

# Blackburn with Darwen Borough Council

# Blackburn with Darwen

# Reablement Service and

# Home First Service

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Blackburn with Darwen Reablement and Home First is a domiciliary type service providing care and support to people in their own homes with reablement, and also when they have been discharged from hospital. At the time of the inspection, 44 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Recruitment systems and processes were not always robust. For example, gaps in employment were not always explained and references were not always sought from previous employers where a person had a history of working with vulnerable adults.

None of the people we spoke with knew who the registered managers were. However, people knew they could contact team co-ordinators and reviewing assessment officers if they had any concerns. The provider had quality assurance processes in place. However, it was not always evident how findings from audits and feedback from people had been used to ensure regulatory requirements were met. Our findings in relation to recruitment showed a lack of scrutiny by the provider to ensure safe recruitment practices had always been followed.

We received mixed responses from staff in regard to staffing levels. Some staff felt there was enough and others stated staffing levels were low. We recognised the impact the pandemic was having on the service which had also been supporting care homes at times of crisis. Some people we spoke with told us staff did not always turn up when expected.

We have made a recommendation about staffing and call times.

We saw training courses the service had deemed mandatory and were to be completed on an annual basis. However, we found not all staff had completed these within the annual timeline as set by the provider. People felt staff were knowledgeable and had the appropriate skills to meet their needs. Records we looked at showed supervisions were not always being completed in full.

We have made a recommendation about training and supervisions.

People were protected from the risk of harm, abuse or discrimination. Although not all staff were up to date with safeguarding training, all staff spoken with were aware of their responsibilities to report any concerns and who to report to. The provider had a robust safeguarding policy and procedure in place to guide staff in their roles.

The provider maintained effective systems to ensure potential risks to people's safety and wellbeing had been assessed. Care records we reviewed showed personalised risk assessments relating to people's health and welfare. Medicines were safely managed. The provider had policies in place to support staff to administer medicines safely. Due to the nature of the service, the emphasis was on supporting people to self-administer their medicines whenever possible. The provider had systems in place to prevent and control infections, including COVID-19.

The registered managers and staff all worked closely with other agencies to ensure people were in receipt of consistent care which achieved good outcomes. People's healthcare needs were monitored and managed. Details of any medical conditions were included in people's care records. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Everyone we spoke with told us they were well treated by kind and caring staff. Care records documented people's preferences and information about their backgrounds. Staff told us they used this information to develop caring relationships with the people they supported. Staff had completed training in equality and diversity and best practice in supporting people who are LGBTQ+. The focus of the service was on promoting people's independence as far as possible and helping them to regain skills and confidence in their own homes. The service supported people to express their views and to be involved in the development of care plans.

People received care and support that was personalised to their needs, preferences and choices. People's communication needs were assessed and recorded as part of the care planning process. The provider had a policy for the management of complaints; this included timescales for a response and the contact details for relevant external organisations.

Records and statistics reviewed were extremely positive and showed 55% of people using the reablement part of the service fully regained their independence. The provider promoted and encouraged candour through openness and honesty. The provider had several methods of engaging with people who used the service and staff to gather their feedback. The service worked with a range of professionals to ensure people received safe and coordinated care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

Blackburn with Darwen Reablement Service and Home First Service re-located to the same location to make one newly registered service. This service was registered on 18 April 2019. This was the first inspection for the newly formed service.

The last rating for Home First was good (published 21 May 2019). The last rating for Reablement Service was good (published 23 April 2018).

#### Why we inspected

This was a planned inspection based on the registration of the service.

#### Enforcement

We have identified breaches in relation to recruitment and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Blackburn with Darwen Reablement Service and Home First Service

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

This inspection was carried out by two inspectors and two Experts 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.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave a short period notice of the inspection because we needed to gain consent to telephone people and relatives. We also needed to be sure someone was in the office to support the inspection.

