

Portsmouth City Council

Portsmouth Rehabilitation and Reablement Team (ILS)

Inspection report

Turner Centre
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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

About the service: Portsmouth Rehabilitation and Reablement Team (ILS) (PRRT) is an integrated health and social care service, provided by Portsmouth City Council together with Solent NHS Trust. It provides short term support for people who may need care, equipment or rehabilitation. The team includes nurses, social workers, physiotherapists, occupational therapists and rehabilitation assistants. Since the last inspection the provider had employed a paramedic. The majority of care is provided to people in their own homes and focuses on supporting people to remain at home for as long as possible and preventing their admission to hospital.

People's experience of using this service:

The management provided good leadership and were actively working to drive improvement. Feedback from people, staff and relatives confirmed the management were respected and led by example.

Staff told us that they felt their achievements were recognised and that they felt valued. Staff had a clear understanding of their roles and responsibilities. We observed staff were confident in performing their jobs and when speaking with people, other staff and the registered manager.

People, their families and professionals told us they felt the service was safe. Staff had received safeguarding training and had their competency in this subject checked. They were aware of the types of abuse that could happen to people, what signs to look out for and their responsibilities for reporting any concerns.

The registered manager had a good understanding of their responsibilities to notify the CQC of important events that happened within the service. People and their families had been given information so that they knew what to expect from the service.

People who required assistance with their medicines were supported by appropriately skilled and qualified staff. They had received training and competency checks and had a good understanding of the risks associated with the medicine people were taking.

Staff received appropriate induction into their role and learning opportunities were made available.

Staff said they felt supported in their role. They told us they received regular supervision and had a yearly appraisal.

Staffing levels met the needs of the people using the service. Staff had been recruited safely.

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 had good access to healthcare services.

People, their families and other professionals had been involved in an assessment before the service provided any support. The assessment had been used to create care and support plans that addressed people's individual identified needs. Staff demonstrated a good understanding of the actions they needed to take to support people.

A complaints procedure was in place and people told us they were confident, and concerns would be dealt with appropriately by management.

Staff were supported and encouraged to share ideas about how the service could be improved and had been pro-active in supporting changes. They spoke enthusiastically about the positive teamwork and support they received.

The provider had good systems in place to support staff to learn lessons and implement change.

Rating at last inspection: We previously inspected the service on 18 and 20 January 2017 and rated the service good.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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?

The service remains safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remains effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remains caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remains responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remains well-led

Details are in our Well-Led findings below.

Good ●

Portsmouth Rehabilitation and Reablement Team (ILS)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure we could access the service.

Inspection team:

The inspection visit was carried out by one inspector. A second inspector spoke with people and relatives over the telephone to obtain feedback.

Service and service type: This service provides a short-term facility for people who may need care, support, equipment or rehabilitation. The service integrates health and social care and includes nurses, social workers, physiotherapists, occupational therapists and rehabilitation assistants.

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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including the safeguarding team.

What we did:

We spoke with the registered manager, the modern matron, the service manager, eight members of staff and we obtained feedback from 12 members of staff. We spoke with seven people and five relatives. We reviewed a range of records. This included five people's care records and medication records; Staff recruitment, training and supervision records; Records of accidents, incidents and complaints; Audits and quality assurance reports; Policies and procedures.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe and supported by members of staff. One person told us, "They make me feel safe. Knowing they're right behind me gives me the confidence to do more".
- Staff were aware of how to recognise abuse and protect people from harm. They felt confident raising any concerns with managers and were aware of the whistle-blowing policy. A member of staff said, "I have complete confidence in the managers ability to deal with any issues concerning the safety of our patients". Another member of staff commented, "I have personally reported a care home twice to the safeguarding team. There are a number of Acts of parliament relevant to safeguarding (Children Act 1989, 2004 & Care Act 2014) and Solent NHS has a safeguarding policy which was recently updated (April 2019)" and "I have also attended the Hoarding Forum Multi-Agency meeting which shares good practice and how best to manage the clients who put themselves and others at risk due to hoarding. Concerns are reported to the Multi Agency Safeguarding Hub based in Civic Offices".
- Information about how to report safeguarding concerns was readily available in the locations office and people using the service were provided with relevant information if they had concerns.

