The London Borough of Hillingdon

Reablement

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

We undertook an announced inspection of the Reablement service on 29 January and 1 February 2016. We told the registered manager two working days before our visit that we would be coming because the location provided a community care service for people in their own homes and we needed to be sure the registered manager would be available.

The last inspection took place on 5 January 2013 and the provider had met the regulations we checked.

At the time of our inspection 105 people were receiving a rebablement service in their home.

The Reablement service provided support, including personal care, to a wide range of people in their homes. Intervention was usually for a maximum period of 42 days and was designed to maximise people's independence and confidence often after a hospital admission. People using the service had a range of needs such as recovering from a stroke or an operation. Some people might also be living with dementia. Support was provided by care workers, occupational therapists visited some people to assess their needs and identify if they required equipment to ensure their independence was promoted and assisted. A physiotherapist also visited those people who required this specialist support.

After the 42 day support people either had achieved their goals of gaining independence or were transferred to another community domiciliary care agency for longer term support.

The service also supported people short term if they were waiting for a community domiciliary care agency to provide them with long term care and assistance. This might be for one day or longer but was only provided if a person required some form of support to keep them safe and well.

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

Feedback from people using the service was positive. People were happy with the service they had received and for some they had wanted it to continue.

There were appropriate procedures to safeguard people and the staff were aware of these.

There were systems in place to ensure risks to people's safety and wellbeing were identified and addressed.

People's needs were assessed and care was planned to meet these needs. People's needs were reviewed throughout the time they received the service so that future plans could be made if necessary if the person required longer term support and care.

There was a recruitment, induction and training process to ensure people benefitted from receiving support from suitable staff who had the skills and knowledge to meet people's assessed needs.

People had consented to their care and treatment and were involved in decisions about their care.

There were systems in place to support people if they required help in receiving their prescribed medicines.

People's healthcare needs were assessed and monitored and the service liaised with other professionals to make sure these were being met.

There was a positive culture at the service where people using the service, their relatives and staff felt valued and able to share their ideas and concerns.

The registered manager demonstrated a good understanding of the need to have effective quality assurance systems in place such as carrying out spot checks, regular meetings with staff, appraisals and gaining feedback from people using the service. There were also processes in place to monitor quality and understand the experiences of people who used the service.

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. There were good systems in place to ensure risks to people's safety and wellbeing were identified and addressed in a proportionate way.

People were protected from the risk of abuse. People had confidence in the service and felt safe and secure when receiving support.

Care workers had the knowledge, skills and time to care for people in a safe and consistent manner.

Safe arrangements were in place for the management of medicines and staff had been trained and assessed as competent in medicines administration.

Is the service effective?

Good

The service was effective. People received individualised care that met their needs.

Staff were skilled and knowledgeable for their roles, and received appropriate support through supervision meetings and appraisal of their work.

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

People were supported effectively with their health and dietary needs.

Is the service caring?

Good

The service was caring. People who used the service expressed satisfaction with the care they received.

People felt involved in their care and felt their care was provided in the way they wanted it to be.

People told us care workers always treated them with kindness

and respect.

Care workers built meaningful relationships with people who used the service and were given ample time to meet people's needs.

Is the service responsive?

Good

The service was responsive. People's needs had been assessed and were being met.

People were involved in the development and review of their support needs.

People felt the service was flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made without any difficulties.

People knew how to complain if they needed to and they were confident that their concerns would be addressed.

Is the service well-led?

Good

The service was well-led. The culture in the service was open, inclusive and transparent. Staff were supported, felt valued and were listened to by the management team.

Feedback from people, their relatives and staff were sought on an on-going basis and used to continually develop and improve the service. The service took action to reflect and learn from comments and opinions.

The provider had effective systems in place to monitor the quality of the service so areas for improvement were identified and addressed.

Reablement

Detailed findings

Background to this inspection

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

This inspection took place on 29 January and 1 February 2016 and was announced.

The registered manager was given two working days' notice because the location provides a community care service for people in their own homes and we needed to be sure the registered manager would be available.

The inspection was carried out by two inspectors on the first day of the inspection and a single inspector on the second day.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service.

