Community Rehabilitation Management Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 22 July 2016.

Derbyshire Community Rehabilitation Management provides personal care for people in their own homes located throughout the country, who are living with acquired brain and spinal cord injury. At the time of our visit, there were four people receiving personal care from the service. There is a named responsible person for the registered provider who is also the manager of the service. This person has a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in September 2013 we found that the provider's recruitment procedures were not wholly sufficient to protect people from the risk of unsafe care, harm or abuse. This was a breach of Regulation 21 of the Health and Social Care Act (Regulated Activities) Regulations 2010, which corresponds with Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following that inspection the provider told us about the action they were taking to rectify the breaches. At this inspection, we found that the required improvements had been made.

The providers systems and arrangements helped to protect people from the risk of harm and abuse. Recognised recruitment procedures were followed and related employment checks were made, to help ensure staffs suitability to provide people's care. Following their employment, staff were sufficiently deployed to provide people's care and support.

Risks to people's safety associated with their health condition, environment and any equipment used for their care were assessed before they received care. Staff understood the care actions required to mitigate any identified risks to people's safety from this and how to report any changes, concerns or incidents relating to people's safety in care.

People's medicines were safely managed. Records showed people received their medicines when they needed them from staff or, where safe to do so, they were supported to manage their own medicines in a way that met with nationally recognised practice.

People's personal care needs associated with their health conditions, related rehabilitation plans and instructions from external health professionals were understood and followed by staff who, were trained and supervised to ensure this.

People were provided with personal care in line with legislation and guidance in relation to consent. Staff understood and followed the Mental Capacity Act 2005 (MCA) to enable people to make their own decisions or to help them to do so when needed. Account was taken with due regard for any decisions made by external authorities on people's behalf in relation to their welfare.

People received individualised care from staff who were empathic, caring and knew people well. Staff understood the importance of ensuring people's autonomy, independence, rights and choices in their care and they were committed to promoting this in their practice.

People felt the service made a difference to their lives. Staff understood and followed people's known individual daily living routines, lifestyle preferences and personal care requirements related to their health and rehabilitation plans.

Staff knew how to communicate with people and ensured adjustments and equipment use to support people's mobility, dexterity, communication and independence when required.

People were informed how to make a complaint and the provider regularly sought people's views about their care. Findings from this were used to inform peoples' care and to make improvements when required.

People and staff were positive of the management of the service. Staff received the management support they needed and the provider's operational measures helped to ensure that understood and followed their role and responsibilities for people's care.

Records for the management and running of the service were accurately maintained and safely stored in line with confidentiality and recognised data protection requirements. The provider met their legal obligations with us by telling us about important events that happened at the service when required.

The provider carried out regular checks of the quality and safety of people's care. This was done in a way that demonstrated they continuously sought to improve the service and people's related care experience.

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

Potential known risks to people associated with their health condition, medicines, environment and any equipment used for their care, were managed and accounted for in way that helped to ensure people's safety. Further improvements made to staff employment and recruitment procedures helped to protect people from the risk of harm and abuse.

Is the service effective?

Good

People received personal care from staff who understood their health conditions and associated care needs. Staff followed detailed personal care instructions from external health professionals to support people's ongoing health maintenance and rehabilitation. The provider's arrangements for staff training, development and supervision helped to ensure this. Staff understood and followed the Mental Capacity Act 2005 to obtain people's consent or appropriate authorisation for this care.

Is the service caring?

Good

The service was caring.

People received care from staff who were empathic, caring and knew people well. Staff understood and promoted people's involvement, rights and choices in their care.

Is the service responsive?

Good

Staff understood and promoted people's communication needs, lifestyle preferences and daily living routine associated with their personal care and health rehabilitation plans. This was done in a way that ensured people's autonomy and independence. People's views were regularly sought and they were informed to make complaint about their care if they needed to. Findings from this were used to inform and improve people's care when required.

Is the service well-led?

Good

The service as well managed and led. The provider's on-going review and checks of the quality and safety of people's care,

helped to ensure continuous service improvement. Staff understood and followed their roles and responsibilities for people's care. Records relating to the management and operation of the service were accurately maintained and safely stored. The provider met their legal obligations to notify us about any important events that happened at the service.

Community Rehabilitation Management

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.

