Tricuro Ltd

Reablement Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 13 and 16 October and was announced.

The reablement service provides up to 6 weeks support for people living in the community. Its primary aim is to promote independence so that people can remain living in their own home, help people recover faster from illness and to prevent unnecessary admission to hospital and long term care facilities. Where some people required longer term care, the service also provided this and we visited some people who were receiving short term reablement, and some who had moved on to receive long term support from the service. The service was providing the regulated activity of personal care to 134 people at the time of inspection.

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.

The service focussed on encouraging people to become more independent and empowering people. People told us that the service had a positive impact on them and spoke about the impact the support had on their physical and mental well being.

Staff were aware of their responsibilities in protecting people from harm and knew how to report any concerns about people's safety or wellbeing. People had individual risk assessments giving staff the guidance and information they needed to support people safely.

People were supported by staff who were recruited safely and were familiar to them. People and relatives felt that staff had the sufficient skills and knowledge to support them and we saw that staff had access to relevant training for their role. Staff received regular supervision and appraisals and we saw that they also had competency checks to monitor their practice and drive improvements.

Staff understood what support people needed to manage their medicines safely and these were given as prescribed.

Staff understood the principles of the Mental Capacity Act and were able to explain how they considered capacity and consent when they supported people.

People were supported to receive enough to eat and drink and where there were concerns about people's weight, these were monitored closely and relevant professionals involved.

People were supported by staff who were kind and caring in their approach. Staff respected people's privacy and information was stored confidentially.

Care plans provided details about what was important to people. Support was reviewed regularly and support altered to meet peoples changing needs.

People and relatives knew how to complain if they needed to and where complaints had been received, these had been recorded and responded to.

Staff were confident in their roles and understood their responsibilities. People and relatives felt that the office was easy to contact and staff were helpful. Communication between staff was effective and the registered manager spoke highly about their staff team.

Quality assurance provided oversight and was used to identify gaps or trends and drive improvements. The registered manager received regular support and linked with other professionals to implement best practice.

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.

People received their medicines and creams as prescribed.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

People who were able to consent to their care had done so and staff understood their role in considering people's capacity.

People enjoyed a choice of food and were supported to eat and drink safely.

People were supported to access healthcare professionals appropriately.

Is the service caring?

Good

The service was caring.

People had a good rapport with staff and we observed thatpeople were relaxed in the company of staff.

People were encouraged to be as independent as possible and

staff focussed on developing confidence and reducing dependency for long term care.

Staff knew how people liked to be supported and offered them appropriate choices.

People were supported to maintain their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People had care records which identified what support they required and were regularly updated to reflect their changing needs.

There were systems in place for people to feedback regularly about their support.

People and relatives knew how to raise any concerns and told us that they would feel confident to raise issues if they needed to.

Is the service well-led?

Good

The service was well led.

Quality assurance measures were in place and used to drive improvements at the service.

People, relatives and staff felt that the service was well managed and staff felt supported.

Staff were confident and clear about their roles and responsibilities within the service

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and took place on 13 and 16 October 2017. Phone calls were completed on 12 and 16 October 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection was carried out by two inspectors on both days. Two experts by experience were used to telephone people and gather their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding concerns. We reviewed the notifications that the service had sent to us and contacted the local quality assurance team to obtain their views about the service. The provider had completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the provider does well and what improvements they plan to make.

We spoke with 19 people and 13 relatives, some of which we visited at their home. We also spoke with two professionals who had knowledge about the service. We spoke with 20 members of staff, the registered manager and two resource managers. We looked at a range of records during the inspection. These included ten care records and five staff files. We also looked at information relating to the management of the service including quality assurance audits, policies and staff training.

Good

Is the service safe?

Our findings

People told us they felt safe at home with the support from the agency staff who supported them. One person told us, "Yes I do feel safe, I know the staff who are coming to support me". Another explained "I feel safe with them coming in to see me". A health professional told us, "The team will always contact us if they have any concerns".

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. These included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff confirmed they were not allowed to start work until these checks had been completed.

