SCC Adult Social Care

Reigate and Banstead Reablement Service

Inspection report

Reigate Town Hall
Castlefield Road
Reigate
Surrey
RH2 0SH

Tel: 01737737181
Website: www.surreycc.gov.uk

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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 conducted an inspection of Reigate and Banstead Reablement Service on 24 March 2016. At our last inspection in February 2014 the service was not meeting one of the regulations looked at in relation to quality monitoring. The provider sent us an action plan which detailed how they would address these concerns. The service provides care and support to people living in their own homes for the purposes of reablement for a period of up to six weeks. There were 71 people using the service when we visited.

There was a registered manager at the service. 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.

Risk assessments and support plans contained clear information for staff. The provider had systems that required records to be reviewed every two weeks and a final review was supposed to be conducted at the end of the six week period by the care worker. However, we found these reviews were not being conducted consistently.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard people they supported. Staff had received safeguarding adults training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005. Records contained evidence of consent forms where people signed to agree to the aims of the care being provided and to their information being shared.

Staff demonstrated an understanding of people's life histories and current circumstances which had led to them using the service. Care workers supported people to meet their goals in a caring way.

People who used the service and their relatives were involved in decisions about their care and how their needs were met. Initial assessments were conducted which documented the views of both people and their relatives. Initial assessments were used to formulate care plans which reflected people's assessed needs.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role.

Care workers were provided with appropriate training to help them carry out their duties. Care workers received regular supervision and appraisals of their performance. There were enough staff employed to meet people's needs.

People were supported to maintain a balanced, nutritious diet. People were supported effectively with their

health needs, and were supported to access a range of healthcare professionals as appropriate to meet their needs.

People who used the service and staff felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place.

The organisation had adequate systems in place to monitor the quality of the service. The registered manager reviewed all care records and daily notes completed by care workers at the conclusion of the six week support package. We saw evidence that feedback was obtained from people who used the service in an annual survey and the results of this was positive. Actions plans were formulated as a result of feedback received and these included timescales for implementation of improvements.

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. The risks to people who used the service were identified and appropriate action was taken to manage these and keep people safe.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected
abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

Is the service effective?

Good

The service was effective. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). None of the people who used the service had fluctuating capacity, however, the registered manager was aware of the procedure to follow to ensure decisions were made legally, in line with the requirements of the Act where required. Care staff were also aware of their responsibilities under the MCA.

Staff received an induction and regular supervision and appraisals of their performance.

People were supported to eat a healthy diet where this was part of the package of care required and chose what they wanted to eat. People were supported to maintain good health and were supported to access healthcare services and support when required.

Is the service caring?

Good

The service was caring. People who used the service were satisfied with the level of care and empathy shown by staff.

People told us that care workers spoke with them and got to know them well.

Is the service responsive?

Good

The service was responsive. People were encouraged to be active and to work towards the goal of being fully independent within a six week period.

People told us they knew who to complain to and felt they would be listened to if they had need to complain.

People's needs were assessed before they began using the service and care was planned in response to these needs.

Is the service well-led?

Good

The service was well-led. Quality assurance systems were effective.

People and care workers told us the registered manager was approachable. The registered manager reviewed all care records every six weeks.

Reigate and Banstead Reablement Service

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.

The inspection took place on 24 March 2016 and was conducted by a single inspector. The inspection was announced. We gave the provider 48 hours' notice of our inspection as we wanted to be sure that someone would be available.

Prior to the inspection we reviewed the information we held about the service. We contacted a representative from the local authority safeguarding team to obtain their feedback.

We spoke by telephone with two care workers (known as reablement assistants) after our visit. We spoke with seven people who used the service and senior staff at the service. We also looked at a sample of eight people's care records, four staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe when using the service. One person told us "I feel very comfortable having the girls in my home" and another said "I feel safe in their hands."

The service had a safeguarding adult's policy and procedure in place. Staff told us they received training in safeguarding adults as part of their initial induction and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected
abuse was taking place. A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service.

