

Cumbria County Council

# Cumbria Care Reablement Service - Kendal

## 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

The inspection visit took place on 1 February 2018, with telephone calls to people using the service carried out from 30 January to 7 February 2018. This was the first inspection of the service.

Cumbria Care Reablement Service – Kendal is operated and managed by Cumbria County Council. The reablement service provides flexible support from a few days up to approximately 6 weeks for people living in the community. Its primary aims are to: promote independence so that people can remain living in their own home; help people recover faster from illness; prevent unnecessary admission to hospital and long term care facilities and to support safe hospital discharges. The service had two dedicated occupational therapist and an outreach team based in Lancaster Royal Infirmary and Furness General Hospital in Barrow-in-Furness. At the time of the inspection 120 people were using the service.

The service had a registered manager. 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.

We found that the service successfully focussed on providing support that enabled people to become more independent. People told us that the service had a positive impact on their physical and mental well-being.

People were fully involved in completing an initial assessment and the planning of their care and support. People's support plans set realistic goals and were very regularly reviewed. As these goals were met new ones set to ensure people continued to progress.

Staff were well trained, skilled, knowledgeable in supporting people with range of support, health and social needs, such as supporting people living with dementia, people with a physical impairment and as well as offering support to people at the end of their life. Where support with medicines was part of an assessed support need, these were managed appropriately and staff were trained in the safe administration of medicines and kept relevant records.

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. Staff demonstrated a working knowledge of local safeguarding procedures and how to raise a concern.

Recruitment and selection of staff was robust with safe recruitment practices in place. This included checks with the Disclosure and Barring Service (DBS) to ensure potential employees were suitable to work with vulnerable people.

Accidents, incidents and risks were appropriately recorded and included details of preventive strategies used by the service to reduce the likelihood of events occurring in the future.

People were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice. Services were delivered in line with the Mental Capacity Act 2005 and staff sought consent prior to providing care and offered people choices to encourage people to make their own decisions.

Staff were very well motivated, passionate and enthused about helping people to become as independent as they were able. People told us staff treated them with dignity and respect and were skilled in promoting their independence.

People received information which detailed the complaints procedure. They told us they were confident that if they were required to make a complaint, the management would respond and resolve their issue promptly.

The culture of the service was positive, person centred, forward thinking and inclusive. There was a strong ethos centred on effective partnership and excellent working relationships had been forged with other community health and social care professionals.

The service was very well led by the registered manager who was keen to employ innovative ways of working to develop the service. There were effective systems in place to monitor the quality of the service provided to people which ensured good governance.

## 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

Staff were aware of the risks people faced and their role in managing these.

People were protected from the risks of abuse because staff understood their role and had confidence to report any concerns.

People were supported by staff who had been recruited safely with appropriate pre-employment, reference and identity checks.

### Is the service effective?

Good ●

The service was effective.

Good systems were in place to ensure that people received support from staff that had the right training and skills to provide the care they needed.

People received support that made a positive difference to their lives.

Staff were aware of people's healthcare needs and worked closely with other professionals to promote and improve people's health and well-being.

Staff ensured they obtained people's consent to care.

### Is the service caring?

Good ●

The service was caring.

People were supported to maintain their privacy and dignity.

People were very skilfully and sensitively supported by staff to increase their independence and to regain daily living skills. Staff focussed on developing confidence and reducing dependency for long term care.

Staff treated people with kindness and compassion by staff.

### **Is the service responsive?**

**Good** ●

The service was very responsive.

Care and support was person-centred and was flexible according to people's needs.

Assessments were very thorough and people's support was regularly reviewed in conjunction with them, their relatives and relevant professionals.

The complaints process was robust.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The service had a registered manager in post. People using the service, their relatives and staff were very positive about the registered manager.

Clear values underpinned the service which were focussed on promoting independence and providing flexible, responsive care.

Systems in place to monitor the quality of the service, which included regular audits, meetings and feedback from people using the service, their relatives and staff. Action had been taken, or was planned, where the need for improvement was identified.

# Cumbria Care Reablement Service - Kendal

## **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 visit took place on 1 February 2018 with telephone calls to people using the service carried out from 30 January to 7 February 2018.

The inspection team included 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. During this inspection, the expert by experience conducted telephone interviews with people who used the service. We sent out paper questionnaires and received 19 from people who used the service 19 from care staff and seven from health and social care professionals.

Before the inspection, we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held including safeguarding information and notifications made to the Care Quality Commission. A notification is information about important events which the service is required to send us by law.

We contacted local community NHS teams and adult social care teams to seek their views on the service. We used a planning tool to collate all this evidence and information prior to visiting the home.