We visited the provider's office on 22 July 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure they were available. We spoke with one person receiving personal care from the service and three staff. We were not able to speak with most of the people receiving care because of their health condition and location. We looked at four people's care and medicines records and other records relating to how the service was managed. For example, staff training and recruitment records, meeting minutes, the provider's checks of quality and safety. We also looked at the provider's recorded service feedback from people, families, staff and external health professionals.

Before this 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 contacted local authority care commissioners and looked at all of the key information we held about the service. This included written notifications about changes, events or incidents that providers must tell us about.

Good

Is the service safe?

Our findings

At our last inspection in September 2013 we found that the provider's recruitment procedures were not wholly sufficient to protect people from the risk of harm. This was a breach of Regulation 21 of the Health and Social Care Act (Regulated Activities) Regulations 2010, which corresponds with Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following that inspection the provider told us about the action they were taking to rectify the breaches. At this inspection, we found that the required improvements had been made.

Recognised recruitment procedures were followed to help ensure staff were safe and suitable to work with vulnerable people who received care from the service. The provider's records and discussions with staff showed that required employment checks were made before staff provided people's care. For example, checks of staff previous employment, work history and checks with the national vetting and barring scheme. This helped the provider to make safe recruitment decisions about an applicant's suitability.

People were supported by dedicated staff teams, led by a team leader. The number of staff people needed was agreed with them by the provider, who took on-going account of risks to people's safety associated with their health conditions and any changes. Most people receiving care required staff support throughout the day and night. One person told us they had a consistent and reliable staff team in place, which they felt was wholly sufficient to provide the care they needed. They said, "It certainly works for me."

Staff told us that staffing arrangements were sufficient to enable them to provide people's care and to ensure their safety. For example, one person was supported by two staff when required to enable them to safely access their local community. Staff also described 'on call' arrangements, which helped to ensure suitable staff cover for any unplanned staff sickness or absence. This showed people received care from staff who were safely and sufficiently deployed.

People's care records identified potential risks to their safety associated with their health conditions, environment and equipment used for their care. They also showed the actions care staff needed to follow to support people safely and help minimise risks, which staff understood. For example, they provided clear instructions about how to support people safely when they accessed their local community and how to support people who sometimes behaved in a way that may challenge others. Procedures were in place for checking people's care equipment and for care staff to follow in the event of any accidents, incidents or other concerns about people's safety relating to sudden changes in their health needs.

Where there was potential for medical emergencies to occur in relation to people's health conditions; there were clear and detailed care plans and related procedures to inform staff how to respond, which staff we spoke with understood. This included what to do if emergency medicines were required or life preserving equipment and procedures needed to be used or followed. Staff were also able to describe the provider's emergency procedures to follow in the event of a fire or other domestic emergency situation, such as a utilities failure. This helped to ensure people's safety in such events.

The provider's arrangements helped to make sure people were protected from harm or abuse. People were confident and knew how to report any personal safety concerns and they were also confident that their homes and personal possessions were safe when staff were present. Staff understood how to recognise and respond to any allegations of or suspected abuse through the provider's procedures. Staff also understood the provider's procedures for handling people's personal monies. For example, when they supported people to shop for personal items. Staff made records of related financial transactions and receipts of purchases were retained where required. Management also carried out checks of this. This helped to protect people from the risk harm or abuse.

People's medicines were safely managed. Staff were able to describe the provider's policy and related individual arrangements for people's medicines, which included their safe handling and administration when required. One person managed their own medicines and staff reminded them when restocks were due. Records relating to people's medicines arrangements showed that staff followed the provider's medicines procedures for the safe management of people's medicines. For example, records were kept of medicines received into each person's home, the instructions for their administration and when and how they were given. The arrangements for people's medicines and related staff practice were regularly checked by the provider. This helped to make sure that people's medicines were safely managed and they received their medicines when they needed them.

Good

Is the service effective?

Our findings

We saw the agency specialised in providing care to people with acquired brain or spinal injuries. People therefore often had complex health needs and received care from a range of healthcare agencies. People, local care commissioners and external health professionals told us staff understood and met people's personal care needs associated with their health conditions. Staff we spoke with understood people's health conditions and their related personal care needs and requirements, which were detailed in their written care plans and regularly reviewed. For example, relating to people's continence or skin care needs

People received personal care that was effective and met their needs. An external health professional described people's personal care and support as, '100%' and said the service communicated well with them about the person's health needs. One person who received care from the service told us, "Staff are fully trained; I'm confident they know what they are doing."

