

Wolverhampton City Council

Wolverhampton City Council HARP Team (Home Assisted Reablement Programme)

Inspection Report

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Summary of findings

Overall summary

Wolverhampton City Council Home Assisted Reablement Programme (HARP) Team provides a six week domiciliary care reablement service to approximately 45 people to enable them to live in their own homes. People are supported with their daily living skills and personal care needs to help them to be as independent as possible. The service provides support to people who have physical disabilities and dementia.

There was a registered manager in place at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People were supported in a safe way because detailed management plans were in place and staff understood the individual risks to people and how to support them safely. We found that staff also encouraged people to be as independent as possible whilst taking into account any risks.

Staff were aware of the provisions under the Mental Capacity Act (2005) and people were supported to make

decisions about their care. We found that where people lacked the capacity to make decisions there were assessments in place that ensured any decisions were made in their best interests.

People told us that staff maintained and protected their dignity when they provided support. People were happy with the care that was provided and told us that the staff were caring and compassionate.

We found that people had their needs assessed and consented to their care. People's preferences were taken into account and these were clearly documented to provide guidance to staff.

There were recruitment procedures in place and staff were supported with their development needs to ensure that they had the knowledge and skills to provide support to people who used the service.

We saw that the provider undertook regular audits and assessed the quality of care that people who used the service received and acted upon any concerns. We found that the service was well led and the manager was approachable to both staff and people who used the service. This meant that the service were continually looking to improve the service to people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People who used the service were protected from abuse because staff had received training and understood how to identify and report possible abuse.

People's rights and choices were protected as staff were aware of their responsibilities under the Mental Capacity Act 2005.

The provider had an effective recruitment procedure in place that ensured staff were safe to provide support to people who used the service.

Care records contained details of individual risks and staff knew how to keep people safe whilst promoting their independence.

Are services effective?

Staff received regular formal supervision which enabled them to discuss their development and training needs.

People's preferences in care and individual choices had been identified before support was provided. Staff were aware of people's individual needs of people and these were reflected in the records we viewed.

People's health and wellbeing was monitored and staff were aware of the reporting procedures in place where there had been deterioration in a person's health and wellbeing.

Are services caring?

People who used the service were treated with care and compassion.

People's needs had been assessed before they used the service. Records confirmed that people's care preferences, interests, and diverse needs had been discussed. Staff told us how they ensured support was carried out in a dignified way and how they made sure that people were comfortable with the support received.

The service continued to support people who used the service after they had been discharged by completing a post discharge evaluation.

Are services responsive to people's needs?

People and/or their relatives were involved in the planning of their care and consent to treatment had been obtained by the staff.

Summary of findings

People's care was reviewed which ensured that the assessment of their needs were current and that support was appropriate to meet their needs as they changed.

The service was responsive to people's complaints. Records showed that the provider had acted on complaints and people told us they were happy with how complaints were responded to.

Are services well-led?

Staff told us that they felt able to approach the management and their suggestions and opinions were taken into account. This meant that staff felt empowered to make suggestions and the provider promoted an open and inclusive culture.

The provider had recently implemented spot checks on staff performance which ensured that staff were providing appropriate support to people who used the service.

We saw positive feedback from people when they had been discharged from the service. People were happy with the care provided and the provider had a system in place to obtain people's views on their experiences of the care provided.

People were protected from harm because the provider had a whistleblowing policy in place and staff were aware of how they could use this if they felt people were at risk of harm.

Summary of findings

What people who use the service and those that matter to them say

An expert by experience spoke with people who used the service or their relative by telephone after the inspection had taken place. They spoke with five people and 14 relatives to help us to understand people's experiences.

People told us that they felt safe and comfortable when they received support from staff. Some of the comments we received were that staff were conscientious and thorough. A relative told us, "They encourage (person who used the service) to get better. They try and get them to do as much as they can themselves, but they never let them struggle".