Staff told us, and records seen confirmed, that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff told us, "I have completed my safeguarding training and would not hesitate to report any concerns I had". Where there had been any concerns about potential abuse of people using the service, these had been raised with external agencies promptly, investigated and recorded. Where actions were needed to ensure that people were protected from the risk of harm, these had been taken.

People were supported by sufficient number of staff to meet their needs in a relaxed and unhurried manner. Staff told us they were able to change times around to suit individual needs, for example. One member of staff told us, " Sometimes people ring to say they don't need us, this can give us more time to be flexible with the other people we are supporting". The registered manager told us, "We are flexible and can change the support as and when we are required to do so. If one person is doing well and does not need so much support we can reduce and end the support if appropriate to do so". Staff told us they were happy with the amount of time they were allocated to support people. One member of staff said, "It can change for instance one person has rang this morning and said they don't need us, it means we can spend more time with people". People told us they were happy with the support and roughly knew when staff would be arriving to support them.

There were risk assessments in place which identified risks and the control measures in place to minimise risk. The balance between people's safety and their freedom was well managed. One member of staff was overheard reminding the person they 'popped' out tomorrows tablet instead of today. They gently reminded the person not to worry but to remember it was there. We observed staff walking with a person and providing reassurance and clear direction to enable the person to sit safely in their chair. Staff informed the reablement officers if people's abilities or needs changed so that risks could be re-assessed.

Incidents and accidents were reported and recorded. These were investigated and analysed for any learning that might reduce the likelihood of a re-occurrence. Staff had been trained in first aid procedures and were confident about what to do if they arrived at a person's home to find they had had an accident. For example one member of staff told us they had recently called the emergency services when they found the person they were supporting had fallen. The person confirmed the support and informed us that staff always made sure they had their call pendent on before leaving. Another person told us that they had fallen before staff arrived and that staff had responded immediately when they had found them. They told us "they were great when I fell, really great".

The service had contingency plans in place which informed staff about what to do if there was an emergency situation. This included information about whether people had families who would be able to support and a copy of peoples essential information was also updated daily and stored separately to ensure that staff had contact information for people if computer systems were to fail.

People received their medicines as prescribed and staff recorded when people had received their medicines and creams. Some people had prescribed creams and records included body maps to indicate where creams needed to be applied, and the frequency of these. The registered manager told us that they were planning on introducing the MAR(medicine administration record) paperwork for people and were discussing this with another service to plan how to safely introduce this and plan oversight of the MAR and support for staff through this change.

Good

Is the service effective?

Our findings

People told us staff asked for their consent before providing any care or support. For example, one person said "They always knock on the door and say hello as they come in." Another person told us "Consent. Yes. They always check. I'd say if I don't like something." A relative told us "[My family member] will say if they don't want to be supported, the staff are lovely and listen and do as asked". This was confirmed by staff who explained how they always gained consent before providing care and would never force someone to do something they did not wish to.

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. Staff had a good understanding of the MCA and were able to discuss their responsibilities to ensure choice was given. One member of staff told us, "People have the right to make unwise decisions".

People received varying levels of support, appropriate to their personal circumstances, to help them maintain their health and wellbeing. 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. 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.

Staff received supervisions and annual appraisals, all were confident they could contact the registered manager or reablement 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. People told us they were confident staff had the correct skills and knowledge to support them. Records showed how supervisions were used to follow on from monitoring visits, and performance and development requirements.

Following induction newly employed staff worked alongside a more experienced staff member until they were confident in working alone. Staff confirmed they had completed an induction programme linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training to new care workers.

People received support from staff who received ongoing training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. Staff had opportunities to learn about specific conditions. Such as dementia awareness which helped them to better understand some people's individual health conditions.

Staff told us they were offered 'lots of training opportunities'. One member of staff said, "We get great

support and can ask for additional training when we feel we need it". Staff were informed at their staff meeting on 16 October 2017, E learning training was going to be made available whereby staff completed workbooks, the operations managers told us they would be concentrating on food hygiene and dementia in the first instance.