Prior to 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.

At the inspection we looked at seven people's care records and related correspondence, two staff records, quality assurance records, accident and incident records and policies and procedures.

During the inspection we met with the registered manager, two reablement managers, an assessor, a planner, an administrator, an occupational therapist, a senior carer and four care workers. We telephoned nine people receiving support from the service and five relatives and spoke with them about their experiences of using the service. Following the inspection we also obtained feedback via emails from two healthcare professionals, two senior care workers and two care workers.

Good

Is the service safe?

Our findings

People told us they felt safe receiving support from the service. The feedback received from people we spoke with indicated there appeared to be good communication which contributed to people and their relatives feeling safe and cared for. One person said the care workers were "taking good care of me." Staff told us they received safeguarding adults training and the records confirmed this. The service had a new safeguarding policy and procedure in place, and there had not been any concerns. Staff were able to clearly tell us what they would do if they suspected someone was being abused. They told us they would speak with the registered manager and if necessary contact the local authority safeguarding team and/or the Police. One care worker said they would "report it and record it." Where there had been concerns some years ago care workers confirmed this had all been "investigated".

The risks to people's safety had been assessed. The senior carers and assessors undertook assessments of risks when people started to use the service and updated these if their needs changed. We saw examples of risk assessments, which included assessing safety in the person's environment, with moving them safely and if they had any particular needs that care workers should be aware of. On the computer the systems the service had also highlighted anything of importance or potential risk, such as if a person had pets or was on high risk medicines such as warfarin. The occupational therapist also confirmed that any equipment in the person's home was checked to ensure it was safe to use and noted on the systems for all staff to be aware of. The information included some guidance of the actions the staff needed to take to keep people safe and the registered manager developed a risk assessment during the inspection that would also clearly highlight if a person had other presenting risks, such as risk of falling, developing pressure ulcers or were at risk of dehydration and malnutrition. This new document was introduced immediately to ensure all risks were assessed and recorded.

There was a system for recording any accidents or incidents as these could be analysed if there was any concerns or patterns that the registered manager might need to address. There had been no accidents or incidents directly relating to people using the service in the past twelve months.

The care workers we met were experienced and knew how to respond in an emergency or when to offer assistance for a person's well-being. They were all aware of contacting the office if they needed to feedback any important information and knew what to do if they thought a person was ill, such as calling the emergency services.

There were procedures in place to guide and inform care workers who were lone working. Care workers were given torches and grippers for their shoes in the event of bad weather. The registered manager explained that where there might be risks for care workers to visit people alone then a second care worker would accompany them. This might be if a person lived in a potentially unsafe area or if they presented a possible risk to care workers. Care workers we met confirmed these "shadow" calls as they were known were arranged if necessary.

There were sufficient staff to carry out the various roles within the service. We saw from the staff rota that at

any time all staff members could see where care workers were working and the length of time the home visit was. Care workers and any staff member visiting a person in their own home had a bar code which enabled them to log in and out at the end of the visit. Therefore any late calls could be picked up and the person contacted so they were aware that the care worker might be late. Care workers worked either 8am-1pm or 5pm-10pm as the registered manager confirmed this was when people needed the support to get ready for the day ahead or prepare of the end of the day. Senior care workers also worked shifts to cover any emergencies up to 10pm seven days a week. Outside of these hours the duty social worker could be contacted or the registered manager. Assessors started the early shift at 7.15am so that any care worker, who might be off sick, then their home visits could be covered. Senior care workers working in the community could also visit a person and provide support and care if necessary so that there were no missed calls.

We viewed the rota and saw that if care workers had time they returned to some people for a second home visit to assist with a particular task, such as, walking or doing exercises as advised by the occupational therapist or physiotherapist. The planner we met described how when they received a new referral they could easily see which senior carer were available to carry out the initial assessment and the care workers who could cover the home visits. They confirmed care workers had travel time in between home visits and they covered either the north or the south of the borough to ensure people were not waiting too long for their visit.

