

# Manchester City Council - Adult Directorate

## South Reablement Service

### 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 announced inspection was carried out on 23 September 2016. This is the first time the service was inspected at this location. The last time the service was inspected was April 2013 when it was based at another location and was found to be compliant with the regulations inspected.

The South Reablement Service is a Domiciliary Care Agency that is operated by Manchester City Council - Adult Directorate and is registered to provide personal care to people who live in their own homes. The aim of the service is to maximise people's independence by providing a period of time limited reablement support (usually for a period of 6 weeks) to help people be as independent as possible and remain living in the community. At the time of our inspection 50 people were using the service.

There was a registered manager for the service. 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 who used the service were supported by reablement staff who were reliable and friendly and who attended at regular times. People were provided with a range of equipment to help keep them safe from harm.

Appropriate recruitment procedures had been followed to minimise risks that reablement staff did not pose a potential risk to people who used the service. A range of assessments were completed to enable reablement staff to support people safely. Reablement staff had received training about how to recognise and report potential abuse to ensure people who used the service were protected from harm. People were provided with information about how to contact the service in emergencies and out of normal office hours.

A range of training was provided for reablement staff to ensure they were able to carry out their roles effectively and promote the quality of people's lives. Reablement staff received regular supervision and appraisal of their skills to enable their performance to be monitored and help them develop their careers. Reablement staff communicated in a considerate and courteous way and ensured people's consent was obtained before personal care was delivered to them. Reablement staff involved healthcare professionals in the community when this was required, to ensure people's medical needs and wellbeing was appropriately promoted.

People were treated with kindness and sensitivity by reablement staff who involved them in making decisions about their support to enable their wishes and feelings to be promoted. People were supported by reablement staff to be as independent as possible who respected their confidentiality and maintained their personal dignity.

People were assessed to ensure the service was able to meet their needs in a way that they understood and had been agreed. Reablement staff demonstrated a positive understanding of working with people's individual strengths and preferences to enable them to achieve their personal goals. People who used the service were able to raise concerns when this was required and they were confident the registered provider would investigate and resolve these, wherever this was possible.

Governance systems were in place to enable the quality of the service to be effectively monitored. Regular meetings took place to ensure reablement staff were aware of their professional roles and responsibilities and enabled the values of the registered provider's organisation to be upheld. Management feedback to reablement staff was delivered in a way that was constructive and positive. People who used the service were consulted and encouraged to share their views about the service to enable it to develop and improve. Comments received from people who used the service were positive.

## 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.

Reablement staff had been safely recruited and understood their responsibilities to ensure people who used the service were protected from potential abuse.

Risks to people who used the service were assessed to enable reablement staff to manage these safely and protect people from harm.

Incidents and accidents were monitored to enable their potential reoccurrence to be minimised.

### Is the service effective?

Good ●

The service was effective.

Reablement staff were provided with a range of training opportunities to enable them to promote the quality of people's lives and help them achieve personal goals.

Reablement staff received regular supervision and appraisal of their skills to enable them to develop their careers.

People were involved in making decisions concerning their support and their reablement staff ensured their consent was obtained before personal care was delivered.

Health professionals were contacted and involved when this was required to ensure people's medical status was promoted.

### Is the service caring?

Good ●

The service was caring.

People told us their reablement staff treated them with kindness and sensitive encouragement to help them to achieve their aspirations.

People's individual needs were met in person centred way that focussed on their individual strengths and areas for personal development.

Specialist equipment was provided to help people's dignity to be promoted and enable opportunities for their wishes for self-control and independence to be maximised.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were delivered in a personalised way and these were reviewed in partnership with them to enable their independence to be developed.

Reablement staff supported and encouraged people to follow their interests and be involved with the community in order to reduce potential risks of social isolation.

People were positive about the service. A complaints policy was in place and people knew how to raise a concern or complaint if required.

### Is the service well-led?

Good ●

The service was well-led.

Systems were in place to enable the quality of the service to be monitored and enable people to provide feedback about the service in order to help it to continually improve and address shortfalls where this was required.

