

Wiltshire Council

Wiltshire Council Reablement Service (Trowbridge Hub)

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

Wiltshire Council Reablement Service (Trowbridge Hub) is a domiciliary care agency that provides a therapy led, reablement service to people in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People received support over a period of six to eight weeks or less depending on their progress. During this time, staff worked with people to regain their independence and confidence. This was particularly after an illness or injury.

People were fully assessed to ensure the service was suitable to meet their needs. Within the assessment process, people were able to discuss their expectations of the service and their perceived goals. They were also assessed for any equipment that might help them with their independence.

People were complimentary about the service they received. Their support had enabled them to regain skills such as getting ready for their day and meal preparation. People generally found after their period of support, they no longer needed any registered service.

Each person had a support plan, which detailed their needs. However, the information did not show the stages of people's reablement journey and some areas lacked detail. The registered manager told us there were plans to improve the information to ensure it was more person centred.

Each person's progress and goals were discussed at a weekly meeting. This enabled any support to be amended in a timely manner.

Staff had not always signed the medicine administration record to show they had supported a person to take their medicines. The registered manager had identified this shortfall and had asked staff what improvements were needed. The records were amended, and errors reduced. All other aspects of people's medicines were safely managed.

People were consulted about their support and encouraged to give their views about the service. This was within surveys or via telephone discussions. All written information was available within different formats such as large font, braille or other languages.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

People were complimentary about the staff and their rights to privacy and dignity were promoted. There was a very strong ethos of promoting independence and enabling people to reach their potential. This ethos was adopted throughout the staff team.

Staff were safely recruited and there were enough staff to support people. Staff received a range of training to ensure they had the knowledge and skills to do their job. There were opportunities for career progression and to complete professional qualifications. However, the registered manager recognised some training had not been delivered in a timely manner due to the changing needs of the service. Further training had been arranged to address this.

There was a clear management structure and staff were aware of their role and responsibilities. Regular audits took place to assess the quality and safety of the service and there were overviews to identify potential trends.

Reflective practice took place to improve service delivery. This was particularly apparent whilst the service was developing and becoming established.

Rating at last inspection

This service was registered with us on 30/08/2018 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection.

Follow up: We will monitor all intelligence about the service and complete another inspection in line with this and our frequency of inspection guidance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Wiltshire Council Reablement Service (Trowbridge Hub)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Wiltshire Council Reablement Service (Trowbridge Hub) is a domiciliary care agency that provides a therapy led, reablement service to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection visit to ensure the registered manager would be available to assist with the inspection.

We visited the office location on 1 August 2019, to see the registered manager.

What we did before the inspection

Before the inspection, we reviewed information we had received and held about the service. This included statutory notifications sent to us about events and incidents that had occurred at the service. A notification is information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We reviewed people's support plans and associated care records and information relating to the management of the agency. This included areas such as quality auditing and staff recruitment, training and supervision. To gain feedback about the service, we spoke with five people and four relatives on the telephone. We spoke to four members of staff in the office, the registered manager, the head of service and nominated individual.

After the inspection

We contacted 12 health and social care professionals for their feedback about the service. Seven health and social care professionals responded.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Within the provider information return, the registered manager sent us before the inspection, it was identified there had been errors with the completion of the medicine administration records. The registered manager told us discussions had taken place with staff regarding how improvements could be made. As a result, the records were reviewed and amended, to make them easier for staff to follow.
- Staff had received training in the safe management of medicines. However, their initial training had not been arranged in a timely manner. Further training had since been completed.
- People had a medicine assessment in place. This showed the support the person needed, and any potential risks involved.
- There was a list of each person's prescribed medicines including the full name, dose, quantity and frequency of administration.
- Consideration was given to enabling people to manage their medicines independently. This included looking at devices, which could be opened easily or were clearly marked to promote safety.

Assessing risk, safety monitoring and management

- There was a positive approach to risk taking. People were encouraged to take assessed risks to enhance their independence.
- Environmental risks had been identified but those associated with the person's safety had not always been fully documented. This included the risks of one person showering and the impact of another person's blood thinning medication.
- People received a reliable service which minimised risk. One person told us, "Apart from emergencies, which I think there's probably only been one in the six weeks that I've been having the carers come in, the carers have been very reliable and are usually here within 10 minutes of the time I'm expecting them."
- People told us they were assessed to see if they would benefit from any equipment to promote safety. One person told us, "When the carers first started, they suggested that it might be useful to have some grab rails or something similar fitted. They organised for the occupational therapist to visit us, and then someone came from the equipment service to deliver whatever was needed."
- Staff told us they were given items such as a phone, an alarm and high visibility jackets to keep themselves safe. They said there was a lone working policy, which they adhered to.