People's care plan records showed that staff consistently followed, often highly detailed and prescriptive personal care instructions from external health professionals, to support people's health maintenance, nutrition and rehabilitation. For example, in relation to people's daily living activities such as eating and drinking, washing and dressing and for their mobility, cognitive and behavioural needs. Staff meeting records also showed inputs and advice from external health care professionals were routinely discussed. This helped to ensure people received the care they needed to maintain or improve their health from staff who understood and followed their care requirements.

Staff told us they received the training, supervision and support they needed to perform their role and responsibilities, which related records showed. This included bespoke training specific to people's individual health conditions and related care needs, followed by recorded staff knowledge and competency checks when required. Summary results from the provider's periodic questionnaire surveys with people and external professionals about the care provision showed they found staff to be well trained to provide people's care.

Staff were supported to achieve a recognised vocational care qualification. The Care Certificate was introduced for new staff to undertake. This identifies a set of care standards and introductory skills that non regulated health and social care workers should consistently adhere to. They aim to provide those staff with the same skills, knowledge and behaviours to support the consistent provision of compassionate, safe and high quality care. This showed staff were trained and supported to provide people's care associated with their health and related rehabilitation plans.

People were provided with personal care in line with legislation and guidance in relation to consent. 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. Staff received training in and understood and followed the principles of the MCA. The provider told us that all of the people receiving care had the capacity to make day to day decisions for them self. This included decisions about medicines and the care they received. Staff we spoke with were able to describe how they offered choices and also how people led, made or were supported by them to make day to day decisions about their care. People's care plans also reflected this. For example, one person's care plan showed detailed instruction steps for staff to follow to support the person's day to day decision making. Another person told us how they wanted to be active and as independent as possible. They said staff supported, respected and followed their decisions.

The provider told us one person's affairs were managed and controlled through the Court of Protection. The Court of Protection makes decisions and appoints 'deputies' to act on behalf of people in their best interests if circumstances require when people are unable to make important decisions about their finances or health and welfare. Records showed that decisions made through the Court of Protection were followed and regularly reviewed through due process. Where people were considered to have capacity, we saw they controlled their own finances.

Good

Is the service caring?

Our findings

Staff were caring, knew people well and understood the importance of ensuring people's rights and choice in their care. One person told us, "I can't fault them; they are quite remarkable." They also told us they had control of their care and staff understood and followed their wishes and choices in this. Results from the provider's most recent questionnaire survey with people about their care showed they felt staff were caring, helpful and got on well with them. Results also showed people were involved in the planning of their care.

People's care plans were highly individualised, detailed and showed their preferences, choices and agreed arrangements for their personal care, rehabilitation and daily living plans. This included people's chosen arrangements for their on-going involvement and contact with others who were important to them, such as family and friends. People held copies of their agreed personal care plans in their own home and they were regularly reviewed with them.

All of the staff we spoke with understood people's individual rights, choices, daily living arrangements and care preferences and all showed a caring attitude. One staff member said, "They (the person receiving care) are in charge of their care; they decide who provides their care; it's important that we respect their rights and choices." Another staff member told us, "It's their home; we are there to support the person and optimise their opportunities to live well.
This showed that people were appropriately informed and involved in planning and agreeing their care.

We found that promoting people's rights and inclusion in their care was a fundamental part of the provider's stated aims of care and also their staff recruitment, induction and training programme. For example, people interviewed and chose the staff they wanted to provide their care. The provider's aims of care were also underpinned by a set of staff behavioural values, which included supporting people's diversity and ensuring confidentiality, dignity, respect, choice and opportunity through people's care. All of the staff we spoke with understood this and gave us many of examples of how they put this into practice.

For example, one staff member told us how they respected and ensured one person's privacy with their family. Another staff member told how one person liked to spend time in the kitchen with the staff member when they prepared the person's meals; to tell staff how to cook and prepare the food in the way they liked. The staff member knew this was important to the person to respect and ensure their wishes. This showed that staff were caring and that they understood and promoted people's rights and choices when they provided care.

One person's care plan showed the emotional, cognitive and practical support they needed in order to carry out their routine daily living tasks, such as washing, dressing, and meal planning. Staff explained how they prompted and supported the person in a patient and sensitive manner; to help the person to concentrate and make decisions in relation to the order and completion of their tasks. This helped to promote the person's autonomy, independence and sense of achievement.