Staff received first aid training as part of their initial induction and this covered how they were supposed to respond to a medical emergency. Care workers told us what they considered to be the biggest risks to individual people they cared for and they demonstrated an understanding of how to respond to these risks. This included precautionary measures to avoid incidents from occurring and how to respond if an accident did occur. Care workers told us they would contact the emergency services in the event of an accident or incident or take other appropriate action, which could be informing a GP and their manager.

We looked at eight people's support plans and risk assessments. Clients were referred to the service by a healthcare professional who was usually an Occupational Therapist or Physiotherapist who identified that the client had reablement capability. The referrer completed a detailed initial assessment with the person's relatives identifying the areas in which support was required and what their goals were. People were referred to the service with the aim of independently supporting themselves at the end of the six week period. If people's needs increased at the end of the period, staff at the service would refer people to a care agency to provide longer term support.

Upon receipt of the initial assessment, the registered manager or another senior member of staff visited the client and conducted a risk assessment on the safety of the person's home environment as well as conducting a needs assessment around the areas of support identified by the referrer. This information was then used to produce a detailed care plan and risk assessments around the person's health needs. Both documents contained details about the nature of support required, explanations of any health conditions and the best outcomes or goals for the person. The information in these documents included practical guidance for care workers in how to manage risks to people. Care plans and risk assessments were supposed to be reviewed after two weeks and at the end of the six period of care, but, we found that these reviews were not consistently completed at these intervals. However, in the care records where these reviews were not completed we saw detailed written daily notes which documented people's recovery and we found sufficient information to demonstrate all were fully independent at the end of the six week period of care.

People told us and care workers confirmed they had enough time when attending to people and did not seem rushed when working.

We spoke with senior staff about how they assessed staffing levels. They explained that the initial needs assessment was used to consider the amount of support each person required and this was checked by staff at the service when they conducted their own assessments. Due to the nature of the support required and the general target of full independence at the end of a six week period, people referred to the service did not require more than one care worker for completion of specific tasks. Where people required more in depth support it was unlikely that they could achieve the target of full reablement within a six week period and it was therefore unlikely that the service was appropriate for them. Senior staff told us they hired enough care workers to ensure consistency thereby maintaining continuity of care, which was important to people who used the service.

We looked at the recruitment records for four staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including at least one from previous employers and application forms.

Medicines were administered safely where required. Care workers were sometimes required to prompt people to take their medicines and where this was part of the package of care required, this was recorded on a separate medicines administration record (MAR) chart and placed within the care records. These sheets were then returned to the office and reviewed by the registered manager at the end of the reablement package. We saw copies of the sheets for three people, but none of the people whose files we viewed required assistance with their medicines. The MAR charts for the three people were fully completed. People who used the service and relatives we spoke with told us care workers prompted them to take their medicines.

Care workers we spoke with told us they had received medicines administration training and records confirmed this. Care workers were clear about the medicines that people should be taking and provided appropriate support that met people's individual needs. Care workers explained that it was rare that they were required to assist people with their medicines as most people who used service did not require this level of support and were usually able to manage this aspect of their care independently.

Good

Is the service effective?

Our findings

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.

At our previous inspection the registered manager explained that all people who used the service had capacity to make their own decisions and therefore we found the service was compliant with this, with the requirement to ensure consent had been appropriately obtained when providing care to people. However, we were concerned that there was a lack of understanding in the procedure to be applied when a person lacked capacity to make a decision. We were told that mental capacity assessments had not been conducted in the past to determine people's capacity and decisions had been authorised by people's relatives in relation to their medicines administration and the care and treatment provided to people.

We checked whether the service was working within the principles of the MCA at this inspection, and found that the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). None of the people whose care records we read had fluctuating capacity and we were told that none of the people who used the service had fluctuating capacity. However, the registered manager was clear about the procedure to be followed for people where there were concerns about their capacity and this was in line with legal requirements. There were copies of consent forms on people's files which were all signed by people who used the service and agreed to the aims of care being provided and to their information being shared with third parties where required in order to meet their care needs.

We spoke with care workers about their understanding of the issues surrounding consent and the MCA. Care workers explained what they would do if they suspected a person lacked the capacity to make a specific decision. They described possible signs people could demonstrate if they lacked capacity and told us they would report this to their manager.

