

Bedford Borough Council

Assessment and Enablement Team

Inspection report

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Date of inspection visit:
25 January 2016

Date of publication:
29 February 2016

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

Assessment and Enablement Team provide personal care for adults in their own homes. The service aims to support people re-gain their independence and confidence, to help them to live on their own, or with minimal levels of support. As such, they provide people with short, intense periods of care, typically lasting for approximately 6 weeks, however they may be longer or shorter, depending on people's needs. At the time of our inspection the service was providing care for approximately 36 people in their own homes.

This inspection was announced and took place on 25 January 2016.

The service had a registered manager. 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.

People were protected from harm or abuse. Staff received safeguarding training and were prepared to report any concerns they had. There were appropriate systems in place to ensure incidents were reported and investigated. Risk assessments were in place to help maintain people's safety, but also to promote their independence. Staffing levels were also designed to meet people's needs and promote their independent living skills. People were supported to take their medication, and staff encouraged them to be as independent as possible in this area.

Members of staff had regular and on-going training, to ensure they had the skills and knowledge they needed to perform their roles. New staff received a comprehensive induction and all staff had regular supervision meetings to ensure they could raise concerns and discuss their development. People's consent was sought and they were encouraged to make their own choices, and were supported to do so appropriately. Staff encouraged people to be independent with their food and drink, so that they would be able to look after themselves after their re-enablement package finished. Similarly, staff supported people to make and attend healthcare appointments, but also encouraged them to do this for themselves.

People were treated with kindness and compassion by members of staff who worked to develop positive and meaningful relationships with them. People and their family members were consulted about their care, and were involved in writing their care plans. There were systems in place to ensure that staff promoted people's dignity and respect during all their visits.

People's care was person-centred and specific to their individual needs. Specific goals were put in place to help them re-gain their independence and staff helped them to achieve these goals. There were systems in place to ensure people were given the opportunity to provide the service with feedback or to raise complaints. The service took appropriate action when they received feedback from people.

There was a positive and open culture at the service. The registered manager was a visible presence and was

known by staff and people alike. Staff were positive about their roles and felt empowered by the registered manager. Quality assurance systems and processes were in place to help the registered manager monitor and improve the quality of care being provided.

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.

People were protected from harm and abuse and staff were aware of safeguarding and reporting principles.

Positive risk taking was encouraged and risk assessments were carried out to help keep people safe.

There were enough staff to ensure people's needs were met. Staff were recruited following a robust procedure.

Medicines were well managed. People were encouraged to administer their own medication to encourage their independence.

Is the service effective?

Good ●

The service was effective.

Staff members received regular and appropriate training and support to ensure they were able to meet people's needs.

Staff ensured that they sought people's consent and acted in their best interests if they were unable to give consent.

People were encouraged to be independent with food and drink preparation, to help build these skills and prepare them for independent living.

The service ensured people's health needs were being met, whilst encouraging them to take responsibility for their own appointments.

Is the service caring?

Good ●

The service was caring.

People received care from staff who treated them with kindness and compassion.

Care plans had been written with the input of people and their

family members.

People's privacy and dignity were respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People's care was specific to their individual needs, and was designed to help them re-gain their independent living skills.

Care plans were reviewed regularly to ensure they were still valid and the goals were achievable.

There were systems in place to get and act on feedback from people, including complaints and compliments.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was known to members of staff and had worked to create a positive and open culture at the service.

Staff were empowered to perform their roles and felt motivated to provide quality care.

There were systems in place to monitor and improve the quality of care being provided.

Assessment and Enablement Team

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 inspection took place on 25 January 2016 and was announced. The provider was given 48 hours' notice because the location provides services in people's own homes, and we needed to be sure that the registered manager would be in to support the inspection process.

The inspection team comprised of 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. The expert used for this inspection had experience of a family member using this type of service, and supported us by making phone calls to people who used the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

We spoke with eight people who used the service and two relatives. We also spoke with the provider, the registered manager, two care coordinators, an administrator and four members of care staff.