There was an appropriate recruitment and selection procedure for staff. This included a formal interview and completing an application form about their experience and skills. References were also obtained and a Disclosure and Barring Service check was carried out along with checks on people's identification and eligibility to work in the United Kingdom. Where we identified that for one staff member it was not clear if the references were from their last employer the registered manager immediately addressed this to ensure clarification was sought from the member of staff.

We were told there were no people requiring their medicines to be administered to them. People needed either prompting to take their medicines or their relatives carried out this task. However, we saw that the registered manager had been working with different professionals in developing a revised medicine policy and procedure which would include a safer and more straightforward way to support people being discharged with lots of medicines from hospital. This was still being finalised and agreed but the aim was for this to be introduced in 2016. We saw that all staff had received two day theory and practical training on this subject and would be attending refresher training again in the next two or three months so that they were reminded of this new way of working. Medicine administration records were in place should care workers need to sign if they had administered medicines to a person and these would be checked during a spot check visit to a person's home.

Good

Is the service effective?

Our findings

People we spoke with confirmed that the care workers and other staff they met were competent. The different staff we met all told us they received an induction and on going training in order to ensure they had the necessary skills to meet people's individual needs. The registered manager said that if a new staff member joined the service and was inexperienced in working in social care then they would complete the Care Certificate, (these are a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support) for all new staff.

One care worker told us that "all the correct support and training are in place." We saw that the staff team had training that was deemed mandatory, for example, moving and handling and food hygiene. Additional training was also provided on subjects such as dementia and Makaton training (which was a basic form of sign language as a way to communicate usually with people with a learning disability). Staff were supported to study qualifications in health and social care and depending on the staff member's role they could also study for a relevant management qualification.

A care worker told us that their one to one meeting with their line manager was "very useful." Care workers confirmed they received regular one to one and group support. They told us that now there was a senior care worker based in the office any problems were quickly sorted out. We saw that annual appraisals were another form of support for staff where their professional development and achievements could be considered and objectives set.

We saw regular meetings took place and care workers said this was a time to share ideas and experiences. Office based meetings were also held so that the different staff members met to look at the service and to hear any updates from the registered manager.

If it was possible, care workers were matched with people for example if they needed to communicate in another language in order to meet people's needs. The majority of care workers who usually provided the direct personal care support were female. One relative told us on reflection they would have maybe asked for a male staff member to provide the personal care aspect of the support but that it had not been an issue having female care workers.

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.

The registered manager informed us that the majority of people who use the reablement service would have capacity to make choices about their lives. Decisions made about a person's support and care was discussed with the person and their relatives. Feedback from people and their relatives told us that they felt involved and were able to ask questions and say how they wanted to be supported. The care records we viewed the majority people had signed agreeing to the support they would be receiving. The registered manager confirmed that they would make sure it was more clearly recorded on people's care records if there were any issues with people being able to consent to the care and support they would be receiving from the service.

Our discussions with staff showed that they had a good understanding of the Mental Capacity Act (2005) and some staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which would be offered to all staff within the service. Comments we received from senior and care workers included, "If a client does not wish for me to help in certain situations I respect their choice." And, "Ask them (person using the service) first. Talk through with them what task I'm going to do."

The registered manager was aware that if necessary they would also arrange a best interest's discussion with the relatives to identify who should make decisions in the best interest of the person relating to their care and wellbeing if the person did not have the ability to make decisions about their lives.

The service gave people the appropriate support to meet their healthcare needs. Care workers and other staff worked with healthcare professionals to monitor people's conditions and ensure people health needs were being met. There was input from the occupational therapist and physiotherapist along with support if needed from the sensory team and GP. We saw any communication between professionals was documented to ensure staff supporting people knew of any changes or issues.

The type of service offered the registered manager explained they would not have a person who was at high risk of malnutrition or dehydration. However, care workers recorded what meals they had given people which we saw from the sample of care notes we viewed. One care worker described how if they went to an evening home visit they might leave the person with a hot drink in a flask so that they had a beverage to get them through to the next morning. They also confirmed if a person was underweight or had little appetite then they would encourage the person to eat each time they visited and would contact the GP to arrange for supplementary drinks to help people maintain a healthy weight.

