

Bolton Council

Home Support Reablement Service

Inspection report

Farnworth Youth Centre Building
King Street
Farnworth
Bolton
Lancashire
BL4 7AE
Tel: 01204337594

Date of inspection visit: 29 September 2015
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The announced inspection took place on 29 September 2015. The service had not yet been inspected under this registration as it was previously registered at a different location.

Home Support Reablement Service is a short term reablement service provided by Bolton Council. Personal care is provided in people's homes to support them to

return to independent living. The team is managed from a Bolton Council property in King Street Farnworth. There is limited on-site parking with restricted parking nearby. The local transport service is easily accessed from the service. On the day of the inspection there were 102 people currently using the service.

Summary of findings

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

People who used the service told us they felt safe and secure. Appropriate risk assessments were in place to help keep people safe.

The service had a robust recruitment procedure to help ensure suitable staff were employed. Staffing levels were sufficient to meet the needs of the people who used the service and cover was arranged for any sickness or leave.

Staff had undertaken relevant safeguarding adults training, demonstrated a knowledge of safeguarding and were aware of the reporting procedures. There was a lead manager for safeguarding to help keep staff knowledge current and up to date.

Infection control procedures were robust and staff had received training. There was a lead manager for infection control who ensured information was disseminated as changes occurred.

Staff had received training in medication administration and there were systems in place to ensure medicines were given safely.

We saw the service's system from initial referral to termination of the service, which was efficient. People's support plans were reviewed regularly to ensure people were given the correct level of assistance throughout their use of the service.

The service had a robust induction programme which included training, observation of practice and shadowing. Training was of a high standard and was on-going for staff.

Supervisions and appraisals were undertaken regularly to ensure staff's training and development needs were identified and addressed.

The service worked within the legal requirements of the Mental Capacity Act (2005) (MCA). Consent was obtained appropriately.

People who used the service told us they were treated with kindness and consideration. They felt their dignity and privacy were respected at all times.

The service had recently won a Customer Care award, demonstrating their commitment to providing a high standard of care.

Information given to people was clear and comprehensive and people told us explanations about the service were clear. People's independence was promoted and their strengths and abilities acknowledged and built on.

People told us they were encouraged to make their own choices by staff who delivered their support.

The service was tailored to each person's individual needs and was flexible. Support was changed as people's needs changed to ensure the correct level of support was offered at all times.

People were given the opportunity to comment on the service via a number of methods, including a comments form, regular support reviews and questionnaires as the service came to an end.

Complaints procedures were in evidence and concerns were dealt with promptly. There was evidence of compliments received by the service from satisfied customers.

There was a registered manager at the service. The robust management structure ensured that all staff had access to regular supervision and support. Staff meetings were held regularly to encourage staff to raise issues and concerns and make suggestions.

The service was accountable to a Quality Governance Board which monitored their progress and encouraged development and promoted shared learning.

Staff were encouraged to become involved with regular Quality Circles to help drive continual improvement to service delivery.

Audits and checks were undertaken regularly and the results analysed and issues addressed. This helped the service respond to changing needs and continually improve.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People who used the service told us they felt safe and secure. Appropriate risk assessments were in place to help keep people safe.

The service had a robust recruitment procedure. Staffing levels were sufficient to meet the needs of the people who used the service and cover was arranged for any sickness or leave.

Staff demonstrated knowledge of safeguarding and were aware of the reporting procedures. Systems were in place to ensure medicines were given safely.

Good



Is the service effective?

The service was effective.

The system from initial referral to termination of the service was efficient. Support plans were reviewed regularly to ensure people were given the correct level of assistance.

The service had a robust induction programme, including training, observation of practice and shadowing. Training was on-going for staff.

Supervisions and appraisals were undertaken regularly.

The service worked within the legal requirements of the Mental Capacity Act (2005) (MCA). Consent was obtained appropriately.

Good



Is the service caring?

The service was caring.

People who used the service told us they were treated with kindness and consideration. They felt their dignity and privacy were respected at all times.

The service had recently won a Customer Care award, demonstrating their commitment to providing a high standard of care.

Information given to people was clear and comprehensive. People's independence was promoted and strengths and abilities acknowledged and built on.

Good



Is the service responsive?

The service was responsive.

People told us they were given choices by staff who delivered their support.

The service was tailored to each person's individual needs and was flexible. Support was changed as people's needs changed to ensure the correct level of support was offered at all times.

People were given the opportunity to comment on the service via a number of methods, including a comments form, regular support reviews and questionnaires as the service came to an end.

Good



Summary of findings

Complaints procedures were in evidence and concerns were dealt with promptly. There was evidence of compliments received by the service from satisfied customers.

Is the service well-led?

The service was well-led.

