there were two staff vacancies. The registered manager held weekly review meetings with the team and had regular staff meetings with the senior staff and the reablement workers. Staff said there was good leadership and management of the service and they all worked well together. Staff were encouraged to share their thoughts and opinions and any improvements they felt could enhance the service.

The mission statement for the service was as follows, 'We aim to support people who need out services to stay independent, have more choice and control in their lives and stay as safe as possible'. All of the reablement staff we spoke with were very passionate about their role and proud to work for the service. They said they were well supported and their well-being was important to the registered manager, which meant they could work well.

People were asked to give feedback about the reablement service continually throughout the six weeks and then at the end when the service was stopping. People confirmed their views were continually sought whilst they were being assisted. One person said, "I gave the service 10 out of 10 at the end". The feedback was used to make any changes where necessary.

The registered manager had to complete a weekly report each week and submit to their line manager. This ensured the provider was kept informed on how the service was performing. The provider also had a manager's audit programme in place to monitor the quality and safety of the service. Some audits were completely every month, others on a three or six monthly basis. For example, staff was audited on a monthly basis to ensure staff remained up to date with their training and any incidents, accidents and dangerous occurrences were reviewed every three months. Where shortfalls had been identified during these audits, action plans were drawn up and then followed up to ensure the improvements had been made.

The provider had a full range of policies and procedures and these were regularly reviewed. The key policies we looked at were the handling complaints policy, equality and diversity policy, the medication policy and the safeguarding policy. The registered manager knew when notifications had to be submitted to us. Notifications were about events that had happened in the service and included any accidents, incidents or safeguarding concerns for example. The registered manager also reported any of these events through their internal reporting systems.

The registered manager met with other managers from reablement and rehabilitation services run by the

same provider. These meetings were an opportunity to share ideas, current best practice and outcomes from CQC inspections for instance.