

SCC Adult Social Care

Guildford and Waverley Area Reablement Service

Inspection report

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Date of inspection visit:
08 August 2018

Date of publication:
10 September 2018

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 9 August 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

At the comprehensive inspection of this service on 11 January 2017 we found three breaches of regulations. These were in relation to person centred care, good governance and staffing. Consequently we rated the service as 'requires improvement' overall and in the four key questions of 'safe', 'effective', 'responsive' and 'well led'. The provider wrote to us with their action plan that set out how they intended to address the identified issues in the action plan.

Guildford and Waverley Area Reablement Service provides a short term reablement service providing support and personal care to people with the aim of enabling them to live independently in their own homes. The service also supports a discharge assessment programme from Guildford Hospital. At the time of this inspection there were 62 people using the service.

A new manager was in post who registered with the Care Quality Commission in January 2018. 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 purpose of this inspection was to check the improvements the provider said they would make in meeting their legal requirements. At this inspection, we found the provider had taken sufficient action to rectify the four breaches.

Our inspection found that medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

Staff were well trained, skilled, knowledgeable in supporting people with range of support, health and social needs, such as supporting people recently discharged from hospital where they needed to learn new life skills to help them regain their independence.

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 were set to ensure people continued to progress.

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.

People told us staff treated them with dignity and respect and were skilled in promoting their independence. They said they felt safe with the services they received. Appropriate risk assessments were in place to help keep people and staff safe from potential hazards. Staff were well motivated, passionate and enthused about helping people to become as independent as they were able.

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. There were sufficient staff to meet people's needs.

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's nutritional needs were met and where people required support with nutrition, care plans provided staff with guidance on people's support needs.

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 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.

People were supported to have healthier lives. Staff assisted them to access healthcare professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

People told us they benefitted from caring relationships with the staff.

People were treated as individuals by staff committed to respecting people's individual preferences. Care plans were person centred and people were actively involved in developing their support plans.

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 team would respond and resolve their issue promptly. We saw a complaints policy and procedure was in place.

The service had systems in place to notify the appropriate authorities where safeguarding concerns were identified. 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 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. Risks to people were managed appropriately, assessments and support plans were in place to manage the risk and keep people safe.

People received their medicines safely and staff were trained and their competencies monitored.

People told us they felt safe and staff knew how to identify and raise concerns.

There were robust recruitment processes in place to ensure staff, deemed by the provider as appropriate, were deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective. People were cared for by staff who were well trained and received appropriate supervision and support. Good systems were in place to ensure that people received the care they needed.

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 told us they felt well cared for by staff and the support they received. They said staff were knowledgeable about their needs and were aware of their personal preferences.

People were treated with dignity and respect and they told us they felt they mattered.

Is the service responsive?

Good ●

The service was responsive. Care and support was person-centred and delivered in accordance with people's preferences.

People's care was regularly reviewed in conjunction with them, their relatives and relevant professionals.

Complaints and feedback was listened to by the registered manager and acted upon.

Is the service well-led?

The service was well-led. People were enabled to make suggestions to improve the quality of their care. We observed good morale and empowerment of staff which showed there was a positive culture in the service.

Staff were aware of their roles and responsibilities in providing people with the care that they needed.

Quality assurance systems were in place which reviewed the quality and safety of people's care and promoted continuous service improvement.

Good ●

Guildford and Waverley Area 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.

This was a comprehensive inspection that took place on 9 August 2018 and was announced. This inspection was carried out by an inspector.

Before the inspection we looked at reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During the inspection we spoke with four staff, the registered manager, the senior manager for reablement across Surrey and the nominated individual. We reviewed five people's care records which included needs and risk assessments, care plans, health information and support plans. We also reviewed five staff files which included pre-employment checks, training records and supervision notes. We read the provider's quality assurance records and complaints procedure. Following the inspection, we contacted seven people and their relatives to gather their views about the service people were receiving.

Is the service safe?

Our findings

At the last inspection in January 2017 we found that while staff were trained in the safe administration of medicines, their competencies were not assessed by senior staff when they supported people with their medicines. We also found that medicines administration records were not completed appropriately.

