

North Yorkshire County Council

Harrogate North and Dale, Harrogate Central & Knaresborough and Ripon Reablement Service

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Summary of findings

Overall summary

Rating at last inspection: Requires Improvement (report published 26 October 2017)

About the service: The service supports older and younger adults in their own home following a period of ill health or hospitalisation. The aim of the service is to develop people's skills to become independent in their own home or if needed access longer term support. People accessed the reablement service for up to six weeks to receive focussed support to achieve their goals to independence.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service improved their rating to good overall.

Overall summary of the inspection:

The role of the reablement service was to provide a short period (up to six weeks) of intensive support to develop people's skills and confidence following an illness. The goal of the service was to restore people's independence to enable them to carry on living in their own home. The staff worked well with all agencies involved to provide coordinated support for people. The service had achieved over 80% success in supporting people to become independent. People we spoke with were happy with the service they had received and the positive outcome for them.

Everyone we spoke with told us that staff were kind and caring and that they were treated with respect. Staff showed a genuine motivation to deliver care in a person-centred way, based on people's preferences and likes. People were observed to have good relationships with the staff team.

People's health was well managed and staff had positive links with professionals which promoted their wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had received appropriate training and support to enable them to carry out their role safely, including the management of medicines. The introduction of champion roles had improved staff knowledge of people's needs in areas such as dementia and dignity.

Staff had a good awareness of how to keep people safe from avoidable harm. However, we recommended that the provider commence using evidence based risk assessment tools to aid staff knowledge.

People benefited from consistent staff, at the right time to enable them to receive care in a timely way. In addition, people were provided with a wide range of information about voluntary agencies in the local community to reduce the risk of social isolation and improve feelings of wellbeing.

Lots of checks were completed by staff, the registered managers and provider to check the quality and

safety of the service. The provider had reflected on their approach and planned to make changes to better audit the service.

The registered managers and senior team worked well to lead the staff team in their roles and ensure people received a good service. People, their relatives and staff told us management were approachable and that they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

More information is in Detailed Findings below

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 findings below.

Requires Improvement 

Is the service effective?

The service was effective

Details are in our findings below.

Good 

Is the service caring?

The service was caring

Details are in our findings below.

Good 

Is the service responsive?

The service was responsive

Details are in our findings below.

Good 

Is the service well-led?

The service was well-led

Details are in our findings below.

Good 

Harrogate North and Dale, Harrogate Central & Knaresborough and Ripon Reablement 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: Two inspectors visited on both days of the inspection. An expert by experience supported the inspection on day one. 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 type: The service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults of all ages, people with mental health concerns and those with a learning disability and or autism.

The service has three managers registered with the Care Quality Commission. Each registered manager is responsible for their own geographical area where the service operates. 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: This inspection was announced to ensure the provider was available to support the process.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with six people who used the service and three relatives over the telephone to ask about their experience of the care provided. On day two we visited two people in their own homes and spoke with one of their relatives.

We spoke with 13 members of staff including the registered managers, team leaders and care workers, service managers, the business development officer and the nominated individual. 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 five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and six staff member's supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

Is the service safe?

Our findings

Aspects of safety were not consistent enough to protect people from avoidable harm.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe. Improvements were needed to thoroughly identify risk and the measures to reduce the likelihood of avoidable harm.
- Evidence based tools were not always used to assess certain areas such as falls and pressure area care. Records to monitor those risks were not always well maintained.

We recommend that the provider source and use evidence based assessment tools to understand risk and to implement appropriate control measures. The nominated individual has responded to this following the inspection and agreed to implement changes to their process.

- Care plans did not always guide staff on how to respond to risks in relation to people's medical needs.
- The environment and equipment had been assessed for safety.

Staffing levels

- People and their relatives told us they received care in a timely way. Staff were on time and stayed for the appropriate amount of time to support people's needs. The registered managers monitored this area to ensure good performance. One person told us, "Certainly they are on time. They do not rush and they complete everything I need to have done. In fact, they do more."
- The provider operated a safe recruitment process.

Safeguarding systems and processes

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- People and their relatives told us they felt safe being supported by members of staff. One person said, "I am very safe and comfortable with all the care workers that come to see me."

Using medicines safely

- Medicines were safely received, stored, administered and disposed of for example, where people refused to take them or they were no longer required. People were encouraged to manage their own medicines where they had those skills.
- Where errors were found during checks we saw they were investigated.
- People told us they were happy with the support they received to take their medicines. One person told us, "Staff helped me with my medicines at the beginning. But now I have a dose box so there is no fear of taking the wrong tablet."

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections. An infection control champion within the team had worked to improve hand hygiene knowledge since the last inspection.

Learning lessons when things go wrong

- The registered managers responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best available evidence.

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

- Assessments of people's reablement needs were thorough and expected outcomes were identified. Care and support was reviewed weekly to understand progress and make plans to support people to achieve independence.

- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, two members of staff had attended dementia champion training and had trained the rest of the team in how to approach improving communication with people living with dementia.

- People had access to aids and adaptations to support them to regain independence in their own home. The team worked with multiple professionals to support this. One person showed us an aid they had been provided with to support them to stand to make their own meals.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled; they carried out their roles effectively. A relative told us, "Staff have good knowledge and we learn from them."

- Staff had completed a comprehensive induction and training programme. They had opportunity for supervision and appraisal. The registered managers had good systems to understand which staff needed their training to be refreshed and who required supervision. Staff told us they felt supported. A member of staff told us, "My induction was good and I have enough support. I am doing an apprenticeship now. The management team and team leaders, together with experienced carers are supporting me. It is a team approach."