Systems and processes to safeguard people from the risk of abuse

- Staff were clear of their responsibilities to identify and report potential abuse. They said they would inform senior staff and make a safeguarding referral if they suspected abuse was taking place.
- Staff had completed training about keeping people safe. Senior staff had undertaken more in- depth

training, to reflect their responsibilities.

- The registered manager said the service had a good relationship with the local safeguarding team. This enabled advice to be gained and scenarios to be discussed.
- People told us they felt safe whilst being supported. One person said, "They do always have the uniform on and their name badge showing, so that I'm not concerned about whether they are who they say they are." Another person said, "I have felt totally supported by all of the carers here. I have been very impressed. If I did have a problem, then I would phone their office and ask to speak to somebody about it."

Staffing and recruitment

- There were enough staff to support people. Recruitment was taking place to fill the remaining staff vacancy.
- Staff told us there were enough of them to support people safely. They said they had time to spend with people, without rushing.
- Appropriate recruitment checks were undertaken before a new member of staff was appointed to work at the service. One health and social care professional confirmed this. They told us, "In terms of staffing, I have found the recruitment process robust."

Preventing and controlling infection

- People told us staff minimised the risk of cross infection. One person told us, "Their hygiene standards have been excellent. I cannot fault them at all." Another person said, "I've not had to remind anybody about wearing their gloves or washing their hands."
- Infection control training formed part of the provider's mandatory staff training programme.
- Staff told us they had the required equipment to minimise the risk of infection. They said they carried disposable gloves and aprons, paper towels and liquid soap, to use when required.
- Infection control practice was assessed when undertaking observational checks of staff.
- The registered manager told us the service benefitted from a good relationship with Public Health England. This enabled specialised advice to be gained when required.

Learning lessons when things go wrong

- The registered manager told us reflective practice was a large part of their role. They said such practice particularly took place when the service was in its initial stages of development.
- Policies and procedures had been amended in response to the learning that had taken place.
- A senior manager and the registered manager told us themes and trends were analysed and lessons learnt were disseminated to the staff team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

- Assessments had been undertaken when there had been any doubt about a person's capacity. These were detailed and showed the principles of the MCA had been understood and adhered to.
- People had signed to demonstrate their consent to receiving a service and how information about them would be shared.
- Staff promoted decision making and had undertaken training in the MCA.
- People told us staff asked them for consent before supporting them with any care intervention. One person told us, "Just as we are talking about other things, they'll say something like, am I ready for my shower?" Another person said, "They usually ask me if I'm ready to make a start."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was a clear referral service and people were fully assessed before being offered support. This was to ensure they were suitable to receive a reablement service, whilst also ensuring their needs could be effectively met.
- Occupational therapists, and a senior member of the staff team, completed each person's initial assessment. This enabled specialist advice or any equipment to be provided in a timely manner.
- The registered manager and staff told us people's progress was assessed on a weekly basis. This enabled amendments to their support to be made as required.

Staff support: induction, training, skills and experience

- The provider had a comprehensive training programme, which contained some mandatory subjects. The registered manager told us there was also an additional training programme, specifically related to the reablement service.
- Staff told us the training opportunities available were good and they were encouraged to undertake professional qualifications. There were opportunities for career progression if desired.
- New staff undertook a nationally recognised induction programme and worked with more experienced members of staff, before supporting people on their own.
- The registered manager told us it was important for staff to feel well supported and valued. To enable this, there were staff meetings and regular one-to-one meetings with their line manager.

- Staff were encouraged to spend time together informally in the office, and there was a counselling service if required.
- People and their relatives told us staff were well trained. One person told us, "Put it this way, there is nothing I've asked them to do, or I've needed them to help me with, that they haven't been able to."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to regain their independence with meal preparation and making drinks.
- Information within people's support plans showed if they needed support in this area.
- People were complimentary about the support they received with their meals. One person told us, "The carers come in specifically to help me regain my skills in the kitchen so that I can look after myself and prepare my meals by the time they finish. I have been so relieved that things have improved, and they have been so patient with me in allowing me the time to practice."