We looked at eight people's care records to see if their records were accurate and reflected people's needs. We reviewed seven staff recruitment files, staff duty rotas and training records. We also looked at further

records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People felt safe when members of staff provided them with support. They told us that staff members put them at ease and made sure they were cared for appropriately. People's relatives were also positive about the safety of their loved ones, when staff came to provide care. One family member said, "They support and encourage [family member's] independence, but without putting her at risk." People and their family members were confident that staff were able to provide them with care which maintained their safety.

Staff told us that they worked hard to ensure people were protected from harm or abuse. They explained that they had received safeguarding training, and were aware of the provider's recording and reporting procedures. One staff member told us, "If I think there is abuse, I ring the office and it is reported." Other staff members confirmed that any concerns were acted upon and reported to the local authority safeguarding team, with whom the service had a close working relationship. This helped them to ensure people were safe. The registered manager also told us that the service worked with the local authority to ensure any concerns are investigated fully and appropriate action taken. In addition, they made sure the Care Quality Commission (CQC) were aware of all safeguarding incidents, as well as the action taken as a result. Records showed us that all staff had been trained in safeguarding, and that incidents were acted on and reported appropriately.

Risks to people were assessed and managed in such a way as to promote their independence, whilst maintaining their safety. Staff explained that the service took a positive approach to taking risks. One staff member said, "We promote positive risks, but work to make sure people are safe." All the staff we spoke with confirmed that people were encouraged to take risks, where appropriate, to help them to re-build their skills and confidence so that they would be able to live as independently as possible at the end of their re-enablement package. Staff and the registered manager also told us that people were involved in their own risk assessments, and that staff discussed areas of risk with them, as well as plans about how to manage that risk. We checked people's records and saw that risk assessments were in place and that people had been involved in compiling these. They were specific to each individual and clearly described areas of risk, as well as the control measures which were in place. In addition, the service carried out monitoring and screening assessments, such as malnutrition and pressure ulcer checks, where necessary.

People told us that they were happy with the staff who provided them with care, and felt that they were suitable for their roles. One person said, "I think they're very good at recruiting the right people – often it comes down to the sort of individuals they employ, I'm satisfied that they get that right."

Staff members told us that they felt there were sufficient numbers of carers to meet people's needs. They said that people did not experience missed calls due to the way visits were organised, and that there were always enough staff to make sure each visit had the time and attention it required. Staff also told us, and the registered manager confirmed, that the service did not use agency staff to cover shifts. They explained that shifts were covered by the full time staff team and that, if required, office staff such as care coordinators would carry out visits, to ensure people's needs were met. We checked staff rotas and saw that there were sufficient staff on duty to meet people's needs, and that these staffing levels were consistent on previous

and future rotas.

Staff members told us that they had been through a robust recruitment process. They informed us that they had to complete an application form and attend an interview before they were appointed to their role. In addition, the provider completed checks, such a Disclosure and Barring Service (DBS) criminal records check and previous employment references, before they could start work. Staff recruitment files showed us that these steps had been taken for each staff to ensure that they were safe and of good character to be working with people.

Most of the people we spoke to told us that they were able to take their own medication, however did sometimes get gentle prompts and reminders from members of staff if necessary. Some people were supported to take their medication, and were positive about the way that staff members did this. One person told us, "They come just once a day to put my eye drops in, they don't do other medication. They're very good, they don't forget to come." People confirmed that staff helped them where necessary, and maintained up-to-date records of their medication.

Staff members told us that they encouraged people to take their own medication as much as possible. They described relying on staff to administer medication as a last resort. The purpose of the service was to promote people's independent living skills and to enable them to live without support if possible. They did tell us that, in some cases, they did administer people's medication for them, but there was always a goal to help the person achieve this for themselves. Staff received training to enable them to give people their medication safely and in accordance with best practice. We saw that Medication Administration Record (MAR) charts were in place to instruct staff on what medication to give people, and at what time. Where staff were required to support with medication, there were records to demonstrate that this had been done, including fully signed MAR charts. There was guidance in place for staff on the administration of 'as required' (PRN) medication, and the use of this was also signed for on the MAR charts.

