St Helens Council

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 was an announced inspection carried out on 5 & 9 February 2016. We contacted the registered provider 48 hours prior to us visiting the service. Notice of the inspection was given as we needed to be sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

St Helens reablement service is a jointly funded multi-disciplinary Intermediate Care Service. Its primary aim is to promote independence so that people can remain living in their own home, help people recover faster from illness and to prevent unnecessary admission to hospital and long term care facilities. The service is offered for a period of six weeks.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place to keep people safe. These systems included safe medicines management procedures and assessing and minimising risks to people and in and around their homes.

People were protected by safe recruitment practices that ensured appropriate checks were carried out prior to a member of staff starting their role. This also helped ensure that only suitable staff were employed by the service.

People were supported by staff who received regular training and support for their role. This helped to ensure that people received safe and effective care and support from a well-trained staff team.

Plans of how people needed to be cared for were available. The plans contained specific information about individuals' that staff needed to know when they were delivering care and support to people.

People accessing the service benefited from having access to the services of health care professionals which included physiotherapists, occupational therapists and general and psychiatric nurses.

A complaints procedure was in place and people told us that if they needed to complain they felt they would be listened to. No complaints had been received about or by the service.

The service was supported by the registered provider's human resource, training and health and safety departments. In addition, policies and procedures were in place to support and guide staff on best practice for their role. These policies and procedures were updated on a regular basis. Having access to this information helped ensure that people received the care and support they required as staff had up to date knowledge of best practice available to them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe when being supported by the staff team.

Procedures were in place to help ensure that people received their medicines safely.

Identified risks to people were considered and planned for.

Staff recruitment procedures were in place to help ensure that only staff suitable to work with vulnerable people were employed.

Is the service effective?

Good

The service was effective.

People had access to a multi-disciplinary staff team to support their re-ablement which included staff to support their personal care needs and health care professional to advise and promote their health and wellbeing.

Systems were in place to help ensure that people's consent to care was established.

Staff received training and supervision for their role which enabled them to support people safely and effectively.

Is the service caring?

Good

The service was caring.

People told us that staff were caring.

Information was available to people about the service provided and the standards of care and support they should receive.

Is the service responsive?

Good

The service was responsive.

Plans were in place that demonstrated what people's needs were and what support they needed.

A complaints procedure was available to people using the service.

People were asked their opinions on the service that they had received. This information was monitored by the registered provider and used to inform the developments of the service.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post.

Policies and procedures to help ensure that people received safe and effective care were in place and available to staff.

Systems were in place to review and monitor the care and support people received from the service.

Reablement Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection carried out on 5 & 9 February 2016. We contacted the registered provider 48 hours prior to us visiting the service. Notice of the inspection was given as we needed to be sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

The inspection team consisted of one adult social care inspector.

We looked in detail at the care planning records of three people who used the service and how people's needs were assessed. In addition we looked at records in relation to the running and overall management of the service, the recruitment records of two staff, policies and procedures and staff rotas. We spoke with two people who used the service and five staff members including the registered manager.

Before our inspection we reviewed the information we held about the service including any notifications of incidents that the registered provider had sent to us. The registered manager had completed and sent us a Provider Information Return (PIR). The PIR is a document that asks the registered provider to give us some key information about the service, including what the service does well and any future improvements they plan to make to the service.

Prior to this inspection five people and the relatives of a further two people completed a survey form that the Care Quality Commission had sent them. We have included the results of what people told us in this report.

Good

Is the service safe?

Our findings

People told us that they felt safe when staff were supporting them in their home. Their comments included "Very safe". People told us that staff always arrived on time and stayed for the right amount of time. One person told us "We called them the A team."

Policies and procedures were in place in relation to safeguarding people. These procedures included St Helens council's joint agency adult safeguarding procedures. Staff spoken with demonstrated a good awareness of potential safeguarding concerns and were confident in what actions they needed to take in the event of them having concerns about a person's safety. Training records demonstrated that staff had completed training in safeguarding people. A number of staff had also completed safeguarding children awareness training. In addition to the service's policies and procedures people who used the service were given a leaflet on safeguarding vulnerable adults as part of the information they received when their service commenced. This helped ensure that people had access to who they could contact to discuss or report a safeguarding concern. The staff handbook also contained guidance in relation to safeguarding procedures. This enabled staff to have access to the procedures in place to protect people.

