Cambridgeshire County Council

Huntingdon Re Ablement Services

Inspection report

Hinchingbrooke Hospital
Re Ablement Team Room
Huntingdon
Cambridgeshire
PE29 6NT

Tel: 01480416088
Website: www.cambridgeshire.gov.uk

Date of inspection visit:
18 January 2017
19 January 2017

Date of publication:
13 March 2017

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

Huntingdon Re ablement Services is registered to provide personal care to people living in their own homes. The aim of the service is to enable people to regain as much independence as possible after illness or hospital admission through the provision of an interim care package for up to six weeks. The service also provided support for people to avoid admission to hospital and mainstream domiciliary care. At the time of the inspection there were 55 people receiving personal care support from the service and there were 44 support staff employed.

This comprehensive inspection took place on 18 and 19 January 2017 and was announced

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 had their needs assessed and reviewed so that staff knew how to support them to improve their independence. People's support plans and goals contained clear information about the person. The information was up to date and correct. People had risk assessments completed and staff had the necessary information they needed to reduce people's risks. People were respected by staff and staff treated them with kindness.

There was a system in place to record complaints. This included the outcomes of complaints and how the information was used to reduce the risk of recurrence.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and could describe how people were supported to make decisions. Training had been provided by the service and staff were aware of current information and regulations regarding people's care. This meant that there was a reduced risk that any decisions made on people's behalf by staff would not be in their best interest and as least restrictive as possible.

The risk of harm for people was reduced because staff knew how to recognise and report abuse. Staff had completed all training required by the provider. There was a system to ensure that staff received further training to update their skills.

The provider's recruitment process was followed and this meant that people using the service received care from suitable staff. There was a sufficient number of staff to meet the needs of people receiving a service.

Staff meetings, supervision and individual staff appraisals were completed regularly. Staff were supported by care co-ordinators, senior reablement support workers, the reablement manager and the registered manager during the day. An out of hours on call system was in place to support staff, when required.

There were systems in place to monitor and audit the quality of the service provided. This meant that the provider was able to drive forward the necessary improvements needed.

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's prescribed medication was administered by staff who followed safe practices and the providers policy. Risks to people's safety and welfare were assessed and managed.

People were protected from harm because staff understood what might constitute harm and what procedure they should follow.

The recruitment process ensured that only suitable staff were employed to work with people they supported.

Is the service effective?

Good

The service was effective.

Incidents had been reported and investigated to ensure people's health and wellbeing was maintained.

Staff had completed training to enable them to meet people's support needs. Training in the Mental Capacity Act 2005 had been provided as well as updated training that was required by the provider.

People were supported because links with health and social care professionals were excellent.

Is the service caring?

Good

The service was caring.

People were encouraged to improve their independence.

Records showed that people were involved in the decisions about their care.

Is the service responsive?

Good

The service was responsive.

There was a system in place to receive and manage people's concerns and complaints. Outcomes from complaints had been used to reduce the risk of recurrence.

People were involved in the assessment and reviews of their care and support needs. People received individualised support from staff who were responsive to their needs.

People were involved in the transition between services. The service was flexible to ensure changes in people's supports were made.

Is the service well-led?

Good

The service was well led.

The registered manager understood their responsibilities.

Audits had been completed and issues identified to improve the service.

Staff were supported by the registered manager and staff in the office.

Huntingdon Re Ablement Services

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 was completed by two inspectors and took place on 18 and 19 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. The provider had 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 improvements they plan to make. We reviewed the information to assist us with our planning of the inspection.

During the inspection we visited the agency office where we spoke with the registered manager, senior care co-ordinator, three senior care staff and two care support staff. We also spoke with five people who were using the service and one relative. We spoke with four health and social care professionals who were part of the discharge planning and one prison head of social care.

We looked at four people's support records; complaints and records in relation to the management of the service.

Good

Is the service safe?