People and their relatives told us that staff were caring and ensured they always made sure their dignity was maintained. One person told us, "I can't fault them (the staff) and they will do anything for me". Another person

said, "The staff are kind and considerate to me". People also told us that staff listened to them and helped them to make decisions about their care and treatment. One relative told us, "They are polite and maintain their dignity" and "I am confident they (the staff) are doing the right thing".

People told us that they knew how to make a complaint and they were happy with the response when they had raised concerns. Relatives we spoke with were very complimentary about the management of the service and had confidence in the manager. One relative told us, "The manager was very responsive to my complaint and addressed the concerns I raised. I am happy with the actions taken".

Wolverhampton City Council HARP Team (Home Assisted Reablement Programme)

Detailed findings

Background to this inspection

We inspected this service on the 2 May 2014. The inspection team consisted of one inspector for adult social care 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 service. The expert by experience on this inspection had experience in domiciliary care.

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 and to provide a rating for the service under the Care Act 2014. The announced inspection was part of the Wave 1 testing process that we are introducing for all adult social care services.

At the time of our inspection Wolverhampton HARP Team provided personal care and support to approximately 45 people in their own homes. During the inspection we spoke with the registered manager, two senior staff and five staff that provided support to people in the community. After the inspection we spoke with five people that used the service and 14 relatives to help us to understand their experiences.

During the inspection we looked at five care records, five staff recruitment and training files and records that showed how the registered manager monitored and managed the service.

Before we carried out our inspection we reviewed the information we held about the service, which helped us to decide on the areas that we needed to look at as part of the inspection.

At the previous inspection on the 21 November 2013 the service met the regulations that we inspected against at their last inspection.

Are services safe?

Our findings

We viewed five people's care records on the day of the inspection and found that each person who used the service had a detailed risk management plan in place. The plans we viewed contained individualised guidance that helped staff to keep people safe whilst promoting their independence. We spoke with staff who were able to explain people's individual risks and how they supported them to keep them safe from harm. We saw that one person was assessed as at risk when accessing the community due to a lack of road safety awareness. The staff had supported this person to cross busy roads and helped them to understand the importance of road safety. This meant that people were protected from the risk of harm and were supported with positive risk taking.

People had access to equipment that kept them safe. People who required equipment had access to occupational therapists to ensure that the most suitable equipment was provided to meet their needs. The service also had staff who were trained in assistive technology, which was used to keep people safe.

We spoke with staff who had a clear understanding of the actions required to safeguard vulnerable people from the risk of abuse. Staff told us the different physical and emotional indicators of abuse. We saw that staff had received training in safeguarding vulnerable adults and the service had an up to date policy available to staff. Staff told us that the management was approachable and they were able to raise concerns easily. Where staff had raised concerns the management had informed them of the outcomes and any changes that had been put in place. This meant that staff understood their responsibilities where abuse was suspected which ensured people who used the service were kept safe and protected from the risk of harm.

Staff we spoke with were aware of their responsibilities under the Mental Capacity Act 2005. Staff told us how they supported people to make decisions and that they would

report any concerns they had to their manager. One staff member told us, "I have received Mental Capacity training and I understand that some people require support to make decisions in their best interest with certain things but may be able to make other choices". We viewed training records that confirmed staff had received training in the Mental Capacity Act 2005. This meant that people's rights were protected because the service had systems in place that staff followed to ensure people who lacked capacity had choices made in their best interests.

The service had a recruitment policy in place. We viewed four staff files and saw that newly employed staff had received appropriate checks which ensured they were suitable to provide support to people who used the service. Staff we spoke with told us they had received an induction before they started work. One member of staff told us, "I shadowed other more experienced workers before going out on my own. I found it really useful and felt confident when I went out on my own".

The provider had policies and procedures in place to ensure that staff had guidance on how to keep people safe from the risk of infection. Staff we spoke with told us that they were provided with gloves, aprons and hand gel and they are always readily available to them. One staff member told us, "I always ensure I wash my hands and wear gloves before I carry out any support". People we spoke with told us the staff always used gloves and aprons when they provided personal care.