The registered manager spoke to us about how the service was using assistive technology to help people take their medication safely, whilst promoting their independence. They explained that they had adopted a new electronic system, which people could use if they wished. This involved medication being put into a weekly dossett box by an external pharmacist. The person was then alerted by a buzzer at the correct time to take their medication. The registered manager explained that when a person started using the system, members of staff from the service would visit them, to ensure they were comfortable using in, and did so correctly. Once they were comfortable, the person was able to continue using the system without the supervision of staff. This gave people the independence to manage their own medication, as well as the regular oversight of a trained pharmacist.

Is the service effective?

Our findings

People told us that staff members were well trained, to ensure they were able to meet their specific care needs. Relatives also felt that staff were well trained and possessed the skills and knowledge they needed to meet people's needs.

Staff explained that when they started working at the service, they completed induction training. This included completing mandatory training courses such as safeguarding, as well as a period of shadowing more experienced staff during their visits to people. The registered manager confirmed that inductions took place and that staff were only expected to work on their own once they had completed shadow shifts and were comfortable in their roles. In addition, they told us that new staff inductions enrolled staff on the new Care Certificate, to ensure that staff had the skills and knowledge they needed to perform their roles. Records showed that staff members received induction training to help them develop the skills they needed for their roles.

Staff told us that they had on-going training and development opportunities at the service. One staff member said, "We have plenty of training, there is as much training as you want." Another staff member told us, "The training is brilliant." Staff went on to explain that there were mandatory courses which they had to complete each year, however there were other, more specific courses, which they could apply to attend to help develop their knowledge. The registered manager showed us the service's training matrix, which showed that staff members received regular and on-going training, as well as additional courses, such as Qualification Credit Framework (QCF) levels two and three in health and social care.

Staff members also received regular support from the service. They told us that they had monthly supervision sessions with a care co-ordinator or the registered manager. These were used to discuss any concerns they had, as well as talking about their own development as well as any changes affecting the service. Staff were also able to call into the office if they had any concerns or needed to speak with the registered manager or office staff. Records showed us that staff members received regular supervision sessions and observations, to help monitor their performance. In addition, they had an annual appraisal meeting, which they used to help identify strengths, areas for development and personal objectives for the year.

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.

We checked whether the service was working within the principles of the MCA, and found that they were following these principles. The registered manager explained to us that, due to the service goal of helping people to develop their skills and confidence to live independently, most people who received care from the service did not lack mental capacity, and could therefore make decisions for themselves. They explained to

us that staff did receive training in this area, and in some cases, the principles of the MCA needed to be applied. Records showed that staff received this training, and we saw in some people's records that MCA assessments had taken place and decisions had been made in people's best interests.

Staff told us that they always asked for people's permission before providing them with care. They explained that it was important to ask for consent to care and to respect the choices that people made. Care plans were reflective of this, and showed that people's choices about their own care had been recorded.

Some people told us that staff members helped them to prepare meals and drinks, whilst others told us that they did this for themselves. Those that did need help told us that the meals were prepared to their satisfaction, and were provided in a nutritious and appetising way.

Staff members told us that people were encouraged to prepare food and drinks for themselves, as part of their re-enablement package. They explained that they would provide support to make simple meals, or heat up prepared food, but a goal would be to get that person doing this for themselves. Staff encouraged people to have enough to drink and always made sure there was a drink available, before they left a call. We looked at people's records and saw that any specific dietary issues they had were recorded, as well as the support that they required, along with goals towards independence. Staff also completed nutritional screening assessments and food and fluid intake charts, where necessary, to ensure people were having enough to eat and drink.

Similarly, people were encouraged to book and attend their own hospital and doctors appointments. If required the service would work with people and their families to ensure these appointments were attended, however they pushed people to be as independent as possible with this. Records showed that people's health needs and regular health professionals were recorded, along with any information which staff may need about specific health conditions for that person.