We spoke with 14 people who used the service and eight relatives. We also spoke with 5 members of staff including managers, team leaders, support workers and the services occupational therapist.

We looked at records and associated documentation relating to the service including four care and support plans, medicines records, a variety of policies and procedures, quality assurance records and the service review plan.

# Is the service safe?

## Our findings

We asked people if they had any safety concerns whilst receiving support from the service. Everyone we spoke with and who we contacted expressed no concerns about safety. One person who used the service told us, "Yes I've felt much safer since they started coming. Someone came this week to see what I needed; they looked at my shower and said I need three handles, they also said they would get me a trolley with wheels to get my food from the kitchen safely. Their own OT (occupational therapist) is sorting it all out." Another person told us, "Their aim is to encourage me to do things for myself. I felt safe and it was a bit of company." Another commented, "I just felt comfortable and safe with all of the carers. They were wonderful. I have regular staff and they sorted me out a key safe."

The results of the questionnaire we sent out was that 100% of respondents felt safe with the carers provided by the service. Staff also responded 100% that they felt the measures put in place by the organisation kept people safe.

Risks to people were well managed by the service as very thorough assessments were carried out prior to people being offered the reablement service. The registered manager told us that this was to ensure that people could benefit from the service and that their needs could be supported and prompted in a safe way. The balance between people's safety and their freedom was well managed. There were risk assessments in place which identified risks and the control measures in place to minimise risk.

A new role had been developed called reablement review officer (RRO) and each geographical patch had at least one RRO so that the service could respond quickly to need. The RRO had undertaken a training course in conducting assessments, included mitigating risk and assessing for equipment to promote people's independence.

The reablement OT's had assessed each RRO competence to carry out this role safely and effectively. The new in-house OT liaised with the adult social care OT's to ensure all equipment in people's properties was appropriately maintained. One staff member told us, "We are very aware of positive risk taking. It's all about promoting people to regain their independence but being aware of any risk we might be able to reduce or avoid altogether. It's central to the training we have had. We are moving away from being carers and doing things for people. It's very satisfying to see people's progress and success."

A hazard identification checklist was also completed around the general safety of people's homes. Staff we spoke with told us how they would keep people safe. For example, taking into account issues such as lighting, security and electrical and fire safety.

The staff we spoke with told us that they had completed training in how to support people safely. One member of staff spoke about this training telling us, "We cover all areas of keeping people safe. I had training on reducing the risk of falls. We looked at simple measures that can make a big difference like, checking on trip hazards, rugs and worn slippers, ensuring sticks and zimmers are to hand etc."



People were supported by sufficient number of staff to meet their needs in a relaxed and unhurried manner. People we spoke with told us there were enough staff to provide the support they required. They said they usually received support from a small team of staff who they knew and felt secure with. Staff told us they were happy with the amount of time they were allocated to support people. People told us they were very happy with the support and roughly knew when staff would be arriving to support them.

The new centralised IT system flagged up any anomalies such as late calls or support workers not checking in. This had meant that since its introduction there had been no missed calls as action had been taken at the time to prevent this from happening. The business manager told us, "We have a live system that is constantly changing as support staff use an App on work mobile phones to check in and out. There's an emergency button that allows for a "carer down" alert so that we know immediately if we need cover. An audible alarm goes off and we monitor our response time to reacting to the need. This allows help to monitor lone working and keep staff safe too."

The majority of people were supported to manage their own medicines. When support with medicines was part of an assessed support need, a medication risk assessment was completed. This comprehensive assessment covered a variety of topics which enabled the service to understand how best to support a person to manage their medicines. Staff received updated medication training before providing medication support and regular competency assessments were undertaken by management.

The service had also been working in collaboration with the council's other reablement services in rolling out the new county-wide medicines management policy. The policy had been updated to take account of new national guidance for managing medicines in a social care setting.

When people had accidents, incidents or near misses, these were reported by staff via the council's internal online form. Information was sent directly to the health and safety department with the registered manager automatically included. For example, missed calls, medication errors and accidents with injuries. The registered manager reviewed all incidents to look for developing trends and resulting actions were discussed with staff to ensure people received their on-going care and support in a safe way. Lessons learnt from incidents was well embedded into the service. With frequent inclusions in Reablement Newsletter, team meetings and staff one to one supervisions.

All staff had completed training in safeguarding vulnerable adults. Staff each had a document called a 'safeguarding passport' that was maintained by all staff and worked through with supervisors at one to one supervisions to encourage staff discuss good practice in safeguarding people. All the staff we spoke with had a good understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. The service had a whistleblowing policy, which gave clear guidance on how to raise a concern. Staff told us they were confident in raising concerns and that these would be taken seriously and acted upon.