Our findings

People felt the service was safe. One person said they felt safe because they had a key safe and "staff 'scramble' and unscramble' the codes" to protect security of the key and their home. The prison head of social care told us that staff from the reablement service had reassured people that their safety was their main concern and that they "…have maintained a safe environment both physically and emotionally for our [people using the service] in need."

Staff confirmed that they had undertaken training in safeguarding people from harm and were able to explain the process to be followed when incidents of harm occurred. One member of staff said, "I would report and document straight away. My first port of call is my line manager. If there was no response from them I would go and report under the whistleblowing [policy]." We saw that training records showed staff had received training in respect of safeguarding adults which was in line with safeguarding policies. There was information about safeguarding in the form of a leaflet that was part of the folder given to each person who received care from the reablement team. This showed us that there were processes in place to reduce the risk of harm to people who used the service.

People were kept safe because risks were assessed and measures were put in place to manage those risks. People told us they had been part of the assessments and were encouraged to take reasonable risks to ensure their improvement to independence. One person told us that the support they received from staff in the service had "tremendously" increased their confidence. There was evidence in people's files that showed relevant risk assessments such as environmental risks and mobility had been completed. Staff told us that they checked risks each time they visited to observe and check in case the person needed 'something'. The information would be discussed and any readjustment in the risk assessment would be made. Advice from health professionals was requested where necessary and their input was recorded in people's risk assessments. This meant staff were up to date on how to manage people's areas of risk effectively.

There were records of accidents and incidents, which demonstrated that actions were taken to reduce the risks of the person having similar experiences. For example there were some missed calls where staff had failed to attend to support people. This was because of miscommunication. As a result a more robust procedure had been put in place so that confirmation of any changes of the rota for staff calls was verbal and sent by email or text.

There were sufficient numbers of staff to meet the needs of people they supported; and staff confirmed this to be the case. People told us they did not always have regular staff who visited them but also said they did not have an issue with having different staff. One person said, "I roughly know what staff will be visiting." Another person told us they often had the same staff and "gets used to them." People confirmed that staff arrived within a reasonable time and stayed to provide the support they needed. The registered manager said that the times for people were flexible as the service aims was to encourage and enable people. This meant there were times when the expected length of call was different (usually longer) to provide people with the support they needed to get back to independent living. Staff told us that if staff went off unexpectedly (annual leave or sick leave) they would make phone calls to other staff to cover those calls to

support people. One staff member said, "We all work well together and back each other. There are no timed calls we give the time that people need."

Information from the provider, and records showed that safe and effective recruitment and selection processes were in place. These processes ensured staff were of good character, physically and mentally fit for the role and able to meet people's needs. New staff said they had attended a face-to-face interview and all checks, including a disclosure and barring criminal records check (DBS) had been completed before they had started work. One staff member said, "I was called for an interview with two people [senior staff]. The DBS and references took some time." The staff member confirmed they only started work once satisfactory checks had been made.

Most people we spoke with told us they managed and administered their own medication. Staff said that people were encouraged to be independent in administering their own medication as part of the reablement process. One person was happy about the support staff gave them and told us they had assistance because medication patches had to be applied in alternate body sites that they were unable to reach. Information from the provider showed that there had been three medication errors in the last year. Information on staff files showed where further training had been provided to those who had made errors. There was also evidence that competency checks for those staff had been completed by senior staff. This was to make sure that staff were competent and confident to support people with their medication.

Information from the provider showed that 'We have introduced an audit process for checking completed medication administration record (MAR) charts to ensure compliance to medication standards'. We saw evidence that audits had been completed in relation to MAR charts and the action the senior staff intended to take.

People could be assured that staff had received the necessary training and had their competency checked to be able to administer the medication safely. Information from the provider, and staff confirmed that training in medication administration had been provided and they attended regular updates each year. One new member of staff said, "I cannot administer medication [to people using the service] until I've been given the training. I know that once I've done the training my competency is checked."

Good

Is the service effective?