Good

Is the service caring?

Our findings

People who used the service and their relatives said they were treated with kindness and care. Comments about the service were complimentary and included, "They (care workers) were absolutely fantastic. I can't praise them enough," "They do what it says on the tin. They help as much as possible and get you back to doing things," "Good, friendly staff. Some had been with the service many years so that says something about the service. Couldn't fault them, they were so nice." One of the reablement managers told us that the care workers "consistently gave good care," and confirmed many of the care workers had worked for the provider for over 20 years. Relatives told us, "Without it I would have been at my wits end. It's been an absolute God send. They were here so I could pop out. He's gotten on well with all of them," and care workers were, "supportive and helpful."

Although we did not directly observe care workers with people who used the service, people we spoke with gave positive feedback and we saw in several written notes care workers addressing how people felt. An assessor noted that a person who was initially resistant to the service, was a very independent person and advised care workers to be aware of the person's feelings. When we spoke with the person they stated the care workers were "very, very good. They explained lots of things to me. They came on time. It was very good."

The aim of the service was to promote people's independence and to help them gain the skills they previously had. Care workers told us they "didn't do anything that they were not told to do" and made sure people had "choices". Care workers confirmed they left messages for people's relatives if they needed important information to be passed on.

People and their relatives were involved in their care and could ask for a change in the support and care they received. A relative gave an example of where they had requested for a bath to be given in the evening rather than the morning and this was changed. Where a relative said their family member had not got on with one care worker this was addressed immediately by the service and another care worker was arranged to visit them.

The people we spoke with, all confirmed they were treated with dignity and respect. One person said: "The service is wonderful." Staff are respectful. Personal care "is absolutely perfect. Nothing to get embarrassed about."

We asked care workers how they maintained the dignity and privacy of the person they were providing care for. One care worker said they "try to ensure that they (people using the service) feel as comfortable as possible in every situation," Whilst another care worker told us they would "Explain what you are going to do before each task." One of the occupational therapists was a Dignity Champion. We saw a board they put up in the office with pictures to remind staff about dignity. We saw evidence in team meeting minutes that they had presented on dignity to the care workers. They told us, "It doesn't hurt just to keep reminding. When I do personal care, it's so important they (people using the service) are covered and have their dignity."

Good

Is the service responsive?

Our findings

People who used the service were initially assessed by a hospital social worker if they had been admitted and this assessment was then sent to the reablement service. On the day they returned home from hospital, senior care workers visited to discuss their care plan and ensure they were suitably for the service. Within 48 hours the registered manager explained an assessor would then visit the person to ensure an appropriate care plan and any issues were identified and addressed so that the person's support and progress could start.

There were questions within the care records that documented different things about the person, such as, their cultural needs, life history and communication needs. The care plans that guided care workers on how to support a person were mainly tasked focused. The majority of people could tell care workers how they wanted to be helped and if they had particular routines and personal preferences.

Seven of the nine people we spoke with confirmed they had been involved in their care plan which looked at the support people required and what they could for themselves. One person said the service was "Exactly what I asked for. Staff know their job. They talk you through everything." One person stated that they "thoroughly enjoyed X's (assessor) visits. They explained lots of things to me." One relative said "The communication was brilliant. They kept in touch with me the whole time so I felt nothing was untoward."

People's care plans and needs were regularly reviewed and we saw the two week review form which was completed with people and their relatives. This was to ensure any issues or if people did not require the full 42 days support, if they were progressing faster than expected, then all of this could be considered and the next steps planned. A relative confirmed that, "The assessor came a couple of times," in order to talk with them and to discuss their family member's progress. When a relative had asked for more support they told us it had been "no problem" arranging.

Multi- disciplinary meetings were held weekly which we saw were an effective review of the needs of people using the service. The reablement managers and each assessor updated each other on all the people using the service. It was also an opportunity to involve other professionals such as the occupational therapists and physiotherapists. One relative stated: "X (occupational therapist) is very good. I'm very grateful. Whenever I need any help, I ring X."