At this inspection we found staff had completed refresher training since the last inspection in the safe administration of medicines. The registered manager told us that the competencies of all reablement staff were now assessed to check the safe handling and administration of medicines for people. We were shown evidence of these competency assessments for staff and they confirmed with us they had the training and also that their competency was assessed to ensure they were administering medicines safely. The records we inspected demonstrated people received their medicines from well trained staff whose practice was monitored regularly. The records we checked indicated that where practice issues were found they were addressed in supervision with staff and where appropriate new training provided.

Where support with medicines was part of a person's assessed need, a medicines risk assessment was completed and incorporated into the support plan. This assessment covered a variety of topics which enabled the staff to understand how best to support a person to manage their medicines. One person told us, "At the start of this service the staff prompted me to take my medicines because I used to forget to take them. I am better now at remembering them so I don't need this help anymore." A relative said, "Staff are so good, they put the cream on my [family member's] feet which really helps as I can't bend down to do it anymore."

People said they had no safety concerns to do with the care and support they received. One person told us, "Yes I feel safe. Staff did a thorough initial visit and my care and support was arranged then with me. I am very happy with the service." Another person said, "They are amazing the carers, they have really helped me to get back on my feet. They are very professional and evidently well trained, this has helped me to feel safe." People said they were provided with an information handbook and this set out safeguarding information, including how to report any complaints or concerns.

People were protected from the risk of abuse. The service had safeguarding procedures in place that staff were well aware of. Staff received training on safeguarding people. Staff demonstrated they had knowledge as to how to recognise abuse and they told us how they would respond to any safeguarding concerns they might encounter. One member of staff described to us signs where an adult was neglecting themselves by not washing or dressing as well as describing physical evidence such as bruising, cuts or burns on the skin. Staff had access to the local safeguarding team's contact details. One member of staff told us, "If I had concerns I would raise it with my manager, or if I couldn't discuss it with my manager then I would escalate it to their manager or report the incident directly to the Surrey safeguarding team." People we spoke with stated they knew who to speak with if they had any concerns.

Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority and also of the requirement to report this to CQC.

People had various risk assessments in place that were completed in line with people's identified needs. Where a particular risk was identified, there were clear actions to mitigate those risks e.g. dealing with trips hazards. An environmental risk assessment was also completed to do with general aspects of safety in people's homes. For example, taking in to account issues such as lighting, security and electrical and fire safety.

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 felt confident these would be taken seriously and acted upon.

The service had sufficient numbers of staff to meet the needs of people. The scheduling of calls by the provider meant that staff had sufficient travelling time and this has helped to minimise late or missed calls. There was a skill mix which meant people's varied needs were met by a staff team who were knowledgeable and able to deliver care safely. All appropriate recruitment checks had been completed to ensure fit and proper staff were employed. These included a criminal record check (DBS), checks of qualifications, identity and references.

Infection control measures were in place with staff trained in effective hand washing and identifying risks of cross contamination. Staff told us they were provided with personal protective equipment such as gloves, aprons and hand sanitiser.

Lessons were learned and improvements made when things went wrong. The registered manager had systems in place to monitor accidents and incidents including incidents of missed calls with action plans in place to minimise the risk of re-occurrence. Staff demonstrated their knowledge of the provider's policy in reporting incidents and accidents.

Is the service effective?

Our findings

At the last inspection not all staff were up to date with the training that the provider identified as mandatory for staff to be able to carry out their duties effectively. The failure to ensure staff were knowledgeable, competent and skilled through appropriate training and supervision constituted a breach of Regulation 18 under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvements were made. People told us they thought staff were well trained. One person said, "The staff who visit me are well trained, they do a really good job and they know what they are doing." Another person said, "I am really happy with the support I have had to get me back on my feet, the staff seem to me to be knowledgeable about their work and how best to help us." Staff told us they received a wide range of training that supported them to do their jobs effectively and provide appropriate care to meet people's needs. One member of staff said, "We get loads of training, some of it is by e learning and other is face to face, such as learning how to use the hoist, that's done via face to face learning." Another member of staff said, "Training is good, I feel well supported by it." In our inspection of the staff files we saw certificated evidence that showed all the training staff had completed and this supported what we were told by people and by staff.