There was a positive culture within the service. Staff told us communication was good and that the registered manager listened, was approachable and supported them well.

The registered manager understood their responsibilities to report notifiable incidents when this was required.

# South Reablement Service

## Detailed findings

### Background to this inspection

This announced inspection was carried out by one adult social care inspector and took place on 23 September 2016. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to make sure the management team and staff were available for us to speak with.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority safeguarding and contracts department as part of our inspection process, in order to obtain their views about the service and whether they had any concerns. We also contacted Healthwatch for feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We looked at details we held about the registered provider and looked at notifications submitted by them about significant issues affecting the people who used the service.

We sent questionnaires to 50 people who used the service, and their relatives, seven of which were returned. We also received completed questionnaires from community professionals involved with the service.

During our inspection we made a visit to the registered provider's office and spoke with the registered manager, two reablement team leaders, four reablement support workers and the local authority strategic lead officer for integration of health and social care. We visited the home of one of the people who used the service and subsequently spoke with six people or their relatives by telephone in order to obtain their views and experiences of the service that was delivered.

We looked at the care files belonging to seven people who used the service, staffing records and a selection of documentation relating to the management and running of the service, such as quality audits, minutes from team meetings and performance reports.

# Is the service safe?

## Our findings

All of the people who used the service and their relatives we spoke with were positive about the service and stated they had good relationships with the reablement staff. People told us they trusted their reablement staff and felt safe with them. Speaking about the support provided by the service to their mother, one relative commented, "It's really given me peace of mind and has taken a huge weight off my shoulders."

People told us reablement staff were reliable, friendly and kind. They told us they received their support from a consistent set of staff who knew them well, who attended at regular times and were punctual. Speaking about the support provided for their daughter, one relative told us, "They come at regular times and the same staff always turn up."

People said their reablement staff were flexible, considerate and did not rush. One person told us how their reablement staff had adjusted their visiting time to enable them to attend a hospital appointment.

People told us they were helped with obtaining equipment to keep them safe from potential harm. One person said, "I have got a pendant to use if I need emergency help. We press and test it regularly." They went on to say, "I once fell off the sofa once and two people came quickly after I pressed it, to help me to get back up." A member of reablement staff told us, "We always make sure people have got their pendant alarm on before leaving them."

We found that reablement staff were safely recruited to ensure they did not pose an identified risk to people who used the service. Most of the staff had worked for the registered provider for a long period of time. We saw that regular checks were completed with the Disclosure and Barring Service (DBS) to ensure they were not included on an official list that barred them from working with vulnerable adults. We were told that reablement staff were asked by their team leaders in monthly meetings whether there had been any incidents that might compromise their DBS status. We reviewed the registered provider's recruitment process and looked at the files of six members of staff. These were sent to us electronically, as personnel files were not stored in the office for the service.

Reablement staff told us about safeguarding training they completed to enable them to recognise and report potential issues of abuse and ensure people who used the service were protected from harm. Reablement staff we spoke with about this were clear about their roles and responsibilities in this regard and were familiar with different forms of abuse. They understood their duty to 'blow the whistle' about concerns or incidents of poor practice and said they would raise potential concerns with the registered manager and were confident that appropriate action would be taken to follow them up. One told us, "If we have any concerns we always report them to our manager."

There was evidence the service adopted a policy of positive risk taking and that assessments about known risks to people were completed to ensure staff knew how to support them safely and keep them free from potential harm. We were told that incidents and accidents were monitored by the registered provider to

enable their potential reoccurrence to be minimised and promote the development of the service. We saw people's risk assessments covered issues such as moving and handling, medication and assessment of their domestic environment and fire safety, in order that potential hazards could be identified and action taken to minimise risks. The registered manager told us people's risk assessments and plans of care were completed by colleagues in a primary assessment team before the commencement of their use of the service. We found people's progress was monitored by reablement staff on a weekly basis and any changes or updates that were needed were fed back to the primary assessment team on an on-going basis.