There was a registered manager at the service. The robust management structure ensured that all staff had access to regular supervision and support.

The service was accountable to a Quality Governance Board which monitored their progress and encouraged development and promoted shared learning.

Staff were encouraged to become involved with Quality Circles to help drive continual improvement to service delivery.

Audits and checks were undertaken regularly and the results analysed and issues addressed. This helped the service respond to changing needs and continually improve.

Good



Home Support 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.

The inspection took place on 29 September 2015 and we gave the service short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of an adult social care inspector from the Care Quality Commission and an expert

by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They were asked to carry out telephone interviews with people who used the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of notifications received from the service.

We spoke with ten people who used the service and five relatives, some face to face and others via telephone calls. We spoke with eight staff and the registered manager. We looked at records held by the service, including five care plans, seven staff files, audits, training records and general information supplied by the provider.

Is the service safe?

Our findings

People who used the service that we spoke with felt safe and secure. We were told staff arrived on time and if there was any problem and they were going to be delayed they informed the person of this.

The service had a robust recruitment programme, which involved potential staff having to complete an application form, usually on line. This was anonymised before short listing to ensure equal opportunities. After interview, successful applicants were required to produce proof of identity and references. A Disclosure and Barring Service (DBS) was then undertaken to help ensure potential employees were suitable to work with vulnerable people.

Electronic systems were in place to produce rotas, record and cover for sickness, absence and leave. We saw how these systems helped ensure people who used the service had continuity of staff where possible. The systems also helped ensure people were not left without a carer when they required assistance and received the correct level of support each day.

There was also an electronic logging in and out system for staff. This flagged up when a member of staff was running late and had not arrived at the home they should be attending. A reasonable length of time was allowed for difficulties such as heavy traffic, then office staff would address the issue by contacting the person who used the service to let them know someone was on their way, and/or covering the visit with another staff member if necessary. This helped maintain people's safety with regard to the care they required at the pre-arranged times agreed for visits. The service had also recently begun to analyse the logging in and out data to see whether planned visits and actual visits corresponded. If this was not the case, they would look into the reasons why and try to make improvements in this area.

Staff all had mobile phones and there was always someone in the office for them to contact if they needed support. The logging in and out system meant that, if they were running late, someone in the office would be aware of it and would ensure that they found out where the staff member was before too long.

We saw that there were contact numbers for people who used the service at the front of their care files. However,

these were only for contact up to 10 pm and there was no out of hours number. We spoke with the registered manager about this and she immediately updated the service user contact sheet with this information.

The service worked to the local authority safeguarding policy and procedure. There was clear information for staff to refer to and protocols to follow should they need to. All staff received safeguarding training as part of their induction and regular update courses were undertaken by all staff to ensure their knowledge was kept up to date. The service also had a whistle blowing policy which would support staff if they had occasion to report any poor practice they had witnessed. One member of staff was the lead for safeguarding and was responsible for ensuring they attended relevant meetings to keep their knowledge and skills updated as well as disseminating any updates to other staff.

The service had a financial policy and protocol to help ensure people were protected from the risk of financial abuse. Records of financial transactions were kept within people's files.

Each care file included appropriate detailed risk assessments for the person who used the service. There was information about moving and handling, equipment used and any particular risks as well as general risks. People who used the service had personal emergency evacuation plans in place to help ensure their safety in an emergency situation.

There was a procedure for reporting accidents and incidents and near misses and forms were kept in the files so that staff could record these immediately. The incidents were also recorded on an electronic system, which allowed the service to monitor and analyse these to ensure lessons were learned from incidents. There was also a falls protocol with a flow chart for staff to follow to ensure they dealt with these correctly.

The office premises of the service had relevant health and safety procedures in place, such as fire risk assessment, fire equipment, portable electrical appliance (PAT) testing and maintenance of the building. Care staff undertook health and safety training as part of their induction programme.

All staff had undertaken training in medicines administration and had been observed in practice before being deemed competent. There was a medicines policy in

Is the service safe?

place and there were protocols for staff to follow, including how to report medicines errors. Regular checks and observations were carried out by the service to help ensure medicines were given safely.

The service had recently employed two pharmacists whose role it was to give advice to staff, complete audits and deliver training. The registered manager and other staff we spoke with felt this had been a very positive addition to their workforce.

The service had appointed a lead person for infection control. All staff were aware of the infection control policy and procedures, such as correct hand washing techniques and when to use personal protective equipment such as gloves and aprons. All staff were supplied with hand gel for instances when they were unable to wash their hands with soap and water. However, on-going work was taking place to try to acquire liquid soap for staff so that they could ensure their hands were properly washed at all times.

Is the service effective?