Good

Is the service responsive?

Our findings

People received individualised care that met their needs. People recently surveyed by the provider about their care felt the service made a positive difference to their lives and staff were considerate of their viewpoint in relation to their health condition. One person said, "They realise the difficulties of the situation and treat me how they would wish to be treated." One person we spoke with said, "I choose who I want to work here; care is timely; it's flexible and works for me."

Staff understood and followed people's known individual daily living routines, lifestyle preferences and personal care requirements related to their health and rehabilitation plans. This was done in a way that promoted people's independence and autonomy. Two people had detailed and prescriptive personal support plans related to their health and personal rehabilitation, which staff understood and followed. For example, one person's plans showed how staff needed to support the person through stepped tasks, verbal prompting and repetitive learning to increase their independence in relation to their routine daily living tasks such as washing and dressing. The person's related daily care and review records showed this was working because staff followed it to support the person's independence as required.

Staff were empathic about people's health conditions and they understood the importance of supporting people in a way that enabled them to do things that were helpful and meaningful to them. Staff understood and ensured people were appropriately supported to self-manage and direct their care where required. For example, in relation to their health appointments or the provision of care equipment. This meant people care's was personalised because it was tailored and responsive to their individual needs and choices.

Staff understood people's communication and equipment needs related to their care, which were detailed in people's written care plans. Staff we spoke with were able to describe any specialist communication aids, adjustments or care equipment that people used and their related care and support requirements. For example, staff received training and used Makaton to help them communicate with one person. They also supported the person to use their ipad and a light writer to help them to read and communicate. Makaton is a communication programme that uses signs and symbols to help people communicate. A light writer is a text to speech device that helps the person to communicate and control their environment. Staff ensured another person was provided with the support aids they needed to eat and drink independently. This equipment included a wrist support, adapted cutlery and a non-slip mat for their meal plate. This showed staff ensured adjustments and equipment use to support people's mobility, dexterity, communication and independence.

People were informed how to make a complaint if they needed to and records showed the provider met with them regularly to review their care and any complaints or concerns they may have about this. Findings from this were used to make care improvements. For example, in relation to food menu planning for one person.

Satisfaction questionnaire type surveys were conducted annually with people, families, staff and external professionals. The results from this were also to inform service improvements. For example, since our last

inspection this included improvements in relation to communication, staff supervision and training arrangements.

Good

Is the service well-led?

Our findings

People and staff were all positive and confident about the management of the service. One person said, "It's well managed; it's good; I am seeing my case manager today." Recorded results following the provider's periodic surveys with people about their care showed people were satisfied with the management of the service. Written comments received from this included, "I am very happy with my care package and how it is run."

Staff said they received the on-going management support they needed, which included outside normal working hours and lone working arrangements. One staff member said, "Management support is very good; there's always direct phone contact with the office and on call management support." Another staff member told us, "It's a two way process; you can raise anything any time; management always come back to you if there is no immediate answer."

The registered provider managed, led and was supported by team leaders and care staff members who worked in dedicated named teams with each person who received care from the service. Records showed the provider used a range of operational measures to inform and support staff to carry out their role and responsibilities. This included stated aims and objectives for people's care, staff performance and development measures, communication and reporting procedures and a range of personnel policies and procedures for staff to follow. For example, uniform policy and a staff conduct code and procedures for reporting accidents or serious incidents. Staff we spoke with understood their roles responsibilities; were confident and knew how to raise any concerns they may have about people's care. This included to reporting any related changes or incidents when required.

Records related to people's care the management and running of the service were accurately maintained and safely stored. The provider met their legal obligations to send us notifications about important events which occurred at the service when they needed to. For example, notification of any suspected abuse of a person receiving care. This meant there were clear arrangements in the place for the management and day to day running of the service.

The registered manager told us they carried out regular checks of the quality and safety of people's care. For example, checks relating to people's health status, medicines and safety needs. Checks of accidents, incidents and complaints were monitored and analysed to identify any trends or patterns. This helped to determine any changes that may be needed to improve people's care experience.

Since our last inspection a number of service improvements were either made, planned or in progress. For example, improvements to staff recruitment, training and management systems; care environment safety checks, care response times and to promote equality at work and in care through staff training and policy review. There were also plans in progress for management restructuring to meet the demands of the growing service. This showed the provider sought to continuously review and improve their service and people's care experience.