Identified risks to people and their living environment had been planned for. Prior to a person receiving a service an environmental risk assessment was completed. This assessment considered any structural hazards, slip or trip risks, risk from utilities, lighting, risks to personal safety and fire safety. The assessment helped to identify who and where there was a risk and any actions needed to minimise people who used the service and staff experiencing harm. When a risk to people's environment was identified a referral to the relevant agency was made. For example, if a person's home smoke alarm was not working a referral would be made to the local fire service.

In the event of people requiring equipment to aid their independence within their home assessments were carried out by the team's health care professionals. For example, community physiotherapy services were available to carry out assessments and arrange for the appropriate equipment to be made available. For example, one person told us that they had been assessed for a bath seat that would enable them to manage their own personal care independently.

The registered provider had policies and procedures in place for the safe management of medicines. These documents gave support and advice to staff in relation to recording medicines, alterations to people's medicines and what support staff could and could not offer people in relation to their medicines. At the time of this inspection the registered provider was in the process of reviewing these policies and procedures. In the event of a person needing support with their medicines as assessment was carried out and a care plan developed. Training records demonstrated and staff confirmed that they had received training in medication safety.

An electronic rota system was in place to plan people's visits. These rotas were managed by a small team of team leaders who planned, liaised and made changes, when requested to people's visits. The number of staff required to visit people was determined from their needs. We saw that rotas changed on a regular

basis to accommodate people's needs and wishes. The registered manager gave an example of a person requiring support to attend a medical appointment and due to this staff were allocated to facilitate this.

The registered provider had detailed recruitment and selection procedures in place. We looked at the recruitment files of two staff members who had joined the service since our last inspection. One member of staff had transferred from other employment with the registered provider and another staff member had applied for their role and been recruited. The information contained on the files demonstrated that appropriate checks had been carried out prior to the staff starting their employment. For example, we saw that an application form or expression of interest form had been completed, medical information and evidence of formal identification had been sought, written references had been obtained and a Disclosure and Barring Service (DBS) had been carried out. These checks are carried out to ensure that only staff suitable to work with vulnerable people are employed by the registered provider.

All recruitment was managed by the registered provider's human resource department. We saw that procedures were in place to demonstrate that fairness has been applied during the recruitment procedures. For example, the registered provider always ensures that the interview panel is made up of both male and female staff to ensure that there is a gender balance.

Good

Is the service effective?

Our findings

People told us that they had been involved in planning their care and that they had signed to give their consent to their care package. People's comments included "They [staff] couldn't of been more helpful" and "My [partner] was made up with them". People felt that staff were well trained to do their job and one person commented "All very experienced staff".

All five people who completed a survey form sent to them by the Care Quality Commission stated that they had received care from familiar, consistent staff who had the skills and knowledge needed.

Referrals for people requiring the service were made initially to the Integrated Access Service at St Helens council (IASH). People are able to self-refer to the service, however, the registered manager stated that the majority of referrals are made by local GPs, district nurses, social workers and the local falls team. Once the IASS team had received a referral an assessment of the person's needs and wishes was carried out by a health care professional. This information was then passed to the service to arrange for people's care and support needs to be met.

The service is also part of a pilot scheme working within a hospital's accident and emergency department. This scheme involves health care professionals working at the hospital assessing the needs of people who visit the accident and emergency department who may not require any clinical treatment but do require support within their home. The scheme enabled people to return to their home quickly with the support of the service. During our inspection we observed the reablement support manager taking a referral from the accident and emergency department. The referral involved staff from the service going to support a person in their own home that evening on their return from the hospital. We saw that the support was arranged quickly and enabled the person to be cared for in their own home which was the most appropriate place for them to be.