Staff were heard to add suggestions of some training they felt would be particularly useful in their roles. The registered manager explained that they had provided falls awareness training for staff in some of the hubs and were looking to roll this out to other staff. They were also ensuring that staff had information about the signs and symptoms for other conditions people faced including diabetes. One resource manager told us, "Reablement officer's complete spot checks, and complete monitoring visits to ensure the care is being delivered according to the assessed needs". The monitoring visit is then discussed at the workers supervisions and any training needs highlighted can take place".

Some staff at the service were 'trusted assessors'. This meant that they had received training to be able to assess and order some pieces of basic equipment which could assist people to manage more independently or assist them to be safer in their homes. We observed that a staff member assisted a person to wash and then communicated with a trusted assessor that the person might benefit from a piece of equipment in the bathroom. This would enable the person to sit at the sink while they washed and reduce the risk of falls. The trusted assessor explained that they were able to order equipment which included options to assist people with getting in and out of the bath or bed. Where other more specialist assessments were required, external referrals were made. For example, one person's ability to walk varied from day to day and an Occupational Therapy assessment had been requested. This had resulted in some more equipment being provided to assist staff to support the person to move safely.

The provider monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals. Support was provided for people to attend hospital and doctor appointments if requested. One health professional told us, "It is a two way working relationship, The reablement team are proactive in keeping people in their homes, and don't let it get to the point of failure. It is difficult to get referrals but once they are involved it is good."

Good

Is the service caring?

Our findings

People and relatives consistently told us they were very happy and the staff who provided them with care at home were extremely kind and caring. Comments included, "staff really are good, very helpful they will do anything I ask them too". "Nothing too much trouble". "Wonderful they can't do enough for me". One member of staff told us, "It's a joy to go to people who in the end don't need our support anymore". We observed one staff member interacting with a person receiving support. The person said "I'm useless aren't I?" and the staff member had provided them with reassurance and encouraged them by saying "No you're not, you just need to take your time".

Staff encouraged people to be as independent as they could be. Staff saw their role as supportive and caring but were keen not to disempower people. A resource manager told us, "I love reablement, it is an amazing service. I believe we provide a person centred service to members of the public and help people to remain independent. We get them back on their feet and help them to stay independent in their own homes". One person explained how staff encouraged them to walk when they felt strong enough and a relative told us "they(staff) gave us some good advice as to how we should not take over completely but allow (name) to do what they can for themselves so they get their independence back". Another relative explained that they had heard staff encouraging her loved one to do what they could for them self. A staff member explained that they monitored and encouraged people to be as independent as possible and reduced the support people had where they identified that people had improved and were able to manage more tasks without assistance from staff.

During our home visits staff were very caring and compassionate. Staff were seen to treat people with respect and were aware not to enter people's homes without knocking on doors first. One relative told us "staff are respectful in our home, they always wear uniforms which helps". Part of the referral criteria for reablement was that the service could not provide time specific visits for people. However they did work with people to try to accommodate their preferences wherever possible. One staff member explained, "(name) is a late riser, they like a later call". The service considered people's preferred times when planning their support.

People were supported by staff who respected their privacy and dignity. One person explained "They do protect my dignity…they check I can manage on my own and leave the room whilst I wash my bottom half". Another said "We were having to use a commode in (the) living room, they drew the blinds. I was impressed with the thoughtfulness". Another explained "If I choose to have a shower I can ask them and they will support me whilst I'm in there, they will wait outside and only come in if I call them".

People were able to build positive and caring relationships. Compliments seen included, " Please pass on my thanks to the team which has helped to restore me to health again. I found them friendly and caring". "Thanks to the Reablement team for the care of [relative] they always said you were a nice bunch and very caring and friendly" "Thank you all for the support, you have all shown compassion towards me and I have made great progress". Other feedback showed the impact that the service had on people's relatives. Comments seen included "I came to really appreciate the support because I was struggling to cope by

myself…also nice to feel I wasn't on my own".