Assessing risk, safety monitoring and management.

- Staff were consistently positive about the arrangements in place to mitigate risk. Comments from staff included, "Patients are assessed by the Assessment Team when they first come onto our service" and "We will double up if client needs reflect this, whether this is for moving and handling or for safety risks for the staff" and "As a MDT service staff are able to and do pull on the experience of other team members to assess, monitor and mitigate (were possible) risks. We work using a strengths-based service model with an understanding of positive risk taking and self-determination" and "We mitigate risks where possible whilst sharing an understanding that in order to support individuals to live as independent lives as possible there will be risks".
- The registered manager and the provider had effective governance systems in place to monitor risks associated with people's care. Risks were frequently reviewed during team meetings and management meetings.
- Risk assessments were detailed and contained accurate information which staff told us they found useful.

Staffing and recruitment.

- Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There were sufficient numbers of staff available to meet people's needs on the day of our inspection and records showed these staffing levels were routinely achieved. People told us staff never missed any calls to them and they stayed for as long as people needed them.
- A member of staff commented, "We do at times need to use bank health care workers and nurses to

support our service, however we ensure that any individual working with us receives an appropriate induction. We will also rota bank health care support workers with experienced rehab assistants on assistance of two visits to ensure we work to our high standards".

Using medicines safely.

- Where needed, people told us they received appropriate support with their medicines and the timings of calls would be based around this.
- There was a clear medication policy and procedure in place to guide staff on, recording, handling, using, safe-keeping and safe administration of medicines. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines.
- Regular checks and audits had been carried out to make sure that medicines were given and recorded correctly. Medication records were appropriately completed, and staff had signed to show that people had been given their medicines.

Preventing and controlling infection.

- Feedback from relatives and case study documentation demonstrated how staff worked to ensure people were supported to maintain good skin integrity and to be free from infection.
- A member of staff commented, "We have regular training and hand hygiene assessments. Relevant aprons, gloves, foot protectors and alcohol gel". Another member of staff commented, "We are co-located with our health colleagues and there is a leaflet above sinks showing what you need to do when washing your hands, also we have sanitizer which is easily accessed".
- The infection prevention link nurse told us they attended infection control updates twice a year and that two assistants from the RRA and GRA team were responsible for promoting good infection control practice within PRRT.

Learning lessons when things go wrong.

- All incidents and accidents that occurred were reported to the relevant external organisations and investigated.
- Where investigations identified trends or opportunities for learning this information was shared promptly with staff to prevent similar events from reoccurring.
- Analysis of staffing levels and risk assessments relating to providing care and treatment in the winter months detailed lessons learnt and care provided. The registered manager said, "Winter was tough, but we done really well".

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The PRRT consists of a range of health and social care professionals, including nurses, physiotherapists, occupational therapists, social workers and rehabilitation assistants. They worked together as a team to support people to rehabilitate and recover, and either regain their independence completely or stay at home with an ongoing package of care from another provider.
- A member of staff commented, "We encourage all our staff to attend the training on completing a Strength Based Assessment and Support plan for our client. We also make best use of the client's own network of support; voluntary services and we use new technology to enable clients to remain living independently.
- Another member of staff commented, "As a social worker I work under the guidance of The Care Act 2014. This allows me to work in more of a person-centred approach and provides the client greater control of their lives. I also follow the guidance of The Mental Capacity Act 2005. I also comply with the requirements of the Health and Social Care Act 2008 in regards to hand hygiene and infection control".

Staff support: induction, training, skills and experience.

