

Sefton New Directions Limited

Sefton New Directions Limited - 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

About the service

Sefton New Directions Limited Reablement service provides short term support for people (up to six weeks) in their own homes. Support is rehabilitative in nature and is often provided to people following their discharge from hospital. At the time of our inspection, the service was providing support to 90 people.

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

People had confidence in the staff who supported them. People received care and support from staff who were caring and enthusiastic about their role. Staff supported people to regain their independence, this enabled people to remain at home for longer.

People told us staff provided support with dignity and consideration. Staff got to know people's needs and supported them in a person-centred way. People were involved in setting their own goals and aspirations and supported to achieve them with the direct involvement of staff.

Wherever possible, people received support from the same members of staff to help ensure their progress could be monitored more effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Regular checks and audits were carried out to determine the quality and safety of the care and support being provided. Risk to people was assessed and measures were put in place to support people safely, whilst still respecting their freedom.

Staff were well supported in their role with appropriate training and supervision. Most staff had received additional training to meet the specific needs of the people they were caring for.

Feedback about the management of the service from people, their relatives and staff was positive. The registered manager and registered provider had met their legal requirements with the Care Quality Commission (CQC).

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 11 December 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration anniversary date.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sefton New Directions Limited - 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector 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.

Service and service type

This service is a reablement service. It provides personal care to people living in their own homes on a short-term basis.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager, a care co-ordinator, a team manager and three support workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke to five people who use the service, five relatives and a friend of people who use the service on the telephone.

Is the service safe?

Our findings

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

At this inspection this key question was rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the support provided by staff was safe. One person told us, "They're brilliant. All of them are good. I feel safe with all of them." A relative commented, "They speak to [Name] and make them feel at ease. [Name] feels quite safe when they're here."
- Staff received safeguarding training and had access to a whistleblowing policy. Staff understood how to safeguard people from abuse and how to report any safeguarding concerns.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk of harm.

Assessing risk, safety monitoring and management

- Individual risk assessments were carried out for each person and included health, safety and environmental risks. Control measures were in place providing staff with guidance on how to mitigate any identified risks to people, whilst still respecting people's freedom, and encouraging their independence.
- Risk assessments were carried out on people's homes to ensure the environment was safe. Where applicable and with the full consent of the person, referrals to external agencies such as the fire service or occupational therapist were made. This helped to keep people safe.

Staffing and recruitment

- People received care and support by staff who were familiar with their individual needs, preferences and routines.
- Full pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

Using medicines safely

- People were encouraged to manage their medication independently. Where support was required from staff, any medication was administered by staff who were trained and competent to do so. One relative told us, "They always make sure [Name] has had them [Medication]."

Preventing and controlling infection

- Staff received training in infection prevention and control and followed good practice guidance.
- Staff had access to personal protective equipment (PPE) to help prevent the spread of infection.

Learning lessons when things go wrong

- Any incidents and accidents were reviewed by the registered manager to identify any themes and trends. This information was then shared with staff which helped to prevent reoccurrence in the future.

Is the service effective?

Our findings

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

At this inspection this key question was rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to perform their roles. The service supported staff through inductions, supervisions and appraisals. One person told us staff were "perfectly well-trained and efficient." A relative commented, "I don't always have to be here because they [Staff] know what they're doing."
- Most staff had undergone additional training to help meet the specific needs of people. For example, staff had developed their understanding of the needs of people living with certain medical conditions by attending relevant courses.
- Staff were competent, knowledgeable and skilled and felt supported by the registered manager to develop further.

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

- People's needs, and choices were assessed, and they received care and support in line with standards, guidance and the law.
- Support plans evidenced the involvement of people and relevant others such as relatives.
- People's records were individualised and contained details of people's preferred routines and preferences.
- The service regularly reviewed people's care records with the person and any relevant others, so that any changes in support needs and goals could be implemented.

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

- People received the care and support they needed. The service referred people to external healthcare professionals where appropriate. One person told us, "My leg went 'on the blink' a couple of days ago and they [Staff] were very anxious that I should have a visit from the nurse."
- Where people required longer term support once their support package had finished, the service worked closely with the person's social worker to help implement this.

Adapting service, design, decoration to meet people's needs

- The service worked hard to implement tailor made support for people. Where a need was identified for specialist equipment or further support, the service worked with other agencies to put this in place.

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

- Support plans contained information on how staff were to support people with any dietary needs and maintain a balanced diet.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff had received training in mental capacity and assumed people had the capacity to make decisions, unless assessed otherwise.
- Staff ensured people were involved in decisions about their care and support. We found recorded evidence of people's capacity to consent to care documented in their support files. Staff asked and explained to people before giving care and support.

Is the service caring?

Our findings

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

At this inspection this key question was rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff ensured people were well treated and supported, in line with their needs. One member of staff told us, "The service is about person-centredness, we just want to get people back to normal, to feel happy and secure in their own homes."
- People and their relatives told us they were satisfied with the care they received. Comments from people included, "Nothing's too much trouble for them [Staff]. They will do anything I ask. I look forward to them coming" and "They wash and blow-dry my hair and that's lovely." Relatives told us, "Oh, they go over and above. They sit and chat to [Name]" and "They're very warm and chatty to [Name]. They deal well with what's thrown at them. They show such empathy."
- People were treated respectfully. The service worked hard to meet people's needs and to find out what was most important to the person. A relative told us, "The whole package that they provide for my Mum is first class."