People we spoke with felt that there were enough carers employed by the service. We saw that staff rotas were in place and these showed that there was enough staff to provide care to people who used the service. The manager told us they had systems in place if there were staff shortages. People told us that staff were generally consistent and they had received agency staff occasionally but had not been left without support. This meant that there were sufficient staff to ensure that support was carried out safely.

Are services effective?

(for example, treatment is effective)

Our findings

Staff's performance and development needs were regularly assessed and monitored. We spoke with five members of staff who told us they received regular formal supervision. We also saw records that confirmed supervisions had taken place. One member of staff told us, "I find supervisions very useful; we can discuss any issues and training needs. We also have regular staff meetings which help us to keep up to date." Another member of staff said, "Supervision is good but I know I can approach the manager in between if I have any concerns".

Staff we spoke with told us they had received training and that they had found the training useful. One member of staff told us, "I have had all the training which is updated regularly. I feel that I have enough knowledge to support people in the right way". We saw records that confirmed staff had received appropriate training to support people who used the service. This meant that the service had an effective training programme in place.

People who used the service received individualised care. People we spoke with were happy that the care was provided in the way that they wanted. We viewed the care records of people who used the service and found that care plans had been completed and contained the involvement of people and their relatives. People who used the service confirmed this. We saw that people's care preferences and their likes and dislikes had been documented.

We saw records that showed staff had reported concerns with people's health and wellbeing to the appropriate professionals involved. Staff we spoke with told us the actions they would take if there had been deterioration in a person's health. One member of staff told us, "If I felt that someone needed extra support or if they were unwell I would inform the manager and document my concerns in the records". This meant that people were supported with their health and wellbeing.

Are services caring?

Our findings

On the day of the inspection we spoke with staff who told us how they supported people with their needs. One staff member told us, "I always explain what I am doing. I allow people to be as independent as possible and provide reassurance but always make sure that the person is safe". Another staff member told us, "I always treat people respectfully and listen to them. I enjoy my job and it is very rewarding to see the progress people make because of the support we have given".

People who used the service told us that staff treated them with dignity and respect and were caring when they provided support. One person told us, "The staff are excellent". Another person told us, "They (staff) will do anything for me and are kind and considerate". One relative told us, "They are polite and maintain their dignity". Another relative said, "They don't do anything without asking". This meant that people felt that their dignity was respected and they were treated by caring staff.

We viewed the compliments received by the service which included; "I have found the carers approachable and good listeners. Thanks you for everything you have done" and "Kindness and not rushing". We also viewed questionnaires

that had been completed by people who used the service. One person had stated, "I looked forward to the staff coming each day, without their help I wouldn't have made such progress in my recovery".

The registered manager had undertaken a weekly 'snapshot' of each person who used the service that ensured the support provided was centred on the individual and any changes to needs were documented. We saw that other professionals were involved which ensured people who used the service were supported to regain their independence in the best way that suited their preferences. This meant that there was a commitment to provide people who used the service with appropriate support.

We saw that two week checks of people who had been discharged from the service were made. These checks contained details of the person's progress after they had left the service and to check that they were managing independently. Where there were concerns raised we saw that the registered manager had made contact with other agencies to ensure these people remained supported and cared for. This meant that the provider continued to show care and compassion for people who had previously used the service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People had been involved in the planning of their care. Care records showed that people who used the service had consented to care and treatment. The files we viewed had been signed by people who used the service or their relatives and contained people's likes and dislikes in care. People had consented to the administering or prompting of medication. The care plans were personalised and showed people's diverse needs and how staff needed to support people in the way that they chose.

An information pack was provided to people before they received support. The pack contained details of the service people would be provided with and the standard of service people could expect. This meant that people were given information that helped them to choose the right service to meet their needs.