Inspection activity started on 28 September 2021 and ended on 30 September 2021. We visited the office location on 28 and 30 September 2021.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch for feedback on 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with 12 people who used the service and eight relatives about their experience of the care provided. We spoke with nine members of staff including the nominated individual, two registered managers, senior care workers and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and four people's medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek feedback from professionals who knew the service well.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Recruitment systems and processes were not always robust. For example, staff had not always been asked to complete an application form when applying for vacancies; most files contained curriculum vitae's (CV's). The CV's and interview notes we reviewed did not contain reasons for leaving previous employment nor did they explain any gaps in employment. References were not always sought from previous employers, where a person had a history of working with vulnerable adults or children.

We found no evidence that people had been harmed however, the provider had failed to ensure robust recruitment systems and processes were in place. This is a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered managers told us they currently had six staff vacancies. We found recruitment was on-going and the registered manager's were actively seeking to fill vacancies as timely as possible given the current circumstances nationally. The registered manager's told us, in the meantime they did not take on any care package they did not have the staff to facilitate.
- We received mixed responses from staff in regard to staffing levels. Some staff felt there was enough and others stated staffing levels were low. One staff told us, "At the moment we are struggling. A few people left suddenly and some are on sick leave; it happens all of a sudden. You want to give 100% but sometimes there is an issue with getting to people on time." Another staff member told us, "COVID-19 has been impacting on staffing. We did not have many staff due to people isolating or working from home. The volume of work has changed and responsibilities have increased." We recognised the impact the pandemic was having on the service which had also been supporting care homes at times of crisis.
- Some people we spoke with told us staff did not always turn up when expected. We discussed this with the registered managers who explained, when people receive the Reablement and Home First service, it is not possible to give times of when visits will occur as this is a short term, fast paced service. However, it was not clear how this was communicated to people when commencing with the service. We found there had been no missed visits prior to our inspection.

We recommend the registered managers and provider review staffing levels and expected call times to ensure people are fully aware of how the service operates.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse or discrimination. Some people told us, "I feel very safe, 100%", "Very safe, they do everything they're supposed to do" and "I feel very safe, they are caring and



helpful." Some relatives spoken with told us, "Very safe, he seems happy enough. They're doing a good job" and "Very safe. I'm sure she would let me know if there was a problem."

- The registered managers had not ensured all staff had undertaken safeguarding training in line with the service expectations; this will be discussed in more detail in the effective section of this report. However, all staff spoken with were aware of their responsibilities to report any concerns and who to report to.
- The provider had a robust safeguarding policy and procedure in place to guide staff in their roles. The registered managers had made the necessary safeguarding notifications in a timely manner.

#### Assessing risk, safety monitoring and management; Lessons learned when things go wrong

- The provider maintained effective systems to ensure potential risks to people's safety and wellbeing had been assessed. Care records we reviewed showed personalised risk assessments relating to people's health and welfare. These provided staff with information on how to manage and reduce risks, whilst not restricting people.
- Staff carried out risk assessments within people's homes, for example, for slip or trip hazards. Whilst recommendations were sometimes made, we found people had the right to action any recommendations or not as this was their own homes.
- The provider had a business continuity plan and contingency plans which described how people would continue to receive a service in the event of adverse circumstances.
- The provider had a case escalation system in place to help ensure accidents, incidents or near misses were recorded and action taken to ensure risks were mitigated. The registered managers and staff demonstrated a commitment to providing high quality, safe care.

#### Using medicines safely

- Medicines were safely managed. The provider had policies in place to support staff to administer medicines safely. Due to the nature of the service, the emphasis was on supporting people to self-administer their medicines whenever possible.
- Staff had received training in the safe administration of medicines and their competence to complete the task was regularly assessed.