- People told us they felt staff were knowledgeable and experienced. One person told us how they felt that staff recognised when they needed support quickly and took action to support them such as contacting other health professionals.
- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. They received an induction and ongoing programme of training. A member of staff commented, "I receive formal monthly supervision, I also have separate sessions booked where we reflect on the competencies noted in Leadership Qualities Framework in Adult Social Care".
- Staff were knowledgeable about the people and topics we asked them about.
- Staff told us the training was good, relevant to their role; and they felt well supported to deliver good standards of care. A member of staff commented, "I do feel that I am supported by my Manager. I know that if I had any concerns about anything relating to work or even personal his door is always open" and "I have regular supervisions and yearly appraisals".
- Records demonstrated staff were subject to competency assessments to assess their skills and ability to perform their responsibilities effectively. Areas on learning and development included, wound care managements, catheter and sheath care, medication and dementia training.

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

- Not everyone we spoke with required support with their meals but those who did told us staff helped them to prepare meals, until they were able to do this for themselves. They told us staff always asked them what they wanted and prepared this how they liked.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff consistently told us the service worked well because of the variety of healthcare professionals involved in people's care. One member of staff said, "Anytime there is a change in need or we need advice about something then we have all the professionals in the office to ask. It's sorted out really quickly".
- People told us they received effective care in a timely way. One person said, "They come at the times they are supposed to, and they are never in a rush".

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.

We checked whether the service was working within the principles of the MCA.

- Records evidenced people had been supported to be involved in decision-making which included the consideration of different options to identify that which was the least restrictive. Staff knew the process for referral where it was thought people may be deprived of their liberty whilst receiving care in their own homes.
- A member of staff commented, "I support members of the team to undertake formal mental capacity assessments (as required) however also recognise that mental capacity/ best interest decisions are being made daily whilst we support individuals through the rehabilitation process" and "We consider least restrictive options and take in to consideration any known wishes/ directives. We do not assume a lack of capacity and take all practicable steps to support individuals to make informed decisions".
- Documentation demonstrated when best interest decisions were made with the relevant parties. A member of staff commented, "I have chaired Best Interest meetings, one case in particular involved a lady who was in residential care but wanted to return home, this lady did get to return to her home with a live in carer".
- Staff received training in how to apply the MCA and people told us staff always sought their consent and their wishes were respected.

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

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

- People and their relatives consistently described a kind and caring service. One relative told us, "They're absolutely amazing. They really cared, and you could tell they loved their job. Their attitude towards us was amazing and I can't fault them. Nothing was too much trouble. I miss them dreadfully". A second person told us, "I can't fault them, the nurses and carers are wonderful. They're always smiling, and we have a laugh". They described staff as "Very respectful, friendly, kind and caring".
- People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation.
- Peoples' preferences and choices regarding these characteristic were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. The registered manager said, "Everyone has different needs, but we always make sure people are treated fairly".

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

- People and their relatives told us they were asked before they received support how the service could help them. One relative told us, "They really involved both of us in the care plans". They all told us that staff always checked with them beforehand what support they wanted and if they were happy with the support provided. People told us they made their own decisions about support and this was respected.
- A member of staff told us how they involved a person when supporting them and assessing their capacity to make a decision about their care. They commented, "After establishing she lacked capacity surrounding this decision a best interests meeting was held with appropriate members of the care home, mental health team, GP and later family views and all options were considered".

Respecting and promoting people's privacy, dignity and independence

- People told us that the service had helped to build their confidence and independence. One person said, "They got me back on my feet and cheered me up". A relative told us, they really helped (relative) get her independence back".
- People and their relatives described staff that treated them with dignity and respect. One person who required support with their personal care told us, "They never make me feel embarrassed". One relative explained how a staff member had given them a sign to put up to reinforce that although their loved had was living with dementia, they could still understand, should always be spoken to and not ignored.
- There were policies, procedures and training in place to give staff guidance about treating people with privacy and dignity. People told us that they were always given choices and that they were treated with dignity and respect. Staff explained to us how they made sure people received support with their care in a

way which promoted their dignity.

- The registered manager provided us with a number of case studies which demonstrated the service was effective in supporting people to maintain independence and recovery.

Is the service responsive?

Our findings

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

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

- It was evident from talking to people and their relatives that PRRT provided a person centred and responsive service based on individual needs. One person told us how the staff made suggestions about things that would help people rebuild their strength and independence following hospital stays.
- A relative told us, "They were on the ball with everything and didn't miss a thing" and "they went beyond what was needed". They then described a time a staff member provided support over and above the package of care.
- A second relative told us how without the staff member recognising and responded quickly they never would have known their loved one had suffered a mini stroke. They told us, they identified it really quickly and got her into hospital".