Staff told us they felt well supported and had received regular supervision of their competence to carry out their work. Senior staff told us supervisions took place every three months and we saw a 'supervision matrix' which documented the last and next date of people's supervisions. This matrix indicated that care workers were up to date with their supervisions. We saw supervision records for three care workers and saw that these covered their learning and development needs, issues such as whistleblowing and the procedure to be followed in the event of a concern, their availability for work and other matters. These also included targets for people which were reviewed at subsequent supervisions.

The registered manager told us annual appraisals were conducted of care workers performance once they had worked at the service for one year. Of the four employee files we checked, we saw a record of appraisals within the last year for the employees who had worked at the service for the appropriate length of time.

These covered targets for people and a comprehensive assessment and monitoring of their learning and development needs.

People told us staff had the appropriate skills and knowledge to meet their needs. People said, "They're very good. They do their work properly" and "They definitely know what they're doing- they're really good." Senior staff told us and care workers confirmed that they completed training as part of their induction as well as some ongoing training. Records confirmed that staff had completed mandatory training in various topics as part of their induction prior to starting work. These topics included safeguarding adults, moving and handling, medicines administration and infection control. All staff had also completed national vocational qualifications in health and social care. This meant that care workers started work with a good understanding of how to provide care to people.

People were encouraged to eat a healthy and balanced diet where this was a part of people's support needs. People's care records included information about their dietary requirements and appropriate advice had been obtained from their GP where required. Care workers told us they helped people to go shopping and sometimes cooked their meals when this was part of the package of care provided. We saw records that detailed people's nutritional needs, allergies and likes and dislikes in relation to food. Care workers demonstrated a good knowledge of this area of people's lives.

Care records contained information about people's health needs, including up to date explanations of the signs and symptoms of some people's conditions. Senior staff told us they were in regular contact with people's families to ensure all parties were well informed about peoples' health needs. When questioned, care workers demonstrated they understood people's health needs.

Good

Is the service caring?

Our findings

People and their relatives gave good feedback about the care workers. People told us, "They were so nice it's unbelievable. They bent over backwards for me", "They're very nice people. They've been lovely", and "I would recommend this service to anyone." Everyone we spoke with told us they were treated with kindness and compassion by the care workers who supported them and said that positive relationships had developed.

Our discussions with senior staff and care workers showed they had a good knowledge and understanding of the people they were supporting. Care workers told us they usually worked with the same people so they had got to know each other well. Care workers gave details about the personal preferences of people they were supporting as well as details of their personal histories. They were well acquainted with people's habits and daily routines.

Care workers demonstrated an understanding of people's emotional state and moods and how they could sensitively deal with this. Care workers gave us examples of people's behaviour and how they often responded to things that made them anxious as well as how they helped them to deal with this. We also saw practical guidance in care records of how care workers could help people to improve their mood and deal with things that often made them anxious. One care worker told us "The main thing I will do to help people's moods is to encourage them to do more for themselves. Once they realise what they're able to do, they feel better about themselves."

Care workers explained how they promoted people's privacy and dignity and gave many practical examples of how they did this. Comments included, "I will always find out people's preferences first and work within these. I will also take great care when giving people personal care- I encourage them to do as much as they can themselves" and "Confidentiality is important to build trust. I also make sure that I treat them respectfully when giving personal care. In fact, safeguarding people's privacy and dignity underpins everything we do." People we spoke with also confirmed their privacy was respected. One person told us "They have always treated me with respect."

Care records demonstrated that people's cultural and religious requirements were considered when people first started using the service and this formed part of the initial needs assessment. Questions were asked about whether people had any specific cultural or religious needs and whether they required support in meeting these. We saw there were sections in the initial assessment and subsequent needs assessment to document this.

Good

Is the service responsive?

Our findings

People who used the service and relatives we spoke with told us they were involved in decisions about the care provided and staff supported them when required. Comments included "They always do what I ask, but they encourage me to do more for myself as well" and "They're very kind and very helpful. They always do as I ask."