#### Preventing and controlling infection

- The provider had systems in place to prevent and control infections, including COVID-19.
- Staff told us there was always sufficient stock of PPE available to them and that this was worn in line with government guidance in place at the time of the inspection.
- Staff were participating in regular testing for COVID-19 in line with current government guidance.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received training. However, this was not always in-line with service expectations. Courses were available on-line; face to face training had ceased due to the pandemic. We saw courses the service had deemed mandatory and were to be completed on an annual basis. However, we found not all staff had completed these within the annual timeline as set by the provider. For example, whilst staff had completed courses previously, many staff were out of date (according to the annual timeline as set by the provider) with mandatory courses, such as Moving and Positioning of Individuals, Mental Capacity Act and Infection Prevention and Awareness for Frontline Staff.
- People felt staff were knowledgeable and had the appropriate skills to meet their needs. One person told us, "Yes they seem to know what they are doing. I struggle with (a medical condition) and they know what I need and when. I said I could get up myself at the beginning, they said that I needed a bit of help, which I did. I have been more than impressed with them and they got me back on my feet again."
- Staff received supervision on a regular basis. Records we looked at showed supervisions were not always being completed in full. For example, sections on reflective practice, were not being completed as part of the supervision process. The registered managers assured us they would address this going forward.

We recommend the provider and registered managers ensure relevant training and supervisions policies and procedures are in place for all staff and management to follow.

- Staff spoken with told us they had received an induction when commencing employment, which included training and shadowing a more experienced member of staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed when commencing with the service. Staff told us, when a person was discharged from hospital, they met with an Occupational Therapist at the person's home to assess what needs and support the person had. This included any equipment needs. Some staff had undergone the Trusted Assessors training which meant they were able to prescribe small pieces of equipment for people's homes, such as shower chairs, chair risers etc.

Supporting people to eat and drink enough to maintain a balanced diet

- Where required, staff supported people with their meals. Care records we looked at contained detailed information on the level of support required. Staff we spoke with discussed with us how they encouraged people to eat a healthy and balanced diet.
- People told us, "They will make my meals but I like to make it myself. They will watch that I am steady on

my feet making my own breakfast" and "They will heat my cornflakes up in the microwave and make me a cup of tea with all my meals."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered managers and staff all worked closely with other agencies to ensure people were in receipt of consistent and timely care which achieved good outcomes. We saw staff worked closely with Occupational Therapists, Physiotherapists and many other external agencies.
- People's healthcare needs were monitored and managed. Details of any medical conditions were included in people's care records.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider had policies and procedures to guide staff about their responsibilities under the MCA. Staff were knowledgeable about the MCA and gave us examples of how they supported people to make their own decisions and choices.
- Care records showed that people had been asked for their consent to the care and support provided. Comprehensive mental capacity assessments had been completed when staff suspected a person might lack the capacity to make a specific decision; these assessments included the benefits and burdens of any available support packages.
- People using the service told us staff always asked for consent. Comments we received included, "They say in the morning what can I do for you" and "They do ask for my consent." One relative told us, "They always ask what needs doing."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone we spoke with told us they were well treated by kind and caring staff. Comments we received included, "They are polite and nice and have a chat. I have no complaints", "We have a laugh when they come, they are very pleasant" and "Very much so (when asked if staff are caring). They would listen to me if I was worried about anything and they would care for all my needs. I would recommend them to anyone who needs them." Relatives we spoke with told us, "Oh definitely they are caring. They are friendly and chat to her, they say she has a nice face", "They are very patient with him and make him feel at ease" and "(Family member) is hard of hearing, they are very patient. They always ask how they have been, simple stuff, its good."
- The provider's ethos was to provide individualised and person-centred care to everyone they supported, using a strengths-based approach. This was confirmed by staff who told us, "The care plan for each person is not to suit staff but the person, their lifestyle and choices" and "People are definitely treated as individuals. The main ethos of the service is that everyone is unique and different."
- Care records documented people's preferences and information about their backgrounds. Staff told us they used this information to develop caring relationships with the people they supported.
- Staff had completed training in equality and diversity and best practice in supporting people who are LGBTQ+. The provider had also arranged for staff to receive training in understanding and reporting hate crime.

Respecting and promoting people's privacy, dignity and independence

- The focus of the service was on promoting people's independence as far as possible and helping them to regain skills and confidence in their own homes. A staff member told us, "We are an assessment service, supporting independence and aiming for positive outcomes."
- People told us, "They ask if I want the door shutting when I'm doing my personal care", "They respect me, they don't say anything wrong. They say 'Hello' and call me by my name" and "They keep me covered up."