The service provides care and support to people for up to six weeks. Within this period of time direct referrals can be made on behalf of people to other services. For example, if people required the services of an occupational therapist, community psychiatric nurse, physiotherapist or district nursing services immediate referrals were made. This helped ensure that people received the specialist advice and support they required to maintain their independence. In the event of a person requiring further support with their personal care at the end of the six week service a referral would be made for other services. Weekly multi-disciplinary team meeting were held to monitor people's re-ablement progress and if required suggest changes to people's plans of care and support were made and implemented.

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 as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People's ability to make specific decisions was assessed by the Integrated Assessment Service at St Helens council prior to a referral to meet a person's needs being sent to the service.

Once a service was in place staff ensured that people consented to their care. People told us that they had been asked to sign their care plan to agree to their care. One person told us "I was asked to sign the book to consent". Staff spoken with demonstrated a good awareness of the need to obtain people's consent when delivering care and support. Training records demonstrated that staff had received training in relation to the MCA. The registered provider had policies and procedures available to help ensure that the MCA was considered when delivering care and support. In addition, the registered provider had specially trained staff to offer advice on consent to care in relation to the MCA.

Newly recruited staff received an induction into their role. In addition, staff received regular supervision with their line manager. Staff spoken with told us that they received regular support and that there was always someone available to discuss any concerns they may have. Staff told us "There is always someone to contact" and "There is always support there".

Training records demonstrated that staff received regular training to enable them to carry out their role. Records showed that staff had completed training which included First Aid, equality and valuing diversity, infection control, mental health awareness, dementia awareness, record keeping, food safety and fire awareness. Staff spoke positively about the training they received, their comments included "Always good training" and "The training is very good".

Good

Is the service caring?

Our findings

People told us that they felt the staff were caring. People's comments included "Nothing too much trouble," "Couldn't have been more helpful" and "They [staff] were like one of the family".

One person told us that they felt staff supported them in a dignified manner. They told us that they "Never felt embarrassed or uncomfortable" when staff were delivering personal care. Another person told is us that that they were a very private independent person and felt that having to receive personal care was intimidating for them. They told us that some staff were "more discreet" than others and gave the example of some staff sometimes stayed in the bathroom with them and others waited outside. The person told us that they felt staff "Tried their best".

All five people who completed the survey form sent to them by the Care Quality Commission told us that they were happy with the support they received from the service. They told us that staff always treated them with respect and dignity and that staff were caring and kind.

People told us that staff were respectful when they visited. Staff explained that wherever possible they always closed doors and curtains when delivering personal care to people.

A system was in place to ensure that people had received their care and support they required. This involved staff checking on a daily basis that all scheduled visits had taken place. This helped ensure that people received the care and support they required.

At the start of using the service people were given a file containing information about the level of service they should expect and how the service intended to ensure that this happens. For example, the document stated that people can expect to be involved and told about what was happening at every stage of their care, that they can expect care, treatment and support that met their needs, people can expect to be safe, and to be cared for by qualified staff and for the service to continually check the quality of the care people received. The file contained useful telephone numbers and what services can be offered and to whom. Also information about support plans and risk assessments and information and documents staff are required to complete. Supplying people with detailed information about the service they received helped ensure that people received their care and support appropriately.

Good

Is the service responsive?

Our findings

People told us that they felt the service was responsive. They told us that they had a care plan and had been consulted in planning their care and support. People said that they knew how to make a complaint about the service if needed and that they felt they would be listened to and their concerns acted upon. One person told us "I would be more than happy to complain if needed. I know they would listen to me".

All five people who completed a survey form sent to them by the Care Quality Commission stated that they had been involved in the decision making around their care and support. In addition, if they wished the service would involve the people they had chosen if an important decision had to be made.

People's support packages were outcome focussed. Where required goals had been identified and recorded to plan people's re-ablement. For example, people's goals included to gain confidence in going outdoors, to improve their mobility and to regain the ability to be self-caring. Each person had a file that contained their assessed needs and their plan of care. We looked at the care plans of three people. One person who required intermediate care, one person who required a rapid response service and for a person who required support following their return from the hospital accident and emergency department. Each document recorded individuals' specific needs. For example, the documents considered people's nutrition, personal care, continence, skin pressure areas and mobility. When a specific need had been identified there was a summary of information that recorded what staff needed to do in order to support the individual. In addition, we saw that information relating to people's medicines, falls and physiotherapy needs had been assessed and planned for. This information helped ensure that people received the care and support they required to maintain and improve their independence.