We found that people who used the service were encouraged to take responsibility for managing their own medicines and that reablement staff prompted people to take their medicines when this was required. We saw that training on medicines management had been provided to the reablement staff to ensure they knew how to safely carry out this aspect of their role. One person who used the service said their mother obtained and placed their medication in a dosette box for staff. They told us, "They (reablement staff) prompt and remind me to take my tablets." a member of reablement staff commented, "We're not allowed to administer medicines to people but can prompt people to take them when they're needed. If we find people need support with administering their medicines, we tell our managers and they involve the GP and the district nurses."

We found there were enough competent and skilled staff available to ensure people who used the service were supported safely. The reablement staff worked in small geographical patch based teams and hubs that were line managed by reablement team leaders. We found the reablement team leaders worked flexibly with colleagues in primary assessment teams or physiotherapy and occupational therapy to ensure people's support needs were met in an integrated way. We found new referrals were screened by a reablement team leader duty system to ensure they were appropriate for allocation to the appropriate team. This enabled people's support to be met in a planned and holistic way.

People who used the service told us they had been provided with emergency contact details to enable them to contact the service for emergency support out of normal working office hours. People told us reablement staff maintained contact with the office by android phone which were used for logging in and out when attending a visit. This enabled team leaders to monitor the length of people's calls and ensure reablement staff were safe when out working on their own.



## Is the service effective?

### Our findings

All of the people we spoke with said they were happy with the care and support they received from the service. People and their relatives were very positive about the quality of their reablement staff. One person told us, "It's been really brilliant; I can't fault the staff in any way. They are just nice people and are friendly and listen. They encourage me to be as independent as possible."

People who used the service said reablement staff communicated with them well and involved them in making decisions about their support. People told us reablement staff explained things clearly to help them understand and make informed choices about their support. We saw reablement staff had received training on The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Reablement staff confirmed they understood the principles and requirements of the MCA and worked to ensure people's legal and human rights were promoted, whilst recognising the importance of gaining consent and agreement from people before carrying out personal care interventions. One member of reablement staff told us, "I know how I would feel if someone was coming in to my home, I ask people how they would like their care to be delivered."

People who used the service told us reablement staff sought their permission before undertaking personal care tasks and made sure they understood what had been said and that they were in agreement with this. We saw documentation that demonstrated this in people's care records.

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. We checked whether the service was working within the principles of the MCA and found people's liberty was not being restricted and that the registered manager understood their responsibilities in relation to the MCA. Staff told us they understood that people had the right to make their own decisions whenever this was possible and that all the people they currently supported had the capacity to make decisions for themselves about their care and welfare.

There was a training programme in place to enable reablement staff to be equipped with the skills needed to effectively perform their roles and be clear about what was expected of them. We found the reablement staff training programme was supported by the training department of the corporate registered provider. The registered manager told us an induction programme was in place for new staff to follow which was based around the requirements of the Care Certificate. (The Care Certificate is a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care.) The registered manager told us however that staff retention was good and that the staff team was mostly a long standing group.

We saw a wide range of mandatory and specialist bespoke courses had been delivered to reablement staff to ensure they had the skills required to enable them to effectively carry out their work. Training records we saw contained evidence of completed courses on a variety of topics, including, medication, health and safety, infection control, safeguarding personal safety, food hygiene and training on the specialist needs of people who may use the service such as dementia and cancer awareness.

We saw evidence reablement staff training was monitored by the registered manager and that updates were booked to ensure their skills were refreshed when this was required. We found reablement staff were encouraged to undertake nationally recognised external qualifications to help them develop their careers. Reablement staff told us they received regular supervision and appraisals of their performance and we found this involved individual meetings with their team leaders, regular team meetings and unannounced direct observations of their practice. A member of reablement staff told us, "I've been working here now for 11 years and love the job. We have regular supervision and appraisals and daily phone calls from managers, as well as unannounced observational visits from them to make sure we are doing our work properly." Another commented, "We have supervision once a month which is good and enables us to share information. We are always doing training refreshers; I'm booked to do training on advocacy and dementia in the near future to keep my skills up to date. I am doing my NVQ 3 at the local college."

We found that the registered provider had not yet signed up to the Social Care Commitment. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. The registered manager told us they would escalate this matter up within the registered provider organisation, with a request that this was appropriately addressed.