Recruitment and selection of staff was robust and in line with council policy. Appropriate pre-employment checks were completed including references, employment history, identification checks and a Disclosure and Barring (DBS) check. The DBS carry out a criminal record and barring check on people who have made an application to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps prevent unsuitable people working with this client group.

## Is the service effective?

### Our findings

We asked people if they felt the staff had the correct knowledge and skills to provide effective care and support. One person who used the service told us, "They were top class. All knew what they were doing, everyone both men and women knew what they were doing. I was impressed by their approach. I knew it was all about getting me back on my feet again." Another person commented, "Absolutely no concerns about the staff and their training. The ones I had were well trained." A third person said, "They did a good job, I am satisfied they did what they set out to do."

A relative told us, "Without Reablement help and support my [relative] would not have made the same progress and recovery. I'm sure of that. The staff were good at pushing both of us. I was doing too much for my [relative]."

There was a strong commitment to multi-disciplinary team working and the support provided to people in their own homes was often seamless between reablement, physiotherapy, district nurses and to moving people onto more longer term home care support as required. Feedback from community health and social care professionals was consistently good. One professional told us, "I have been really impressed with the reablement staff and how keen they are to work together with all agencies. They always look for solutions being great at problem solving. Their enthusiasm is infectious. Always putting the person at the heart of what they do."

People received varying levels of support, appropriate to their personal circumstances, to help them maintain their health and well-being. Some people managed their health independently or had help from family members to do this, such as making and attending GP or hospital appointments. Other people required more assistance from staff or prompting to manage their health and in meeting their nutritional needs. For example, one person told us they received encouragement from staff which was helping them to regain their confidence in doing day to day tasks. One person told us, "At first I wouldn't go out of the house but gradually Reablement helped me to get better. A lot was about building up my confidence and they did great with this. I'm back to making my own meals now. They were polite and gave you good advice."

Staff demonstrated the fundamental skills, knowledge and behaviours that were required to provide safe, effective and compassionate care. This was achieved by the induction, training, professional development and supervision staff received to ensure they were fully supported and qualified to undertake their roles. We saw newly recruited staff participated in a corporate induction programme and were required to complete the Care Certificate. Staff completed modules covering topics such as caring with privacy and dignity; awareness of mental health; safeguarding; communication; and infection control.

Staff received supervisions and annual appraisals, all were confident they could contact the registered manager or reablement review officers if there were any issues they wished to discuss before their supervision was due. Staff also received spot checks whereby senior staff completed unannounced visits to ensure competency within their roles. Staff were supported to develop areas of professional interest, such as becoming dementia champions for the service to spread good practice knowledge.

A review of the service in January 2017 had identified certain blocks in the system that had led to some delays in people receiving the service. This had been resolved by the introduction a single point of referral to the newly formed centralised business team. This ensured that referrals, allocations, rostering and responses were consistent throughout the county.

Staff working patterns had also been reviewed to create continuity and consistency for people receiving the service with 24/7 service now being offered. The RRO's had also been relocated to two of the larger local hospitals so that they could provide a quicker response to referrals and to develop links with the wards with the highest numbers of people requiring their support. A RRO told us, "We can now get a referral, see people that same morning on the ward and carry out an assessment. We then often say to them 'we will see you when you're back at home this afternoon'. They can't believe we can respond that quickly. People find that so reassuring."

A healthcare manager told us, "The initiative to base reablement staff in the Royal Lancaster Infirmary has been an excellent development in improving the patient experience. The reablement staff have played a key role and are enthusiastic and willing to learn and be part of much more responsive discharge team."

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. The application needs to be made to the Court of Protection for people living in their own home. At the time of our inspection, there was nobody receiving support that had a court order.

The service operated within the framework of MCA and in line with council policy. We looked at people's care files and saw capacity assessments were completed in circumstances where people were deemed to potentially lack capacity. We saw people's consent was obtained prior to support commencing and written confirmation of this was found in all the care files we looked at.

## Is the service caring?

### Our findings

Without exception, people told us they considered the service to be caring. Comments from people who used the service included: "They know me as a person, they call me by my first name, like I asked. They always cheer up my day. They took time to talk to me and have a chat."; "They are just lovely sociable people who do a good job."; "They are very kind and gentle. They didn't rush me. They seem to love their job."

People told us that the staff were very friendly and always respectful. Staff knew what was important to individuals in how they were supported. One relative told us, "Apart from their professional expertise, the girls [support staff] have bonded well with my [Relative]. This has really helped to build their confidence back up. We all particularly appreciate their sense of humour."