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature within ear shot of other people. One relative explained "staff keep everything confidential. Because they don't discuss confidential details with us we know that they keep our details private". 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. Rotas were sent weekly by the local area offices to staff tablets and the system was able to identify when these had been accepted by staff. This meant that the service could follow up if a staff member had not acknowledged their planned visits and ensure that no visits were missed. Assessment paperwork which was initially completed by the referring professional was checked by staff in the office. If there was any data of a sensitive nature, this was removed before being delivered to people's homes. This demonstrated that the service ensured that people's information was handled sensitively and kept confidentially.

Good

Is the service responsive?

Our findings

Each person had their needs assessed by an external professional before they received a service and referrals were received through a central point and using a specific referral form. The service then used this initial information to plan support for people. Care files for people showed that an assessment of their needs was then completed by appropriately trained staff at the start of the service, which included specific risk assessments. These were completed with the full involvement of the person and where necessary with the involvement of their relative or other people important in their lives. The registered manager told us, "All staff have electronic tablets, they are updating the team leaders and officers if people needs are improving and they are beginning to manage without support." One staff member told us, "I can see [name] does not need three visits a day now as they are not receiving support in the evenings and have got everything ready for themselves in the morning. I will suggest a lunchtime visit is now stopped." They were confident that the support would soon only need to be one visit daily as the person was progressing so well.

We observed a reablement officer meeting with a family for the initial assessment on the first day of receiving support from the reablement service. They explained the purpose of the service and how they encouraged people to become more independent. The staff member explained "we try to take a backward step to see what your (relative) could do", "Our aim is to get your (name) back up on their feet again and get them motivated". They also discussed possible equipment which could assist the person and other considerations including access to the property for staff and support for the family member as the main carer. This demonstrated how the service developed relationships with people and provided information and signposting to people and their families.

People received regular reviews. One reablement officer told us, "We find out what kind of service the person wants to receive, their likes and dislikes what other health professionals are involved and build the care plan around them. We then hold an initial review within three weeks, with a goal to end the support within six weeks". Reablement workers provided regular updates where there were changes in people's needs and visits were altered to reflect these changes. A reablement officer explained "they (reablement workers) will ring me and say (name) is ready to have a bath…or go into their garden to look at the flowers…or return to the day centre". This feedback enabled people to receive person centred care which was responsive to their changing needs.

Staff were given some flexibility about how they provided support for people. For example, visits to people were planned weekly, however staff were able to move and switch the order in which they saw people to provide a more responsive and person centred service. Staff understood that their main focus was on reablement and promoting and encouraging people's independence. One staff member explained "It's hard sometimes to stand back and watch someone struggle…..we just want people to do what they can for themselves, with encouragement". Another staff member told us, "if we see that someone is likely to need long term support…..we refer on and work with the local authority and people to consider longer term options." Another person explained that they had needed to go into hospital for an operation. They told us, "they (the service) have communicated with me over it and tomorrow they are coming early so they can get me ready to go in".

The registered manager explained that they also provided long term support for some people and we saw that if support was agreed to be long term then people's visits were planned at times which suited them and they received regular rotas advising who would be visiting them. A staff member explained "(name) was receiving twice weekly calls but is now poorly so we have upped this to seven days". The service was responsive to people's changing needs where they provided long term support and reviews and feedback was also gathered to drive improvements.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. Each care record had a satisfaction questionnaire for people to complete once their support had ended and these were used to plan actions to drive improvements. Because of the six week remit for the service, feedback was gathered frequently as people using the service changed regularly. We saw that feedback was consistently positive with comments including "all the staff were very helpful, kind and caring. With their help I have achieved more than I thought I would" and "they were keen to help but also keen to promote independence".

People told us they had no reason to complain about the service they received, however they knew where to find the provider`s complaint procedure should they wished to complain. Each care file had a copy of the provider's complaint procedure. One person told us, "I would complain if I was not happy but I have never needed too". The provider had a complaints policy, records showed where people had made complaints the provider had responded in line with their policy.