We spoke with a number of professionals who worked closely with the service to help ensure people's needs were being catered for. This included people such as occupational therapists, physiotherapists and social workers. They told us that the service worked with their teams to help ensure the right people received re-enablement support from the service, with the right interventions and therapists involved. People's records confirmed that, where necessary, these professionals were involved in their care.

Is the service caring?

Our findings

People were positive about the care that they received from the service, and the impact that it had on them. One person told us, "I'm more than satisfied. They're very good and they treat me very well. They always ask me if I need anything else before I leave." Another person said, "They do a good job, I've always been very happy with them."

Staff members told us that they valued the people that they supported. They explained that, although they usually only provided people with support for a relatively short period, they worked hard to get to know people and the things that made them tick. Staff were very positive about their roles and felt that the service provided a vital function in getting people back to living independently. One staff member said, "I love it, this works brilliantly for people." They went on to tell us about the people they provided care for, and how they had built up a strong professional relationship, which was beneficial for both people and members of staff.

Staff also told us that people were fully involved in planning the care that they would receive from the service. One staff member said, "People and their family members are involved in planning and reviewing their care." Staff explained that care plans were put in place with input from people and their family members, to help ensure that the service they received was right for them and stood the highest chance of helping them to become fully independent. Care plans showed us that people had been involved at every stage of producing their care plans. There was evidence to show that they were accurate reflections of people's needs and wishes, and that people were happy with the content of them.

People told us that they received all the information they needed from the service. The registered manager explained that the care plans in the office were a duplicate of the ones in people's homes, which enabled people to have access to the most up-to-date version of their care plan whenever they wanted it. We looked at care plans and saw that they contained important information for people, such as contact information for the service, as well as guidance on how to make complaints to the provider, and external bodies, such as the Care Quality Commission (CQC). Care plans also provided people with information about support organisations, such as advocacy support, as well as information about other care services available through the provider.

People were treated with dignity and respect by staff. Staff told us that it was important to them that people were well treated and that they had privacy and respect when they provided care. They told us that they always made sure they respected people's wishes and did not enter rooms without knocking. They also made sure people were covered and that doors and windows were closed whilst providing people with personal care. Records showed that the service had a commitment to treating people with dignity and respect and that staff received training in this area. We also saw that members of staff were due to take part in a provider initiative called 'Dignity Action Day.' This was a series of activities and events, designed to help highlight the importance of treating people with dignity and respect.

Is the service responsive?

Our findings

People received personalised care which was specific to them and their particular needs. Staff were knowledgeable about the people they provided care for, as well as their specific needs, wishes and interests. One staff member told us, "Care is individualised, it's person-centred and tailored to meet their needs." Staff members explained to us that care visits did not have specific times or durations. This meant that if people needed some additional support, or just to have a good chat with staff, they were able to do this without feeling rushed. It also meant that people did not become reliant on staff coming at a specific time, which helped them to develop their independence.

The registered manager explained to us that when the service received a new referral, an assessment would be carried out, to ensure that the person was suitable to receive re-enablement support, rather than a more traditional care package. The assessment process would involve staff visiting the person at their home and discussing their needs and their wishes. Staff members explained to us that it was important to understand the person and what they wanted to achieve. One staff member said, "We have to find out their personal goals, what they want to get out of our service." These goals were discussed with people and their family members, and recorded in an initial care plan. People's records confirmed that these initial discussions took place to identify people's needs, as well as areas of strength for them.

Staff members told us that the initial care plans were used by care coordinators to create full care plans for people, to provide staff with a comprehensive guide to the care that people needed. We looked at care plans and saw that they were detailed and contained all the information staff needed to meet people's specific care and support needs. The plans outlined each person's specific re-enablement goals, these were targets that people had agreed to help them build up their skills and confidence, so that they could live as independently as possible. Each goal was broken down into a number of smaller, more achievable tasks which helped people gradually build up their skills so that they could meet their goals. For example, if somebody wanted to re-gain confidence with personal care, the initial goals may be to get the equipment ready for staff to help them. As they built on their skills and previous successes, there were then additional goals which pushed them towards their overall goal. We saw that staff had written on people's care plans when these goals had been achieved, so that other members of staff were aware of the progress that people were making.