Staff received a thorough induction which covered training including that for moving and handling and medicines administration. The registered manager told us all staff were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff had access to a rolling programme of training monitored by the registered manager to help ensure staff received regular refresher training where it was needed. Staff confirmed this with us.

Staff were further supported through regular supervision and appraisals. Staff told us this provided them with the opportunity to discuss any issues or problems they might be facing with their work and any additional training they may wish to undertake. We saw the supervision meetings followed a standardised format which ensured any actions agreed at previous meetings had been followed up. Staff told us they received copied of their supervision notes for information.

The provider was no longer in breach of Regulation 18 under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People told us their rights to make decisions for themselves were respected. One staff member said, "I think part of encouraging self-determination and independence is about respecting people's wishes and getting their consent to do things." We were told by staff if they were concerned about a person's ability to make decisions then a new assessment was arranged. In some cases, it might be that an independent mental capacity advocate's input would be sought if required. Staff confirmed they received training in understanding the Mental Capacity Act 2005 and how to act in people's best interests. They said they would report any deterioration in a person's abilities to the manager so they could reassess the person and where necessary access further support and input for them.

We saw people signed their care plans and reviews to indicate their consent, and people we spoke with confirmed they were consulted and offered choices. One person told us, "As well as doing what has been agreed [on the support plan] they also ask me what I need doing and if there's time they do it for me."

Where people required support to ensure their nutritional needs were met we saw this was outlined in their care records. Daily diary records showed what people had eaten and had to drink. These records showed how staff liaised with people's family or friends to ensure people had enough food in their homes.

Staff told us they encouraged people to join in the preparation of meals in order to help them regain their independence. People agreed this was the case. One person said, "They help me get my meals and they encourage me to do as much as I can for myself." The reablement service worked well with other health and social care providers such as GPs, social workers and voluntary agencies. We saw evidence in daily records that staff contacted other health and social care professionals on people's behalf when this was needed.

Is the service caring?

Our findings

All the people we spoke with told us they thought staff were very caring. Comments from people included: "Very dedicated and caring staff"; "Very helpful, considerate and courteous staff team"; "Very kind staff group"; "Staff are very helpful and so nice".

People told us that the staff knew what was important to individuals in how they were supported. One relative told us, "In the short time they have known us they have helped [my family member] build their confidence and they are well on their way to getting back on their feet."

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 person told us, "Staff encourage me to do as many things for myself that I can. While I have sometimes not wanted to do so, because it has been nice to be supported as I have been, I know it's best for me and helps me to regain my independence. That's what I really want, so good for them really."

Those people we spoke with all said staff treated them with dignity and respect. People spoke very highly about the staff who supported them. Comments included, "Each and every carer who came to support me was respectful and caring"; "A very helpful and considerate staff team"; "Staff were outstanding, they treated me exactly how I would have hoped for."

When we inspected people's care files we saw there was information to do with their life histories. Staff told us this information together with the information gained when staff were supporting people, really helped both to gain a good understanding of each other and helped people to feel they mattered. Comments we received from people certainly endorsed this view. People told us they enjoyed the time the care workers spent with them and having time to chat. One person told us, "They chat to us while they are helping us and I tell them things about my life." A relative said, "When they finish their tasks they often sit down and have a quick chat, it all helps build that important bond of trust."

People were encouraged to be involved in decisions about their care. Following the initial assessment where the care plan was agreed, follow up visits were made to ensure people were involved in any changes. People were provided with information about other services available. For example if on-going support was

required after the re-ablement team's support, the person could be referred to the local social services team for an on-going assessment of their need. Information was provided to people about help at home services or more informal support like support groups or charity run services.

It was clear from the daily notes completed by reablement workers that people were asked how they wished to be supported. A member of staff told us, "We always ask the person how they would like to be supported and what we can do for them or with them."

Is the service responsive?