Staff working with other agencies and healthcare services to provide consistent, effective, timely care and access to healthcare support

- The registered manager told us people were supported by health care professionals within the team, such as occupational therapists. Other professionals such as GPs and community nurses were involved according to people's needs.
- People told us they were supported by other healthcare services. One person said, "We've had an occupational therapist and physio visit this week. They told us they talked with the reablement service to see how we were coping, and then they've come with suggestions about some equipment that might be needed longer term."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager told us they had strict criteria, when appointing new staff. They said there was a thorough interview with a strong emphasis on attitude and manner. This meant only those who were fully suitable for their role would be recruited. The registered manager told us this ensured a good standard of support would be delivered.
- Treating people well and respecting individuality was discussed initially during staff's induction and during other training courses. There were equality and diversity sessions, and these were being developed to incorporate more detail about protected characteristics.
- The attitude of staff and the way they interacted with people, were considered during observational visits of staff.
- People contributed to a 'pen profile' if they wanted to. This gave staff information about the person's earlier life, things of importance, and their preferences. This included what the person liked to be called.
- People and their relatives were complimentary about the staff. One person told us, "I have to say that all of the carers have been lovely." Another person said, "Nothing has been too much trouble for them and if I've taken longer than they're supposed to be with me, while I get myself dried and dressed, they make no bother about it whatsoever and have just carried on until I'm ready."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to discuss their goals and how they would like to achieve them.
- Staff told us people were always encouraged to make decisions and direct their support.
- Information showed people had been involved in the development of their support plan. One person confirmed this. They told us, "Yes [I have a support plan]. It was put together as a result of a conversation I had with one of the managers from the service, before the carers started coming in. It lives here in the folder, where the carers sign the records every day." A relative told us, "We sat down with someone from the agency and talked about everything to do with her care and how she wanted it to be organised. They went away and put together a care plan which was sent to us and when we were happy with it, a copy was put in her folder where the carers write up their notes."

Respecting and promoting people's privacy, dignity and independence

- Independence and people's goals were detailed within support plans.
- Staff were knowledgeable when talking to us about people's rights. They said independence was at the centre of their work.
- People were asked about their preferences regarding the gender of staff supporting them. One person told us, "I was asked whether I preferred male or female carers when I started with the service. I've probably had

a couple of young lads with me from time to time, and I have to say, one in particular has been so caring and professional."

- People and their relatives told us their rights to privacy, dignity and independence were respected. A relative told us, "To me, it's just all about how they talk to my [family member] and interact with her. There is nothing worse than people treating her as a child, and basically trying to do everything for her. All the carers from the agency talk to her normally, as they would do to you or I. They have been so wonderful giving her the time and space to be able to do most of her showering, drying and dressing herself, and only stepping in when she's asked them to."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were offered a service for a period of six to eight weeks or less depending on their progress. During this time, people were supported to increase their independence, through regaining or learning new skills.
- Each person had a support plan, which showed the goals they wanted to achieve. However, the information did not show at what stage of their reablement journey, the person was at. In addition, some information lacked detail. For example, one plan stated staff should use correct wording when speaking to the person about their lunch, yet the wording was not identified. Another plan stated the person would require support to dress, but the information did not show what assistance was needed. The registered manager told us people's support plans were in the process of being developed to ensure they were more detailed, and person centred.
- Each person's progress was discussed within weekly meetings. The information discussed was added to the person's support plan.
- People and their relatives were complimentary about the service provided. One person said, "I've just been steadily improving since I started." A relative told us, "I've been incredibly impressed with how quickly my [family member] has improved and regained her strength and independence since she came home. I've contributed this mainly down to the excellent support she gets from carers, who really understand what they're doing."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us documentation would be made available in any format that was required to meet a person's needs. This included large print, a pictorial format and braille. The provider had a translation service, so documentation could be translated into a different language if needed.
- Management told us they had good links with the Hearing and Vision team. They said a Sensory Specialist visited the service as part of Deaf Blind Awareness Week 2019. The registered manager told us these links had enabled advice and support to be gained as required.

End of life care and support

- The service did not support people who were nearing the end of their life, unless there was a reablement need.
- The registered manager told us end of life training for staff was in the process of being developed.