Supporting people to express their views and be involved in making decisions about their care

- The service supported people to express their views and to be involved in the development of care plans. One person told us, "Yes, they ask what I want." Another person told us, "Yes I told them I was a stubborn and independent person. They said to me on the first few days that they thought I needed help, they did it in a kindly way."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was personalised to their needs, preferences and choices. People told us they were involved in the care planning and care review process. One person told us, "They discussed the care plan with me and about the frequency of visits as well."
- Relatives spoken with said their family member was involved and they were also involved in the process. One relative told us, "Yes I have been involved with (Staff member)."
- Staff told us they accessed care plans on their electronic devices and care plan reviews were undertaken every week to ensure they remained relevant.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded as part of the care planning process. The provider could produce information in different formats or languages if required.
- Staff spoke a range of languages so could communicate effectively with people for whom English was a second language.
- The provider had an accessible information policy and staff were able to access support and guidance from the local authority sensory impairment team. However, in the case of one person, it was not clear whether the advice given had been incorporated into how the care was provided.

Improving care quality in response to complaints or concerns

- The provider had a policy for the management of complaints; this included timescales for a response and the contact details for relevant external organisations. Information about how to make a complaint was also given to people when they started using the service.
- The provider had received two complaints since the service had been registered with CQC in April 2019. These complaints had been thoroughly investigated by the registered managers and records kept showing action taken.

End of life care and support

- In circumstances where people required end of life care, the registered managers explained the staff would work closely with the person and their family, as well as health and social care professionals to ensure the comfort and dignity of the person.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Whilst team co-ordinators were visible to people using the service, we found the registered managers were not. None of the people we spoke with knew who the registered managers were.
- The provider had quality assurance processes in place. However, it was not always evident how findings from audits and feedback from people had been used to ensure regulatory requirements were met.
- Our findings in relation to recruitment showed a lack of scrutiny by the provider to ensure safe recruitment practices had always been followed, leading to a breach of the regulations in the safe domain.
- We have also made recommendations in relation to staffing levels, call times, training and supervisions.

We found no evidence that people had been harmed however, the provider had failed to ensure robust systems and process were in place to monitor the service. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service ethos was around independence and achieving good outcomes from people. Records and statistics reviewed were extremely positive and showed 55% of people using the reablement part of the service fully regained their independence.
- The registered managers and staff appeared committed to achieving good outcomes for people. They spoke about a desire to ensure people could remain in their own homes and spoke positively about their roles.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service did not have a duty of candour policy and procedure in place. The registered managers informed us this was being developed and would be in place soon.
- The provider promoted and encouraged candour through openness and honesty.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had several methods of engaging with people who used the service and staff to gather their feedback. These included meetings, surveys and regular conversations.

- Feedback from the 40 surveys completed within the last six months were mostly extremely positive. Comments people had made included, "The personnel that I have met have been exceptional in their care", "I felt very safe and respected. My carers were most helpful and gave me excellent care and kindness" and "A fantastic service to help people stay in their own home with lots of love and care."
- Some people made negative comments about the timing of the support they received and the numbers of support workers who visited them. Although the registered managers told us both of these issues were covered during introductory visits, the information leaflets provided to people could have been clearer about what they could expect and who was responsible for the running of the service.
- We saw evidence of the work the provider had undertaken with staff to review what was working well or needed improvement following the decision to introduce blended working between the Home First and reablement service. Staff told us they felt valued and listened to.

#### Working in partnership with others

- The service worked with a range of professionals to ensure people received safe and coordinated care. These included therapists based within the service as well as district nurses, mental health services and housing.
- We received positive feedback about the service from external professionals. Comments we received included, "The registered managers and their team appear to be very aware of the importance of safe medicines management procedures and seek advice when they feel necessary" and "I can compliment the service by saying that the service provided is provided in a timely manner and the professionalism by the team and the support staff. (Name of registered manager) is an excellent ambassador for this service and will always go above and beyond to support her team."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure robust systems and process were in place to monitor the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to ensure robust recruitment systems and processes were in place.