People who used the service found care workers to be on time and were flexible. One relative confirmed if they had to go out in the morning, the care workers came earlier.

A healthcare professional told us that the service was "efficient and hard working and they work tirelessly to assist us with discharging our patients." Feedback on the service responding to people's needs was positive. People using the service and relatives commented that if equipment was identified as needing to be ordered and delivered then this was actioned quickly. One relative told us that a hospital bed had been arranged and that it had arrived quickly.

There was a complaints procedure and this was available in the welcome pack for people using the service. People also said they were listened to and knew who to contact if they had a complaint. One person told us, It's been great. I've got no complaints at all." A second person said "I knew how to complain but I had no reason to and wrote a letter to tell them how happy I was." A relative said that when looking at reducing their family member's care, they had raised some issues which the assessor acknowledged and resolved. The service had not received any formal complaints. However, they did note informal complaints along with the outcome to ensure any issues known to a member of staff could be addressed.

Good

Is the service well-led?

Our findings

Feedback on how the service was managed and the culture within the team was very positive. All of the different staff we spoke with said there was good teamwork and clear communication both internally within the team and with outside agencies. An occupational therapist told us, "the senior care workers and assessors are good at feeding anything back to us." Other comments included that the registered manager was "excellent" and "approachable" and "we have a say and can voice any idea." One care worker said, "I have a lot of respect for X (the registered manager)." All the staff we asked said there was a positive culture within the team. One staff member said "The culture is an open and supportive one." Care workers said they knew they could go to the registered manager if they needed to. Staff told us their line managers were available and "listened to them." One staff member said they were "very nice and helpful." A reablement manager confirmed there was an "open door policy" for all staff and that there were regular meetings and telephone calls in particular to the care workers working directly in the community, to support them and encourage them to share any concerns or issues they might have.

The registered manager had been in post since 2014 they were a registered qualified social worker and had various social care and leadership qualifications. They confirmed they kept up to date with current good practice through various ways, such as receiving support and information from the provider, attending meetings with other registered managers and receiving updates from the Care Quality Commission and Skills for Care, which is an organisation that offers support and guidance for social care organisations on the training and support they need to provide to staff.

The registered manager was visible in the team and proactive throughout the inspection in demonstrating how the service operated and how they worked closely with other health and social care professionals to drive improvements in the service. We saw this though the work the registered manager had been undertaking with the local hospital staff and Clinical Commissioning Group (CCG) on how people using the service would safely receive their medicines upon being discharged from hospital. One healthcare professional told us that the registered manager was "very engaged and enthusiastic member of the two multidisciplinary and multiagency groups which have successfully progressed this work." They also confirmed that the registered manager was "responsive and key partner in helping to manage the pressures" during the winter months.

Systems were in place to monitor the service and identify where improvements could be made. People's progress was reviewed on a regular basis to ensure the service was meeting their needs and telephone calls to people and their relatives took place. Direct observations were carried out on care workers approximately every two months looking at how they supported people in their own homes. We viewed samples of these and saw that the reablement managers could see if there were any issues with these monitoring visits and address any problems with individual care workers.

The service also asked people questions about the service and whether they were happy with the support they received to enable the service to strive for improvements. We saw a sample of feedback forms and comments included, "The team gave me the confidence needed to set me on the path to a quicker than

expected recovery," and "No praise can be too high." A couple noted some care workers were better than others but still rated the service good or excellent overall. In addition to feedback from people who use the service, since January 2016, the service had been collating feedback from other professionals involved in the service which would be analysed to see if any issues were noted.

Staff also had the opportunity to give feedback directly to the provider and could attend 'roadshows' usually held twice a year to hear news about the provider and to give their views.

Other checks that took place were monthly audits completed by a registered manager from another service operated by the same provider. These looked at different areas of the services provided and the training and support staff received. The registered manager confirmed they acted on any areas identified as needing attention such as the statement of purpose needed to be updated which we saw was in progress. The registered manager also carried out monthly audits which checked different areas, such as, checking that staff meetings were taking place, ensuring staff had a current Disclosure and Barring Service check and viewing a sample of online records relating to people and their needs to ensure information was up to date.