- One person had received a palliative diagnosis. Details of this were identified within their support plan although the impact had not been expanded upon. The registered manager told us this would be addressed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a Community Engagement Manager to coordinate activities that benefitted people and others within the community.
- Community and fundraising events, such as the "Big Get Together" were arranged to bring people together.
- The registered manager told us social isolation was an area the service was going to look at in more detail. They told us, "It's no good enabling people to get dressed and ready, if they've not got anywhere to go or anything to do."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a concern or make a formal complaint. One person told us, "We were given a leaflet about how to complain when we first met someone from the agency." Another person said, "I certainly wouldn't sit and suffer in silence if I did have something to complain about. I know there is some information in my folder that says who to speak to in the office."
- Staff were confident any concerns would be taken seriously and appropriately managed.
- The registered manager told us there had not been any formal complaints. They said they would offer to meet with anyone who raised a concern.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear of their responsibilities and there was a clear management structure. The management team were supported by other departments within the organisation such as human resources and finance.
- A team leader post had recently been introduced as it had been identified a further tier of management was required to support the senior team and the registered manager.
- All staff had job descriptions, and their role and performance were discussed during one-to-one meetings with their line manager.
- Health and social care professionals were complimentary about the management of the service. Specific comments were, "I find the overall management of the service well led" and, "I formed the opinion that staff had a good understanding of their duties and were well supported. They were clear of their role and who to refer any concerns to."
- Records showed observational visits to monitor staff's practice were undertaken.
- The registered manager told us the service received a high level of scrutiny. Audits were undertaken, and records showed various overviews to identify potential trends and shortfalls. These were discussed within leadership meetings and monthly quality and governance meetings.
- Staff told us communication was good and they were kept up to date with any information they needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a strong ethos of promoting independence and enabling people to reach their potential. This ethos was adopted throughout the staff team. One person confirmed this and said, "It was explained to me that the whole idea of the reablement service was for them to come in and support me, rather than doing everything for me so that I could practice and get my strength up, whilst having somebody here as a safety net before I would be left on my own to look after myself."
- People told us the service enabled them to meet their potential. One person told us, "I've managed to do more things for myself than I thought possible when I first left hospital." Another person said, "I remember getting quite upset when I first came home because I honestly didn't think I'd ever be able to do as much for myself, as I was doing before I went into hospital. I think it's only down to the care and dedication from these lovely carers, that I've been able to regain my independence so that now I can look forward to not having anyone coming in to help me each day."
- The registered manager and staff told us there had been many "success stories". They gave examples of

people regaining skills and confidence and needing reduced support.

- Staff told us they had learnt to "sit on their hands", and give people time, rather than immediately stepping in to give assistance. Whilst being a learning experience, they said this had promoted independence and enabled people to reach their goals.

- Health and social care professionals gave us positive feedback about the service. This included, "The Reablement Team is well led with good communications around referrals and transfers of care."

Planning and promoting person-centred, high-quality care and support

with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager told us they promoted an "open, no blame culture", based on learning and development. They said they wanted people and the staff team to be honest and raise any concerns or suggestions they had. One health and social care professional told us, "They appear open and transparent in terms of candour."

- Staff confirmed the registered manager had an "open approach" and would give them time if required.

- People were complimentary about the management of the service. Specific comments were, "Everything does just work like clockwork" and "There is nothing that I've seen to suggest they're not well-managed. The carers arrive on time, are extremely professional and well-mannered."

- Staff told us they enjoyed working for the agency and would recommend the service to a family member, if they needed such support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Each person was given a survey, to complete at their leisure. The registered manager told us they reviewed the content of all surveys and addressed any suggestions or concerns.

- People told us they were encouraged to give their views about the service. Specific comments included, "They telephoned us a couple of weeks ago and had a few questions they wanted to ask us about how the overall care had been, and then how my [family member] was feeling now that the eight-week programme had finished compared with how he felt when he first came home from hospital."

- People were fully consulted about their progress and whether they no longer needed the service.

- The registered manager told us a newsletter was in the process of being developed. They said this would include outstanding pieces of work undertaken by staff, as well as relevant updates of information.

- Creative ideas were being used to enhance the profile of the service. This included using social media and visiting local schools to increase staff recruitment potential, as well as promoting careers in care.

Continuous learning and improving care

- The registered manager said the service was relatively new, so there was "on-going" reviewing of practice. This had included developing the "customer's handbook" and recognising more advanced training for staff was needed in certain areas.

- There was regular consultation with staff about how things could be done better. This included various amendments to the medicine administration records. The registered manager told us, "We need to know what we have right, and where there are areas for improvement."

- Staff told us they were committed to providing a person-centred service. They said there was a clear focus on learning and developing people's support.

- The registered manager told us they kept themselves up to date with best practice and developed their management skills. They told us they were currently undertaking a management and leadership course.

Working in partnership with others

- The registered manager told us they had developed established links with other services, both within Wiltshire Council and externally. This included community teams and learning and development forums.