Our findings

We were shown through the service's process from referral to termination of service and found this to be an efficient process. Referrals came in from hospital or the community for people following illness or an accident who required a temporary intervention to bring them back to their base level. Initial assessments were carried out via social workers, who worked out the level of support required, number of visits needed and number of carers. The service then ensured their own assessment was carried out to ascertain the detail of the tasks involved in order to write a support plan in conjunction with the person who used the service. This allowed individuals to be fully involved in their own care delivery and management of their health issues. Other services may also be involved, such as therapists and the service worked well with other agencies to provide a joined up service for people.

We saw evidence of thorough support plans that were reviewed on a regular basis. This was done at two days, two weeks and four weeks for many people, but the service was flexible and worked with the individual to ensure reviews were undertaken as and when necessary. Paperwork was individual to the person, sometimes including a nutritional assessment, medicines information and consent, details of moving and handling and equipment to be used. An exit plan was devised when the service was coming to an end to endeavour to make the transition as smooth as possible, whether the person was to be supported long term by an agency or was back to independence. All the files we looked at were complete, clearly completed and up to date.

We saw evidence that staff had a thorough induction programme, including mandatory training, shadowing of

experienced staff and observations of practice. They were allowed to work alone only when deemed competent by the person supervising their practice. Observations of practice were carried out on all staff at least twice yearly to ensure their skills were still of the required standard and training was on-going throughout their working life. We saw that systems were in place to ensure all staff completed the required training, as well as some bespoke training, in a timely manner. There was a lead manager who took responsibility for ensuring all staff were up to date with training. The service also delivered training in ways other than the conventional courses, via learning sets, awareness sessions, dissemination of information and discussion.

Staff supervisions were undertaken regularly by the service and appraisals carried out on an annual basis. This helped the service ensure staff skills and knowledge were up to date, address any issues and identify training needs.

We saw from the files we looked at that the service ensured they worked within the legal requirements of the Mental Capacity Act (2005) (MCA). There was clear documentation about people's levels of capacity to make decisions and evidence that decisions made on their behalf were done in their best interests and discussions included appropriate individuals.

Those individuals who had capacity had signed consent forms for interventions where this was needed, for example medicines administration. Staff were aware of the importance of gaining consent from people who used the service.

Is the service caring?

Our findings

We spoke with ten people who used the service and five relatives. All said that the staff were kind and considerate. One person said, “They [care staff] are all good, but some are excellent. I feel at home with them. I would never have managed without them”. Another told us, “They [the staff] are wonderful. I couldn’t have nicer people”. One relative said, “Staff always conduct themselves in a polite and considerate manner”. All the people we spoke with told us people’s dignity and privacy was respected at all times.

We saw that the service had recently won the customer care award as part of Bolton’s Best. This was voted for by people who used the service. Staff we spoke with were proud of the service and of having won this award. They demonstrated a commitment to delivering a good quality, caring service.

Clear information was given to all potential users of the service to ensure they were fully conversant with what the service offered and their rights and choices. People who used the service told us they had received thorough explanations of the service prior to its commencement as well as printed information. Similarly, people were sent a discharge letter when the service was due to end as well as information about any follow up services and advice.

In addition to this the service undertook bi-monthly 'Walk and Talk' rounds. These involved a senior manager from another service speaking to people who used the service, a minimum of five each time, to ascertain their experience of

the service. This helped inform future improvements to the service delivery. We looked at the communication sheets kept within the files in people’s homes. These included thorough explanations of care delivered, people’s well-being and tasks completed.

The service had appropriate policies and procedures in place with regard to confidentiality, data management, privacy and dignity. Staff were aware of the importance of confidentiality regarding people’s care and support. Information was shared with other agencies, with the agreement and consent of the person who used the service and only shared in the best interests of the person to help ensure they received joined up care.

The service endeavoured to ensure that care was delivered in a respectful manner, maintaining people’s dignity and privacy. Staff received training in person centred practice to ensure they delivered care with kindness, respect and with regard to people’s dignity. Supervisions and observations were focused on certain aspects of practice. There were examples of supervisions and observations where the emphasis was on respect, kindness and preserving dignity.

The nature of the service was to maximise people’s skills and promote independence as the interventions were short term and designed to help people get back to their base line. We saw that the support plans included reference to people’s strengths, skills and abilities and were designed to build on these to regain as much independence and autonomy as possible.

Is the service responsive?

Our findings

The ten people we spoke with told us they were given choices in all areas, such as what clothing they wished to wear, what food they wanted to eat or what they wanted to do. We asked about complaints. All said they had no complaints or concerns about the service. One of the people we spoke with said, “I have no complaints about them [the service] at all”. Another told us, “I couldn’t fault them at all”.