Daily handover meetings took place between staff to monitor, review and update on people's progress. Records of these handover meetings were seen and recorded.

The registered provider had a detailed complaints policy and procedure that gave clear information to people as to what they should expect when they made a complaint about the service. Information on how to raise a compliment, comment or complaint about the service was contained in the 'service user' file that was given to people who used the service. At the time of this inspection the registered provider had received no complaints from people who had received a service. Information from the Provider Information Record demonstrated that the service had received 245 compliments from people.

People were asked their opinions on the service they received. As part of the registered provider's quality monitoring systems people were asked for their comments on the service they had received at the end of their care package. We looked at the Service Experience Survey and saw that people were asked to comment on the services offered, where they received the service, information given by the service, if individuals' needs were met by the service, were people treated with dignity and respect, did people feel safe and secure and how they rated their satisfaction with the service. The form also gave people the opportunity to record any further comments in relation to health and social care services working together.

The registered manager explained that people's comments about the service were collated and feedback was given to the staff teams. In addition, people's feedback was also recorded and monitored by the registered provider's quality monitoring team and the health care providers working in conjunction with the service. Gaining feedback from people who have used a service helped the registered provider celebrate positive work, make changes where needed and plan for the future.

Good

Is the service well-led?

Our findings

A registered manager was in post who had managed the service for over six years. The registered manager was supported by a reablement support manager and team leaders to manage and co-ordinate the service. There was a clear line of accountability within the service and staff were aware of their roles.

Staff told us that they always had access to support from a senior member of staff when they were on duty. This included weekends and early mornings and throughout the evening where a senior member of staff was on-call to manage any queries, concerns or incidents staff may have. The registered provider also had a system in place to ensure that staff working out of office hours were safe. This included each member of staff having a mobile telephone to make contact at all times. In addition, once staff had finished working at night time they made contact with the on-call to confirm that visits had taken place and that staff were safe.

Weekly multi-disciplinary meetings took place which enabled the registered manager and the reablement support manager to meet with other health care professionals from the team involved in planning and delivery of support to people. These meetings helped ensure that people were receiving the care and support they required. In addition to these meetings the registered manager attended a fortnightly multi-disciplinary meetings along with representatives from other health care agency partners involved in the delivery of the service. The registered manager told us that these meetings were to plan strategies for the delivery of the service. For example, ensuring that arrangements were in place for people to receive their care and support in bad weather and for the service to plan for the times throughout the year when there is a high demand for the service.

Further monitoring systems were in place to measure the success of the service and to identify areas of improvement. For example, an annual audit and quality report is completed for the Clinical Commissioning Group commissioners who are partners in the commissioning of the service. In addition, an annual quality performance inspection is carried out of the service. The last recorded inspection was dated September 2015 in which all care and management objectives had been met.

People's personal information was stored in a manner that protected their privacy. For example, records that would be required over the weekend period were transferred to another location to ensure that they were safely stored but available to staff if required. Electronic records were only accessible to staff with appropriate passwords. This helped ensure that people's personal information was only accessible to staff who required it.

The registered provider, St Helens council had policies and procedures in place to promote safe working practices and to promote the health, safety and wellbeing of people who used the service and the staff team. These policies and procedures were reviewed on a regular basis to ensure they contained the most up to date legislation and good practice guidance. Staff had access to these policies and procedures at the services office.

The service had access to the human resource, health and safety and training departments of the registered

provider who ensured that safe recruitment was carried out and that staff received regular up to date training for their role.

A whistle blowing policy was available to staff to access at all times and staff were aware of this policy. Whistle blowing gives staff the opportunity to raise concerns they may have with the management team or external agencies in a way that protects them from reprisals within the service. No staff had accessed these procedures.