Feedback from a community health professionals included, "I have never received negative feedback from the health team and have personally found the reablement staff to be kind and caring."

Staff respected people's privacy and dignity. Staff spoke warmly and respectfully about the people they supported. One person told us, "They always make sure we do any personal care in the bathroom or bedroom. I feel they really take care to treat you with respect and are always polite but friendly too." Staff told us they had received training in empowering people and respecting each individual person.

People were given the time and information they needed to make choices about their daily lives. We saw that care plans were written in a person centred way, outlining for the staff teams how to provide individually tailored care and targeted support. The language used within care plans and associated documents, such as reviews and progress notes, was factual and respectful. The registered manager told us that new staff were always introduced to the person prior to the visit when they would receive personal care.

Staff spoke warmly and respectfully about the people they supported. People receiving support and the staff we spoke with confirmed that the focus of the service was on respecting and promoting people's rights and choices. Staff we spoke to were very clear on the main aim of reablement being to encourage and support people to maximise and maintain their independence. Staff we spoke with told us how they encouraged people to maintain their independence and how people were actively encouraged to make every day choices about what they wanted to eat, drink or wear. One relative told us, "The care staff encourage [relative name] to do things, for themselves and have told me to be a little bit hard to encourage [name] to do things for themselves. And it's paid off. They are much more themselves now. It's given [name] back their self-respect."

We saw that people were frequently asked about the standard of care and this would include the caring attitude and approach of staff. People and their relatives told us they had been consulted in the care planning and decision making process regarding the reablement service. People were able to put forward their views and that these had been considered. We saw the copy of the support plan that was present in

people's homes along with information about how to contact the reablement and other sources of information and advice.

Staff understood the need to respect people's confidentiality and to develop trusting relationships. People's information was stored confidentially by the service. Staff had electronic tablets and individual passwords to access information about the people they supported.

The registered manager had links to local advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care.

## Is the service responsive?

### Our findings

People told us they thought the service was responsive to their needs. Comments included, "I only need to phone or speak with the support worker and they are quick to respond."; "Since I've been out of hospital the team have been really responsive and never let me down." And other person told us how pleased they had been, "It's worked like a dream. I didn't know there a service like this. They offered help when I needed it, care and support and even sorted out handrails and equipment for my bathroom."

Each person had a file that contained their assessed needs and their plan of care. A wide range of need was covered by the service, for example people living with dementia, following a stroke, or having a diagnosis of Parkinson's disease or being at risk of a fall. The service also supports people at the end of their life and offered packages of support so that people could have a dignified death at home. Joint working with Hospice at Home had been carried out and staff received training to support this work.

Despite the time-limited nature of the service provided by reablement, we found support plans to be detailed, person-centred and easy for staff to use. Person-centred means ensuring all aspects of care have regard to the individual's preferences. One person told us, "Absolutely I make my own decisions and staff stick to these." And another said, "Yes any support was talked over and we came to an agreement, neither side was awkward. We talked it through. I can do a lot for myself and the more I can do the better they were grand at working out where I did need the help."

People's support packages were outcome focussed. Rehabilitation goals had been clearly identified and recorded to plan people's support. For example, people's goals included to gain confidence in going outdoors, to improve their mobility and to regain the ability to be self-caring. The goals were sometimes very different for each person, for example people had been about supported to regain confidence to attend college courses. While other people had been offered support to attend a club to reduce social isolation. We saw that this had been done in a very sensitive way and in achievable small steps to empower people by building confidence.

Reviews were completed throughout the period a person was in receipt of reablement services and we saw these were completed in conjunction with people who used the service, their families and any relevant professional. People we spoke with confirmed they had been involved in reviews. One person told us, "Within a couple of days someone came round and talked to me about the support." Another said "I wanted to finish the service early because I felt I had improved enough. A member of staff discussed this with me and we reached an agreement."

A social care manager told us that the RRO's had become skilled at carrying out very accurate and goal focused assessments and plans and these had been used to pass onto other professionals and when people had to be referred to other agencies. They told us, "A real feature is how good they are at getting the person to identifying their own strengths and how flexible they are able to be as a service. They have the ability to set the timescale of their involvement, and with the service user they can extended for an extra two or three weeks or whatever is needed." RRO's were also carrying out Care Act assessments for the carer of a person in

receipt of the service so that they could also receive support.

The registered manager and health and social care managers spoke of the key role of an 'in-house' occupational therapist to the responsiveness and effectiveness of the service offered to people. One social care manager told us that some of the unnecessary delays had been taken out of the hospital discharge system to give a much more seamless service in getting people out of hospital in a more timely way. They said, "The reablement service with their hospital based review officers and their own OT's have made a real difference. It's been invaluable addition and pivotal to our teams in 'Winter Pressures' work."