People's care needs were assessed and people's diverse needs were taken into consideration. Staff we spoke with were clear about their role and explained how they provided support to people who used the service. The staff knew people well and were able to tell us about the individual needs of the people they supported. We asked the staff how they ensured that they took into account people's diverse needs. Staff told us that they used an interpreter service for a person where English was not their first language and the interpreter accompanied staff to every call which ensured the person was able to communicate their preferences. We saw records where people had requested that they felt more comfortable with a female member of staff and this was confirmed by the staff we spoke with.

People we spoke with told us that they felt involved in their care and that they were listened to. One person told us, "I said I didn't want to go to bed early and they listened to me". This meant that people who used the service received the care they wanted because staff listened to them.

Care records showed reviews had been undertaken to ensure that people who used the service were receiving the correct support and any changes in their needs had been taken into consideration. We saw that people who used the service and their family members were involved in the reviews which gave people the opportunity to state their preferences in how and when they received their support.

We found that the service had an effective complaints procedure in place. We saw that complaints were logged and had been responded to appropriately in line with the provider's policy. Staff told us they would discuss any concerns raised by people who used the service with the manager. People we spoke with told us they knew how to complain and they felt that they were able to approach staff with any concerns they had. One person told us, "I had a complaint and the manager was very good and made changes straight away. I am happy with the care now". Another relative said, "The manager is lovely and they 'bend over backwards' to help". This meant that the provider was responsive to people's feedback and took action that ensured people were happy with the care provided.

People received their care in a consistent way and at a time that suited their needs. We asked people who used the service if they received their support on time and if they received support from consistent staff. People told us the staff were punctual and calls were mostly on time. People also told us the staff were mostly consistent and they had only received different staff occasionally at weekends. One person told us, "There are different ones, I don't mind because they have all been helpful".

Are services well-led?

Our findings

Staff told us that they felt that the registered manager for the service was approachable and they could take any issues or concerns to them. One staff member told us, "It is a great team to work with and because we all support each other the morale is very good". Another member of staff told us, "I have no problem raising any concerns or making suggestions to the manager because we all want to provide a positive service to people". We were told by staff that the registered manager was always available and staff said they felt valued by the manager. This meant that staff felt empowered to make suggestions about the quality of the service because there was an open and inclusive culture.

We saw that the provider had a system in place to review the quality of the service provided and to assess and monitor risks. We saw that audits had been carried out which contained details of the actions taken when a concern had been raised. We viewed records that showed that two weekly checks on people's care had been undertaken and any feedback was taken into account which ensured that people's risks were managed and changes were made to suit individual needs. This meant that the service had systems in place to regularly assess and manage risks.

We found that people who used the service and relative's had provided feedback when they had been discharged from the service. The comments we viewed were positive

and included; "Excellent service from the whole team" and "They have given me the confidence I needed. A very valuable service". The feedback that had been received was passed onto staff through supervisions and staff meetings.

We saw that the provider had implemented spot checks that ensured the staff were providing a good standard of care to people who used the service. This was still being imbedded into the service as a monitoring tool and would be used to identify good practice or areas of concern.

People who used the service were kept informed of any changes to their planned care. We saw that delayed calls were monitored throughout the day and people were informed if a call was late. Where a staff member was unable to attend the call the office was informed and another carer was provided. People we spoke with told us that they were informed if the staff were delayed and we were told that people were not left without care.

We viewed an up to date whistleblowing policy which was available at the time of the inspection. Staff we spoke with told us that they were aware of the whistleblowing policy and they were able to explain what it meant to them. One staff member told us, "I know that whistleblowing means that I am protected if I was uncomfortable to raise concerns about the treatment of someone. I feel able to approach the manager if I had any concerns about someone". The manager told us that staff were sent reminders that informed them of the whistleblowing policy and its importance within their payslips. This meant that people were protected from the risk of harm because the provider had a policy in place and staff were aware of their responsibilities to report concerns.