The care records belonging to people who used the service contained evidence that preventative action was taken to ensure people's health needs were appropriately supported. People told us how staff involved community healthcare professionals, such as physiotherapists, occupational therapists; GP's and district nurses, when this was required.

People told us their nutritional needs were supported by reablement staff. Reablement staff told us they provided emotional encouragement and practical assistance to ensure people maintained a healthy diet. One person told us, "They did my dishes without even asking today and asked would I like anything to eat."

## Is the service caring?

### Our findings

People who used the service commented positively about the approach that was adopted by their reablement staff. The registered manager told us, "All staff promote wellbeing, dignity and respect and customers are at the centre of all we do." People told us reablement workers were flexible and familiar with their individual preferences and upheld their personal dignity. They told us reablement staff were compassionate and kind and respected their wishes whilst promoting their independence. One person said, "They help me to dress and always ask if I need anything else." Another person told us, "They treat me with dignity and respect, but let me do things for myself and helped me to wash my hair earlier on today. She [reablement staff name] has got me doing my own crumpets, I think this is a good idea, otherwise I would be reliant on other people."

We found people were provided with aids and adaptations to help them develop their skills and promote their personal wellbeing. One person said, "They arranged for me to have things like grab rails, a raised toilet seat and a wheelchair for going outside." Speaking about their role, one member of reablement staff told us, "It's all about the promotion of independence; we encourage people to do as much as possible for themselves." People told us reablement staff communicated and involved them in setting goals which helped them feel a sense of personal achievement. Speaking about the support provided to their daughter, one person said, "She's been able to have a shower now which they were not able to have in the past."

People who used the service confirmed they were provided with information to help them understand the role of the service and who to contact if they needed support in emergencies. People's care records contained assessments about known risks, together with individual progress sheets which were evaluated weekly to enable their needs to be reviewed. This enabled alternative sources of support to be identified, such as provision of equipment or the need for further long term support. This helped to maximise people's independence and enable their abilities for self-control to be developed.

Reablement staff were positive about their role and told us they enjoyed working for the service. One member of reablement staff told us, "We give people choices and options for their support. . Everyone is different and some may need extra time on occasions, you can't rush them. It's all about respect and confidentiality." People who used the service said reablement staff interacted with them in a friendly and encouraging way and ensured their confidentiality was appropriately maintained. We were told by one person, "All of the staff have been very kind and helpful, they are really excellent."

Reablement staff told us communication with the office was good. We found that personal android phones were used to enable reablement staff to maintain office contact and help them pass on and receive information when this was required. There was evidence information about people was securely maintained in the office and that details about people's support was electronically stored on password protected computers.

We saw letters and cards of thanks received from people who used the service were discussed in team

meetings with reablement staff. We saw a recent relative comment in these that stated, "Thank you for giving lots of time and care to my mum during the last six weeks. It's very much appreciated and your hard work has really paid off. Please pass on thanks to the individual staff concerned."

## Is the service responsive?

### Our findings

People who used the service confirmed they received a service which was personalised to meeting their needs. All of the people we spoke with said they knew how to raise a complaint if this was required and they were confident these would be appropriately addressed and resolved. Comments about this included "I know how to complain, the information about it is in the book they gave me.", "I am very happy with all of the ladies, they are so good I have never needed to make a complaint" and "It's a pleasure to have them they're absolutely 100% and I really couldn't have anything better."

There was a complaints policy in place to ensure the concerns of people were listened to, acted on and resolved wherever this was possible. We found this included acknowledgement and response times as well as what action to take if the complainant was not satisfied with the outcome of any complaint investigation. We saw information about how to make a complaint was supplied to people at the start of their use of the service. We found the registered provider took action to follow up people's concerns and used complaints or feedback as an opportunity for learning and improving the service. There were systems in place to enable people to provide details on their experiences of the service or raise issues when required. Staff told us information from this was used as part of their on-going professional development and discussed in team meetings with them, to ensure issues were addressed and acted on in an appropriate way.