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.

- We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with staff and relatives, where those needs related to a disability, impairment or sensory loss.

Improving care quality in response to complaints or concerns.

- People had information about how to complain about the service. This information was also displayed at the registered locations office. Relatives told us they were satisfied with service provided. One relative told us they had complained about one member of staff and said this was addressed quickly and the staff member didn't go back to support their loved one.
- There had not been any complaints. The registered manager told us about the process in place to act upon any complaints they received. They told us complaints would be used as an opportunity to improve the service.
- A member of staff commented, "There is a formal complaints procedure which individuals are welcome to follow if they wish to, this can be via PALS or the local authority complaints team depending on the complaint. They can also contact CQC. If individuals are not happy with the response to their complaint they can contact the Ombudsman".

End of life care and support.

- No-one was receiving end of life care.
- The service did not routinely provide support for people at the end of their lives.
- When feedback back about the quality of end of life care provide, a professional commented, "It has been

fed back today that the family friend said how marvellous he was in there and they were so grateful for his visit and his sensitivity and he was wonderful to them all".

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred 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

- People were consistently positive about the quality of care provided. One person described it as, "Absolutely first class, second to none". A second person said, "I'm well and truly satisfied, even more than that actually". A relative described how they felt they had "been spoilt" with PRRT and another said, "I'm not sure I would have managed without them. I wish I could keep them forever".
- A member of staff commented, "The staff within PRRT are a true team, but care for one another like a family".
- The management team had developed a positive culture which was open and transparent and valued the importance of providing high quality care. Discussions with staff demonstrated they shared the same culture and values. A member of staff commented, "There are days when I feel blessed because I work in PRRT".
- Staff demonstrated a commitment to providing high quality, person-centred care. They told us they would be confident for a relative to use the service.
- Staff told us they enjoyed working in the service and felt treated fairly by the management team.
- The management team and staff demonstrated that they had a good understanding of equality, diversity and human rights in order to provide safe, compassionate and individual care.
- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this.
- The provider and the registered manager understood their responsibilities and were aware of the need to notify the CQC of significant events, in line with the requirements of the provider's registration.

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

- The registered manager and staff had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care.
- Staff told us they felt supported by the management team. Comments included, "I am well supported by those around me, the team are very approachable and responsive to anything I need support with/if I need any information" and "I do feel supported by my manager, she will always respond to e-mails, is readily available or if busy she will offer a time when she has space. She does offer constructive criticism in a positive manner, which ensures I reflect my practice and the impact it can have on others".
- There were robust systems in place to effectively monitor the quality and safety of the service. Audits included detailed training requirements, support and supervision statistics, IT systems, numbers of people

using the service, outcomes and recruitment.

- Accidents and incidents were analysed to identify any actions needed to prevent reoccurrence.

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

- People and staff were engaged and felt able to speak up freely, raise concerns and discuss ideas.
- People and their relatives were given opportunities via feedback and meetings, to comment on the service provided.
- Staff meetings were organised for all staff to give them an opportunity to discuss any changes and raise any suggestions.
- All the feedback received was used to continuously improve the service.

Continuous learning and improving care.

- Staff were positive about the improvements the service had made since the last inspection. One member of staff said, "We have employed different job roles which allows us to provide a better and more flexible service".

Working in partnership with others.

- Records consistently demonstrated the management and staff worked effectively with the NHS, the local authority and other healthcare organisations.
- The registered manager was the Chair of the Portsmouth Registered Managers Network meeting, supported by Skills for Care, which is a forum to offer peer support, to share learning and to develop registered services in Portsmouth.
- A member of staff commented, "I feel the service is a great example of integrated services with a common goal" and "We are in regular contact with external healthcare professionals as the service is a short term one. We regularly joint work cases in order to provide continuity of care from their usual healthcare support with an enhancement from our service to reduce likelihood of hospital admission".