Eating, drinking, balanced diet

- Where care workers needed to support people with their meals this was carried out in a way which ensured the person began to develop their skills or regain confidence, with a view to becoming independent again.

- A member of staff told us, "One person was supported by a relative to do shopping. We recognised the person needed a healthier balanced diet. We worked with the relative to improve the variety of food available for the person which reduced the risk of poor nutrition for them."

Healthcare support

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.

- Staff recognised where other professionals could support people to become more independent and made appropriate referrals, for example to occupational therapists.

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 with appropriate legal authority. Applications for people living in their own homes must be made to the Court of Protection. None were required for the people supported by the service when we inspected.

- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make particular decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Records were not always clear where decisions had been made in people's best interests or confirmation that relatives had power of attorney in place to legally act on people's behalf. The registered managers agreed to ensure records were available in future.

Is the service caring?

Our findings

The service involved people and treated them with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported

- We observed people were treated with kindness. People were positive about the staff's caring attitude. We received feedback from people and relatives which supported this. One person told us, "The care workers do give me dignity and respect. I found it extremely hard to have to shower with staff there. I needed them there and [Name of care worker] really helped and supported me. I now feel comfortable to have a shower. This is a great achievement."
- Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked. Each week people's progress was discussed to understand their goal of independence.
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.

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

- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives. Where needed, staff sought external professional help to support decision making for people. One person told us, "I am treated with respect and I am fully involved in everything about my care."
- Staff had knowledge to be able to refer people and their relatives to sources of advice and support or advocacy. They provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence

- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day lives.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. Staff highlighted to people the local community groups and networks to support them to become involved.
- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way. A member of staff explained how they worked in a way to promote reablement. They said, "Our challenge is to support people with a reablement mind. You must know when to step back so the person develops their skill but be caring at the same time. It is important we ensure wellbeing but also to make the person feel valued and cared for. I feel I get that balance."
- People were supported to improve their independence with the aim of reducing or ceasing support when the reablement service finished their input. By working with professionals, using aids and adaptations the service achieved this with over 80% of the people they supported. One person told us, "Staff have supported me to become more independent since I left hospital. It has got to the stage where it is working and I am able to cope."

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

Personalised care

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Each person had specific goal plans in place to aid the reablement process. Progress was regularly monitored. One person told us, "I find staff deliver my care how I want it. They do a good job and they are on the ball. One of my carers is outstanding, they really put me at ease."
- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- People's needs were identified, including any needs related to protected equality characteristics under the Equality Act. People's choices and preferences were regularly reviewed. Reasonable adjustments were made where appropriate and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. A member of staff told us how they had developed knowledge about the Muslim faith, so they could provide respectful personal care based on the person's religion. In addition, call times had been altered to support the person to pray when needed.
- The registered managers had successfully implemented champion roles within the teams. Each champion worked to find out about their topic. For example, dementia, stroke, infection control and Parkinson's disease. In addition, they had sourced community resources which people could access for support and social interaction. Staff referred people to these community services. People told us they benefited from the community resources to prevent social isolation and improved feelings of wellbeing. For example, people had accessed dementia friendly swimming sessions, a singing group for people living with Alzheimer's disease and a community voluntary transport service. One person told us, "We have learnt so much from the carers, they have given us tips to regain my confidence."

Improving care quality in response to complaints or concerns

- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to. The registered managers acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.
- The service had also received compliments about the work they did. For example, one person had fed back, 'The care and service provided was excellent and we have all been so grateful for the service provided'.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved as appropriate to ensure people were comfortable and pain free.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and

respected people's religious beliefs and preferences.

- The service supported people's relatives and friends as well as staff, before and after a person passed away.

Is the service well-led?

Our findings

Leadership and management assured person-centred, high quality care and a fair and open culture.

Understanding of quality performance, risks and regulatory requirements.

- Since the last inspection the provider had implemented a new audit for senior managers to check the service was safe and delivering quality care. After the first trial they had reflected and told us they were due to review the process to improve further. The provider and registered managers demonstrated a commitment to ensuring the service was safe and high quality.
- The registered managers had worked to develop their teams since the last inspection. The impact of this was that staff at all levels understood their roles and responsibilities. Managers were accountable for their staff and understood the importance of their roles. They were held to account for their performance. Each member of the team had been allocated a champion role so they could focus on best practice in their area. The registered manager told us this would improve standards further.
- As described in the safe section of this report the provider has been recommended to review how they identify risks to people of avoidable harm.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development.
- The reablement service worked continually with all partner agencies such as the NHS and local authority to coordinate the care and support people needed to improve their independence. People achieved positive outcomes because the relationships between the organisations were strong and effective.
- A culture of continuous learning meant staff objectives focused on improvement. The introduction of champion roles had seen staff engage more widely with community services and gain the knowledge to refer people to appropriate support.

Promotion of person-centred, high-quality care and good outcomes for people.

- The service involved people and their relatives in day to day discussions about their care. The provider engaged and involved people using the service, the public and staff.
- People and relatives had completed a survey of their views and the feedback had been used to continuously improve the service.
- Staff told us they felt listened to and that the registered managers were approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards.
- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care. People and their relatives, without exception, told us they were happy with the service and that they would recommend it to others. One person said, "The service is very good. Staff are approachable, kind and I would be able to recommend the service." Another person told us, "The service is number one outstanding, very helpful people. Staff lift your spirits and have been brilliant."