The service was tailored to each individual and endeavoured to respond to their particular needs, the service involving them in all aspects of support planning and delivery. People were addressed by their preferred name and people’s own goals and desires were recorded. These were the targets the staff worked towards with the individuals they supported.

We saw from the files we looked at that the service was flexible and could be adjusted depending on the requirements of the individual, the change in their needs and their wishes and requirements. Visits varied in length and if the need for practical assistance reduced the visit may remain the same in length so that the person’s independence could be promoted. The service also offered a night service to assist people with any requirements they may have during the night, such as assistance to the toilet, turning in bed or administration of medicines.

People were given the opportunity to comment on the service at regular reviews to ensure they were happy with the care and support they were given and that this was at the correct level for them. As the service was coming to an end for an individual they, and their family carer if they had one, were sent a questionnaire to ascertain their views and experiences of the service. The feedback from the questionnaires was analysed by the service used to inform improvements to care delivery.

We saw that the complaints procedure was displayed in the office as well as outlined in the information given to prospective users of the service. There was a leaflet in each care file for people to complete with entitled ‘Tell us What You Think’, in which they could put forward compliments, comments or complaints. We spoke with the registered manager about complaints. She told us a service issue log had been implemented for concerns. This helped the service deal with concerns proactively and helped avoid concerns becoming complaints. The registered manager felt this had been a successful approach.

Everyone we spoke with described the service as, “Good”, “Very good”, “Really good” or, “Excellent”. One person told us the carers felt like friends rather than staff. Another person who used the service had been so pleased with the support they had received they had sent flowers and chocolates to the staff. We saw other examples of compliments sent to the office about the support received by people who had used the service.

Is the service well-led?

Our findings

There was a registered manager at the service. We spoke with eight staff who all felt the registered manager was approachable. People who used the service and their families also felt staff and managers were very approachable and felt comfortable to raise any issues with them. We saw that the service worked with a multi-agency team which helped give people a more joined up experience of care.

The service was accountable to a Quality Governance Board, which met every 8 weeks. Their role was to ensure improvement was happening, share learning across the department and ensure services were compliant with policies.

The management structure meant that there were a number of home support managers who were responsible for supervising and supporting coordinators. They in turn were responsible for supervising and supporting care staff. The staff we spoke with felt this worked well and said they were well supported by the management structure. Senior managers each took the lead on particular issues, such as safeguarding, infection control, quality assurance, training, sickness management and complaints.

We saw the mission statement for the service, which the registered manager told us had been written by the staff. This gave them some ownership of the principles and ethos of the service by which they were employed. There was a learning zone in the office and a suggestion box for staff to use. We saw evidence of how the service had responded to suggestions, with information being pinned up on the walls of the office.

We also saw evidence that all staff were given the opportunity to be involved in quarterly quality circles. These forums gave staff a forum to raise concerns and put forward suggestions where they felt the service required improvement. There was a task group which worked on any improvements identified at quality circles via an action plan.

A check list was given to people who used the service so that issues could be resolved whilst they were receiving

reablement. Questionnaires were sent out to people who used the service, and their carers, when the service had come to an end to ascertain their experience of the service delivery. This helped facilitate continual improvements.

Audits and checks were carried out regularly by the service. We saw that 10% of the Medication Administration Record (MAR) sheets were audited every month, as well as a quarterly quality medicines audit. Similarly 10% of the communication sheets in people's care files were audited on a monthly basis. There was evidence that medicines incidents had been analysed and improvements made to the systems. This had significantly reduced the number of medicines errors occurring. There was also a Medication Governance Group, which the registered manager attended, held monthly where staff briefings were given, medicines incidents looked at and learning taken to help minimise future incidents.

Other checks included walk and talk quality checks, direct observations of practice, mileage audits and accident and incident audits. All audit results were analysed and responded to. There was evidence that the service had begun to analyse the log in/log out systems as well as planned hours versus actual hours. This would help inform them where any problems may be occurring so that improvements could be facilitated. Mileage audits had resulted in care workers being given more concentrated areas to visit to alleviate the problem of having to travel long distances between visits, cutting down quality time for the people who used the service.

Supervisions for all staff were undertaken on a regular basis and we saw that the service had addressed supervisions for the overnight team in order to help ensure they received as much support as they required. Appraisals were carried out annually and training and development needs identified and addressed as required. To provide incentive and motivation to staff the registered manager sent out letters to staff members where good practice had been identified.

We saw evidence of regular team meetings, including meetings for overnight staff. These meetings provided a forum for sharing good practice, accessing learning and discussing issues. Care staff had 24 hour access to a coordinator if they required support and a senior manager told us that a verbal handover and catch up was held on a weekly basis. This helped managers pick up on any issues that care staff may have encountered.