Reablement staff we spoke with demonstrated a good understanding of what mattered and was important to people who used the service, to ensure they were supported in a way that met their individual needs and took account of their wishes and feelings. The registered manager told us reablement staff were flexible and that visits to people could be adjusted to ensure their differing and individual needs were appropriately supported; this helped to enable reablement staff to provide quality time for people and not rush.

There was evidence people received a service that was individualised to their needs which focussed on people's abilities and personal strengths together with areas for potential development. People told us reablement staff involved them in decisions about their support to ensure their wishes for independence and self-control were maximised. The care files of people contained assessments of needs that were completed by staff in the primary assessment team, prior to the commencement of their use of the service, together with evidence of agreements concerning what was delivered. We saw people's needs were reviewed weekly, to enable their progress to be monitored and evaluated. We saw people's assessments covered areas of known risks such as skin integrity, mobility and falls to help staff promote their personal safety. When we visited one person with a reablement team leader on an unannounced observational visit of staff, we found the assessment showed the person was at risk of potential falls, but it was not clear what action had been taken to minimise these from occurring in the future. When we spoke to the reablement team leader about this they told us they would check with the primary assessment team whether a referral to the local falls team specialists had been made and ensure this was followed up.

People who used the service told us reablement staff had a good understanding of their individual needs and helped them develop their confidence and self-esteem in order to maximise their independence. Staff

advised people were encouraged to pursue their personal interests and hobbies and participate in the local community, to enable the reduction of potential risks of social isolation and enable their wellbeing to be positively promoted.

The registered manager told us the service was subject to developments within the registered provider organisation to jointly integrate health and social care services locally. They advised this aimed to improve partnership working and help people's transition between services to be met in an integrated way.

## Is the service well-led?

### Our findings

Feedback received from surveys we sent out to people who used the service was largely very positive. Comments included, "All the care workers have been fantastic", "Clear, respectful and approachable. No swank to them, they talked to me normally", "I am very satisfied with all help I am receiving and received. I feel confident and safe at my age knowing I have support. Thank you" and "I have no complaints about the carers I had. They were wonderful, some more than others, but that's not to say there was anything wrong."

There were management governance systems in place together with administrative structures to enable the aims of the service to be delivered, whilst enabling it learn and develop. We found procedures enabled the quality of the service to be monitored and ensure it was well led. There was evidence a range of audits were carried out of different aspects of the service, together with management reports that covered a range of key performance indicators such as incidents /accidents and 'near miss events', staff training and development, compliments and complaints, , people's care records, and health and safety issues. This enabled trends and patterns to be analysed and help improvements in the service to be implemented.

The registered manager had a wealth of appropriate knowledge and experience and was aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents together with other notifiable events that occurred during the delivery of the service.

We found the register manager understood the need to involve people who used the service and that feedback from them was obtained following their use of the service to enable it to learn and develop. We saw that 100% of the replies from people in a recent survey sent out by the service, reported feeling safely supported with 73% of them rating the service as excellent overall.

Reablement staff reported confidence in the management of the service and said that management style was open and approachable. A member of reablement staff told us, "The management support is fantastic, both practically and emotionally as well." Another commented, "They give us a lot of time for us to do our training. I am currently compiling information for a course on health and safety."

Reablement staff advised there was good communication within the service which enabled them to feel up to date with developments. One reablement staff told us, "The managers are very quick to answer any questions; it's important we know and are kept aware of any changes." Reablement staff told us regular meetings took place to enable the registered manager to provide leadership and direction and ensure they were clear about their roles and responsibilities, whilst upholding the values of the registered provider organisation.

There was evidence the registered manager placed a high importance on the development of an open and inclusive culture that encouraged staff to question practice and ensure communication was open and constructive. Reablement staff told us the registered manager listened to them and was fair. We saw evidence of regular individual staff meetings with reablement team leaders to enable their behaviours and

attitudes to be monitored and their skills to be appraised.

We found reablement staff were very positive about the service and enjoyed their work. We were told the service recognised and valued their staff who were nominated to receive commendations for their contributions from the director of the corporate registered provider.