Staff told us that care plans were reviewed regularly. This was carried out to ensure that the content of the care plans was still relevant and that the goals that had been set for people were realistic. We looked at people's records and saw evidence that care plans had been reviewed, with input from people, on a weekly basis, to ensure that they were up-to-date.

People were encouraged to give the provider feedback about the care that they received. They told us that complaints were welcomed by the service and that they were taken seriously. Family members shared this opinion. One relative said, "When we complained they took it seriously." They explained that the situation gave them confidence that they had been taken seriously, and that the management had taken appropriate action.

Members of staff told us that after each period of re-enablement care, people were given the opportunity to complete a short survey to provide their thoughts about the service that they received. In addition, people were able to raise any concerns they may have about their care with care or office staff, or they could contact the manager directly if required. We saw that the provider had recorded the outcome of the feedback forms that had been sent out and analysed that information, using it to help improve the service in the future.

The service had a clear complaints and comments procedure, which was given to people and their families. We looked at complaints records and found that one complaint had been submitted since the previous inspection. This had been investigated by the registered manager, and the complainant had been written to, giving details of the findings of that investigation. We also found that that the service had a large number of positive comments and compliments, including thank you cards, from people and their families, expressing high levels of satisfaction regarding the care that they had received.

Is the service well-led?

Our findings

People were positive about the overall service they received from the provider. One person told us, "I couldn't fault them in any respect." Another person said, "I can't think of any way in which they could have been better."

The service had a positive, open and transparent culture. Members of staff were happy to talk to us about the service and the registered manager was open and honest when we asked questions about the service and the care that people received. People and staff were aware of who the registered manager was, and felt that they had a positive impact on the service.

Staff were positive about their roles and the service that they delivered. One staff member told us, "We love our service, all of us." Another said, "I love it, it's the best thing I've ever done." All the staff we spoke with felt that the service helped people to get back on their feet and prevented them from becoming reliant on traditional home-care or residential care services.

Staff told us they felt well supported by the registered manager and the provider. One staff member said, "The support I have had here is amazing." Another staff member told us, "I couldn't fault the support I have received from the manager and office staff. We are encouraged to ask questions, to challenge and raise new ideas." Staff told us that they felt listened to by the registered manager and empowered. This helped them to stay motivated and driven to provide people with high quality care. Staff also told us that communication was very good at the service. They explained that every morning there was a team briefing, where all the staff on shift met to discuss the day ahead, as well as any updates or changes to do with people's care needs. In addition, there were regular staff meetings and staff were able to come to the office at any time to seek advice or support. All the staff we spoke with felt positive about their role, and valued by the registered manager and provider.

The registered manager had worked to ensure there was a positive ethos at the service. They worked closely with other teams in the local authority, as well as any relevant external bodies. During our inspection we spoke with a number of representatives from other adult social care departments in the local authority, all were positive about the service and the registered manager. The registered manager was also aware of their regulatory obligations, including reporting incidents and sending notifications to the Care Quality Commission (CQC).

During the inspection the registered manager spoke to us about future developments for the service. They explained that, due to another provider ending their contract with the local authority, there were a number of people who required care in their homes. The registered manager had put systems in place to absorb this additional workload, including transferring staff from the original provider, to ensure these people were not left without a care provision. We saw that this process had been well thought out with the provider, and that steps had been taken to update the services statement of purpose, to ensure the care delivered was still within the service's remit.

There were a number of quality assurance processes in place, to allow the registered manager to monitor the quality of care being delivered. There were checks and audits in place to ensure areas such as medication, care plans and staff supervision and spot checks were being carried out appropriately. The quality assurance processes were used to help develop and improve the service and we saw that, as a result of these checks, changes were made where necessary.