Our findings

At the last inspection people's support plans did not describe how their needs which were identified in their initial assessment would be met. This meant that staff did not have the details of what support the person required and how it would be provided. This was a breach of Regulation 9 under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvements were made. Most people supported by the service were referred by social and healthcare professionals from hospital, however some people were referred from the community either by themselves or professionals. In all cases we saw there was clear information about the type of service available. Once the referral was accepted and the referral information assessed the service carried out their own assessment together with the person and their family and a support plan was agreed. Once this plan was started the level of care required was kept under regular review. Each person was asked what they wanted to achieve. We noted people had requested to be able to walk as they did before they were hospitalised. Other people who had had an operation wanted to get back to how they were managing previously. Reviews were undertaken with the person at key times throughout the duration of the support to check on the person's progress and make any required changes. For instance to reduce the support or in the case of a deterioration in a person's condition to increase the support. We noted the changes were communicated with staff and the care plan updated.

The provider was no longer in breach of Regulation 9 under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people needed assistance and could be helped with technology referrals were made to the local provider to carry out an assessment and provide the required equipment. For instance for some people a need for a pendant alarm was identified.

The registered manager told us some people's health condition deteriorated quite rapidly and the staff provided end of life care. Staff had not received bespoke end of life training. We discussed the need for staff to receive end of life training with the registered manager. They told us some staff had received previous training but the registered manager had already identified this as an area of training which was required and provision for this training was planned.

People received a copy of the complaints procedure as part of the handbook of information they were given when they started the service. One person said, "I have no complaints but if I did, I'd ring the registered manager." Another person told us, "If I had a complaint I would talk to staff or to the registered manager." We noted there were systems in place to respond to compliments and complaints. A record was made of all complaints and they were monitored by the registered manager and provider to identify any trends. People were given information on how to make a comment, compliment or complaint.

Is the service well-led?

Our findings

At the last inspection we found a number of examples where the provider's plans for people's re-ablement was not followed. People's support plans did not describe how their needs which were identified in their initial assessment would be met and reviews were not taking place as intended. This meant that any adjustments needed to maximise the opportunity for a person's re-ablement were not being made. This was a breach of Regulation 17 under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvements were made. People's support plans were comprehensive in their coverage of people's needs right from the start of the initial assessment. Reviews were regular and appropriately carried out as required. People told us they were very satisfied with the service they received, particularly with the staff and the support they provided for them. People also said they thought the overall service was good and made no comments for improvement. Comments we received from people included, "Each and every carer is good"; "They did exactly what was needed, I say thank you to them all" and "Absolutely fantastic, great help and assistance. I am really very happy with the support I get."

The provider was no longer in breach of Regulation 17 under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager who was supported by an office based team of staff that included three team leaders and an administrator. These staff covered the care co-ordination of calls and the field supervision of the staff.

We observed there was a positive and open culture with all the staff we met and spoke with. We saw they worked well together and had a passion for delivering a good quality, person-centred service.

People and staff gave good feedback about the leadership of this service. One person said, "Office staff are always very friendly and ready to listen." People and staff told us the service was well-led. We saw morale was high and staff felt able to make suggestions or give feedback about the provider's systems and processes which was listened to.

There were systems in place to monitor and improve quality in the service, for example those to ensure calls were not delayed or missed and to gather meaningful information about people's experiences of the service in order to enable the provider to make improvements where needed. We saw 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. When we spoke with people they expressed a high level of satisfaction with the service.

The registered manager conducted audits to help monitor the service provision. Gaining people's feedback was central to this through regular review meetings, telephone interviews and written surveys. Audits

included all aspects of a person's care and care plan, medicines, consent, staff training and supervision, staff visits and duration times. The registered manager told us they were developing a formal process where all the feedback information will be reviewed and analysed and used it to further develop the service. This ensured expected standards were maintained and any shortfalls were addressed and an environment of continuous service development and improvement.

Staff had regular opportunities to meet with the team leaders and the registered manager as a group and told us they found these meetings open and inclusive, and felt able to speak openly.

In addition to meeting regularly with the full staff team, we saw the registered manager also met regularly with office based team leaders to ensure consistency across all their services and ensure that any learning, such as that from other inspections could be used to drive meaningful improvements. In addition the registered manager also attended meetings with other registered managers to discuss operational issues and share good practice, and to help develop strong links that would be beneficial in delivering a quality care experience to people.

The aims of the service was to support people to regain their skills and confidence to enable people to live as independently as possible in their own home. The average length of a reablement programme was six weeks although staff told us that they would not withdraw care until a long-term package was in place if this was required.

The registered manager was aware of their responsibility and what to report to the Care Quality Commission.