People's needs were assessed before they began using the service and care was planned in response to these. Assessments included physical health, dietary requirements and mobilising.
We looked at eight care plans and all had been completed with the people who used the service and their relatives. They provided information about how the person's needs and preferences should be met. For example, we saw many written examples of people's preferences with regard to food and drink, which included detailed instructions in care plans of how to make food in the way people liked.

People who used the service confirmed they had been involved in the assessment process and had regular discussions with staff about their needs. They also confirmed care staff kept daily records of their care and these were available for them to see.

Care workers told us they worked hard to promote people's independence and this was the main purpose of the work they did. One care worker told us, "The difference between us and other agencies is that we really take the time to get to know people and their goals. We will then have a discussion with them about how they are going to achieve these by the end of the care package and what we can do to help." Another care worker told us, "I never take over, but I will always help people and we will do things together. For example I always say things like "shall we make your breakfast?"

Daily records documented that care workers encouraged people to be involved in their own care and over the six week period to increase their level of autonomy over their own care needs. Seven of the eight care records we looked at demonstrated that people's needs had significantly decreased over the six week period and most people had gained full independence in line with their targets.

Care records showed people were encouraged to participate in activities where this was part of the package of care required. As part of the initial needs assessment, the referring occupational therapist or physiotherapist spoke with people and their relatives about activities they were already involved with and whether they needed assistance in continuing to participate in these. In most of the care records we saw, there was no specific requirement for care workers to assist people in this regard, but we saw records of discussions between care workers and people who used the service and documentation of people's moods and overall progress towards meeting their goal of full independence. Care workers told us that they asked whether people were being as active as they wanted to be and used this to assess people's progress with their targets. If more support was identified as being needed with participation in activities this could be added at a later date. Senior staff told us they worked with family members to keep people active by encouraging them to participate in activities they enjoyed where this was required.

People expressed their views and these were prioritised in decisions about the support they received. We saw numerous examples of people's views in their care records, which included ways they liked to spend their day and how care workers could help them with this. People usually required limited assistance with their care needs and this usually included some assistance with personal care needs or help with cooking during a short period of time, pending their recovery from an operation in hospital or other ailment.

The service had a complaints policy which outlined how formal complaints were to be dealt with. People who used the service confirmed they had never had any complaints, but told us they would speak with the registered manager or other senior staff if they had reason to complain. The registered manager told us how she would handle complaints, but none had been received in the last three years. Care workers confirmed they discussed people's care needs with the registered manager and would discuss complaints with the manager if they received any.

Good

Is the service well-led?

Our findings

At our previous inspection in February 2014 we identified some concerns around quality monitoring. In particular, we found the provider had not included care workers and other professionals in seeking views about the service and had not conducted effective analysis of the views of people using the service.

At our recent inspection we found these areas had been fully addressed and the provider had adequate systems in place to monitor the quality of care people received.

The registered manager told us staff meetings were held every month to discuss individual people and any issues arising. Care workers told us they felt able to contribute to these meetings and found the topics discussed were useful to their role. We read the minutes from the most recent full staff meeting. These showed that numerous discussions were held with actions and identified timeframes for completion.

We saw evidence that feedback was obtained from people who used the service every six months in the form of a survey. The results of the survey were analysed and collated. We saw the results of the most recent survey which took place in 2015. We found the results of this to be positive and there was an action plan in place to address particular areas where the service could improve.

We saw records of complaints, and accident and incident records. There was a clear process for reporting and managing these. The registered manager told us they would review complaints and accidents and incidents to monitor trends or identify further action required. At the time of our inspection the service had not received a formal complaint in over three years and there had been no accidents or incidents to people using the service in this time. However, we did see standardised copies of forms and the complaints policy which documented the procedure that should be followed.

Information was reported to the Care Quality Commission (CQC) as required. We spoke with a member of the local authority and they did not have any concerns about the service.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people who used the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with explanations of what their roles involved and what they were expected to achieve as a result. We saw copies of staff job descriptions and the details within these tallied with what staff had told us.

The provider had systems to monitor the quality of the care and support people received. We saw evidence of audits in relation to medicines. The registered manager also conducted a check of care records on the conclusion of the support package to ensure that all documentation had been filled in as required.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed staff worked with local multi-disciplinary teams, which included the GP, the occupational therapist and physiotherapist as required.