Daily visit records showed staff had carried out the care and support in line with the person's care plans. One staff member told us, "We have tablets to record everything on; sometimes we don't get good signals. I also write down what has happened to ensure there is a record". Records showed where people had been consulted and where their instructions had been carried through, for example if a person requested female carers only, this was written in the assessment record of the care plan.

Good

Is the service well-led?

Our findings

People, relatives and staff all told us that they felt the service was well managed. There was a staffing structure which provided clear lines of accountability. The resource managers explained how they all knew each other's roles and felt supported by the registered manager. Reablement officers supported reablement workers, one reablement officer told us, "The programmers are good they ensure the visits run well and staff remain the same to keep the consistency of carers the same for people. We have out of hours support so there is always someone on the end of a phone for support". Staff understood their roles and responsibilities and the structure in place meant that there was oversight at different levels within the organisation. For example, reablement officers provided supervision for the reablement workers. Resource managers supervised the reablement officers and the registered manager provided supervision for the resource managers. This provided robust oversight of all staff.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. For example, the registered manager explained that they had identified that meds errors and missed visits were not monitored. The registered manager sought guidance and discussed how to provide this oversight with a neighbouring reablement service. They then implemented monitoring of these areas and we saw evidence that where there had been any gaps, these were investigated, causes considered and actions taken where needed. A resource manager told us, "The registered manager checks how it is all going by completing audits to ensure we are up to date on our records and visits. We all have a role to play and all do our jobs to the best of our ability".

Reablement workers told us they felt supported and if they made contact with the office they always received the support required. A reablement worker told us that reablement officers were accessible and got back to them if they needed support or advice. They said "we are a good team….we speak regularly to colleagues for advice and support". Staff told us the registered manager and resource managers were approachable, comments made included, the registered manager is a "Good person". "Yes we feel we get support when we need it". Staff also received a regular newsletter which provided updates about any current or future changes in the service.

Staff met regularly as a team in their different geographical areas to discuss peoples changing needs and agree any changes in the support provided. This enabled staff to discuss best practice ideas and ensure that all staff were aware of people's changing needs and support. The registered manager explained that they attended a different area in turn to ensure that they were available for staff as much as possible. A reablement officer responsible for one area showed us their records which were updated weekly when they met with other staff. For one person, we saw that information shared included details about the person's weight and this had been followed up with a referral for a dietician. Staff had fed back about another person that additional support was required and this had been put into place. This demonstrated that staff worked well as a team and there were systems in place to discuss and drive best practice for people.

Formal feedback from staff was obtained through an annual staff survey. The most recent staff survey, 'You

Matter' had been completed in 2017. The results were on notice boards around hub offices for staff to see. Where actions were identified, these were planned and consulted upon. For example, some staff had fed back that they would prefer a 7 hour shift pattern. This was being progressed by the provider as an option for staff if they wished to work in this way. The registered manager spoke with pride about their staff team and told us "I do believe care staff are the jewel in the crown". They explained that the staff team were the main strength of the service and they placed a strong emphasis on support for staff. The registered manager identified topics or themes for supervision for staff and explained that they "keep them care related and relevant for staff". People were kept up to date about any changes to the service by meetings and one to one discussions with staff.

The service was open until 10.30pm in the evening and there was some capacity to start support for people at the weekend if this was needed. This supported professionals who referred and required the service to prevent people being delayed in hospital or to support an emergency situation in the community. People told us that the office was easy to contact and responsive if they left messages. One person said "oh yeah, they are friendly, when I left a message they rang me back in 15 minutes". Another person told us that the best thing about the support was "just because they are so enthusiastic, they do what they are meant to do. If there is a problem they will answer the phone. It's a real benefit to have the office open to 10.30pm".

The registered manager received regular supervision and support from their line management and there were regular managers meetings where ideas and issues were discussed. The service linked closely with a neighbouring Tricuro service and the registered manager explained how they were streamlining their processes so that they maintained oversight in a similar way. The service also had strong links with the local hospitals and the registered manager attended weekly meetings with the hospital to drive improvements and reduce delays in people being discharged from hospital. They shared the knowledge they gained with staff at staff meetings and through supervision.