As part of the service redevelopment in January 2017 the business team that supports the service had been centralised and was now serving all three Cumbria Care reablement teams around the county. This team monitored the referrals, rotas and planning of visits. The Kendal Reablement team was based within the socials services offices and the registered manager reported that this was "hugely helpful" in with partnership working with adult social services . The team operated 7 am until 11 pm seven days per week and could respond to emergencies and fast track discharges from hospitals. This was made even more responsive by the RRO's being based within two of the areas hospitals. One of the RRO's told us, "This now means that we can receive a referral in the morning about a person being discharged and we can go and assess them on the ward and then meet them at their house later the same day."

The service ensured information was provided to people in an accessible format. We saw the service had access to the council's in-house translation service which meant documents and information could be provided to people in alternative formats. For example, information was available in Braille and large print.

People who used the service told us they knew how to make a complaint and we saw information about how to make a complaint was provided in care folders in people's own home. The service followed the council's corporate 'comments, compliments and complaints' policy and people were able to make comments about the service in a variety of ways including by telephone, online, textphone, email and in person. One person told us, "I've only needed to complain once, it wasn't anything major but the manager sorted it out quickly."

The open and transparent nature of the service meant that people were actively encouraged to comment on all aspects of the service. This had been improved recently by the registered manager reviewing the low response rate to questionnaires sent out to people. This had now been replaced by a face to face interview with the RRO's as part of a mid-service review and on completion of the reablement work.

## Is the service well-led?

### Our findings

There was a registered manager in post who was present during the inspection. 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. The registered manager was experienced and knowledgeable in managing care services. They also had knowledge of developing new services and carried out audits for the Royal School of Psychiatry.

People, relatives and professionals gave us consistently positive feedback about the quality of care provided. People told us they were happy with the management of the service. They told us the registered manager and other staff were actively involved in engaging with the people using the service and monitoring the care offered.

There was an open, inclusive and positive culture that focussed on empowering people. Staff told us they felt valued and supported by the registered manager and appreciated their style of leadership. Comments included, "The [registered] manager is really open and supportive to new ideas"; and, "I feel very supported and wouldn't hesitate to go to the manager with concerns or issues. The service is very well run. There's fantastic team work and it feels like a really dynamic place to work."

All the staff we spoke to were highly motivated and inspired, by the registered manager to offer care of the highest quality. A number of them spoke about the "mums test" and said that care should always be to the standard they would want for their relative. One staff member told us, "We all get a real buzz out of seeing people's progress and successes." This level of commitment to get things right for people demonstrated both a professional and compassionate approach.

We found that the provider had put a strong emphasis on continually striving to improve the service offered to people. The provider and registered manager recognised, promoted and regularly implemented innovative ways of working in order to provide a high quality service. For example, the reconfiguration of the service in January 2017 had led to a more effective central business team, the addition of occupational therapist to the team and the development of the Reablement Reviewing Officers. These had all played a key role in reducing delays in people receiving a service.

A recent review by the provider had found that the service had been very successful in meeting its set aims. This reported 48.4% of people, following reablement, had no ongoing care needs, and the combined figure for where people's needs had either significantly reduced following reablement or they had no ongoing needs was 80%.

The registered manager told us of further initiatives to develop the service. One being the use of more effective evidenced based tools to assess people's progress, these were called Therapeutic Outcome Measures (TOMS), and another was to empower staff by having non-prescriptive rotas. These are flexible rotas that are led by the person receiving the care and the progress they make on a day to day basis.



A strong ethos around effective partnership working was in place and it was clear excellent working relationships had been forged with community professionals from the NHS and internally within the council. Comments from professionals included, "The reablement team manager attends joint health and social care meetings on a regular basis to develop and improve integrated working. They have access to our systems so all information is accurate and up to date." And another told us, "We work closely with the reablement team and find this joint working improves the patient journey, providing a more seamless and timely response to patients in the community setting."

We saw many examples of the service, registered manager and the RRO's engaging and promoting partnership working across different sectors. For example in the all RRO's attended and played an active part in the GP network meetings to as part of the 'integrated better communities' initiatives.

People's views were sought through satisfaction surveys and we saw that the management had checked people were happy with their support by contacting them by phone, conducting visits and during reviews of their support plans. Results from the surveys and feedback had been analysed and discussed. The results were generally positive and showed that people were satisfied with the care provided. The registered manager had responded to staff comments about how some questions on the form had not been clear and a new form had been devised and now RRO's or support staff support people to complete them. Both these measures had increased the response rate.