Respecting and promoting people's privacy, dignity and independence

- The ethos of the service was to encourage people to be as independent as possible by providing dignified support. People told us, "They [Staff] encourage me to dress myself and I'm making progress. They're positive about these things," and "They know I'm very independent but I'm very slow, but they give me time to do things for myself." A relative commented, "If [Name] needs it, they'll help but encourage [Name] to do it. They're trying not to remove [Name's] independence."
- People's right to privacy and confidentiality was respected. People's privacy and dignity were maintained, and people were treated as individuals. A member of staff told us, "Everyone is different, we constantly assess how that person wishes to do things."

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

- Staff ensured people were given the right support to make decisions and choices about their support. People were fully involved in making choices around their support.
- People were encouraged to express their views and opinions through interaction with staff on a daily basis, and during visits from senior members of staff.
- For people who had no family or friends to speak on their behalf, the service had details of an independent advocacy service. An advocate helps to ensure that the views and wishes of the person are conveyed.

Is the service responsive?

Our findings

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

At this inspection this key question was rated as good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service engaged people in support which was individualised to them. Staff took the time to find out about the person's background and their previous level of independence. Support was then provided in a person-centred way. One person told us, "A couple of weeks ago I needed more help, but they've helped me get where I am now." A relative told us, "They [Staff] are encouraging, supportive and reassuring in all they do."
- We saw examples of how staff had helped people achieved their own goals. Staff had provided support for person with an activity which they had previously enjoyed doing but had lost the confidence to do so. Staff gradually reduced the level of support until the person regained their independence and had regained confidence in that task.

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

- People were fully involved in their support plans and in setting their goals and wishes. Emphasis was placed on support being given in the least restrictive way so that independence was fully promoted. One person told us, "A lady came and explained everything to me. I was able to say what I needed because they asked me what I couldn't do."
- Staff used the information in people's support plans to support people in the way they preferred.
- A re-assessment of people's needs was regularly undertaken to ensure that any changes in their needs and goals were identified and planned for. The person and/or their relatives were involved in this process to ensure that support was delivered in the most person-centred way possible.
- People received care and support from staff who were familiar to them. This meant people were supported by staff who knew their needs well, this enabled staff to monitor people's progression more effectively. One person told us, "I get a lot of the same staff and the continuity of care is really helpful; they know my abilities."
- People's protected characteristics were recorded and respected such as their religion, culture and sexual orientation.

Meeting people's communication needs

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

- People's communication needs and any assistance they needed was recorded in their support plan. This

provided staff with guidance on the most effective way to communicate with each person.

- Any important information such as the service user guide was available in a large print format for people who required it.
- The service provided information in alternative formats for both the benefit of people and staff.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place and the complaints policy was presented to people in a way they could understand.
- At the time of our inspection the service had not received any complaints.
- The registered manager told us they would treat any complaints received as opportunities to further improve the service.

End of life

- The service was not supporting anyone with end of life care at the time of the inspection. Staff had received training and worked in conjunction with other healthcare professionals to ensure people received dignified end of life care and support.

Is the service well-led?

Our findings

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

At this inspection this key question was rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The purpose of the service focused on ensuring people received person-centred support that helped them regain their independence. These values were consistently promoted to every member of staff. One staff member told us, "I feel proud to work for [the service] – we promote independence, dignity, respect and equality, everything is centred around the person."
- The service had an effective system to monitor the safety and quality of the service.
- Audits identified actions required to ensure full compliance with the provider's objectives and regulations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted individualised care for people. The manager had directly involved staff in the formulation of its mission statement. Staff told us this made them feel valued and involved.
- The registered manager demonstrated candour in the running of the service and was respected by people, relatives and staff alike. One person told us, "I think without good leadership the team wouldn't be as happy and as good as they are."
- People and staff were encouraged to put their opinions and views forward. The registered manager had listened to feedback and made changes to further improve the service as a direct result.
- Regular meetings were held for staff. Staff told us they felt comfortable to raise any issues or suggestions they had at any time.

Working in partnership with others

- The service worked in direct partnership with others such as commissioners, safeguarding teams, health and social care professionals and community groups.
- The service had developed close working relationships with the hospital discharge team so that people were transitioned home with the correct support as smoothly as possible.

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

- The management team held regular meetings with its sister services and discussed any incidents and best practice. This helped to further drive the quality of the service.
- The registered manager submitted any required notifications to CQC in a timely way.

Continuous learning and improving care

- The service was committed to further enhancing the quality of care for the people it supported. New technology had been introduced to monitor times and durations of calls. This meant that the service did not miss any visits. The registered manager was continually reviewing and learning where possible.

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

- The registered manager demonstrated a good understanding of regulatory requirements. This knowledge was shared with staff to help further improve the quality of care and support.