Our findings

People told us they felt the staff were capable and knowledgeable and able to meet their needs. One person had commented that they saw different staff but that did not bother them as "staff know what to do." New staff told us there was a 'good induction' and said they were expected to complete the new Care Certificate, which provided the training they needed to be able to care and support people using the service. The Care Certificate is a nationally recognised qualification for health and social care staff. Other staff told us there was a comprehensive training package which supported them in their roles.

Staff were knowledgeable and had received training in areas such as mental health, safeguarding people from harm and continence care. Records provided details of the initial training courses and refresher courses staff had undertaken. One member of staff said, "I've done lots of training; food hygiene, food and nutrition and dementia awareness. I really enjoyed that. We learned a lot about dementia, how it works on the mind. We had someone come in to talk about it." Another member of staff who provided care in a prison setting said that extra training was provided in relation to personal protection.

Staff were supported through one to one supervision every month and a yearly appraisal. One staff member said, "We get supervision every month and can talk to the care coordinator at any time. We can highlight issues as the senior talks to their line manager and things are done. We are given positive and negative feedback. There are meetings for seniors. I get an appraisal twice a year."

Information in the PIR showed that the registered manager was an active member the Cambridgeshire Training Standards group. This group viewed and approved training standards and suggested improvements in the content of the training offered to staff. This meant that staff had the most up to date information in their training.

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 whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people's rights were being protected from unlawful restriction and unlawful decision making processes. At the time of our inspection the staff we spoke with said that people who received a service had the mental capacity to make decisions about their care.

People who used the reablement service had been discharged home from hospital to continue their rehabilitation back to independence. As such no assessments had been required under the principles of the Mental Capacity Act 2005 (MCA). The reablement service had procedures in place should the need arise and staff were aware of these and had received training in the application of the MCA. One member of staff said,

"Mental Capacity Act training makes you look again. We look at their [people's] capabilities, look at their best interests." People we spoke with said they were able to make choices for themselves.

People told us their health and mobility had improved since they left hospital and received the support of the reablement service. One person told us they were now walking with one walking stick instead of two and "aiming to walk with no sticks at all" as this was part of their planned care and future goals. Another person told us their mobility was progressing slowly with them managing to walk further each day.

People who received support with meal preparation and drinks said they were always asked what they wanted to eat and drink. One person told us staff always left food and drink within reach before they left and said, "They [staff] always ask me if I have fresh water to drink [nearby]. I love cold water. That's ideal." One staff member said, "We encourage people and find out about their likes and dislikes [in relation to food and drinks]. If they're not eating well we try to find out why. We ask them what they fancy [to eat and drink], present it nicely, give them small quantities." They went on to explain what they would do if the person did not eat over a period of time. This showed that staff knew the importance of ensuring people's nutritional and hydration needs.

Good

Is the service caring?

Our findings

People made a number of positive comments about the staff who provided their care and support. One person said, "They [staff] are looking after me as well as possible." They indicated that staff were caring because a staff member had encouraged them to "go back to bed and get up at lunch time" because they had slept poorly. Another person said, "They [staff] are always kind."

People were involved in decisions about their needs and how they wished to be supported. For example one person said, "I have been trying to follow a programme of exercise. I could hardly walk at all and now I am walking [short distances]." They went on to say that the staff were kind, patient and sociable. One member of staff talked about supporting people and said, "The nice thing [about the service] is watching people's progress in reablement. We talk to people and encourage by saying "This time last week you could only do X; now you can do Y". We get to know them."

People and a relative understood about the plans to reach their/ their family members independence and that their views were at the centre of the support provided by the reablement staff. One relative told us that the care for their family member was excellent and said, "The care is working. We've had very good results." Information about people's goals and risk assessments were on file and staff told us they read these each time they went into the person's home. One staff member said, "The first thing you do is look at the history sheets for updates of the care plan and risk assessments." This meant people could be assured that the support the Reablement staff provided was up to date.

People confirmed they often had regular staff to support them during the time they received the service. Staff told us there were times when changes were made to the rota, which meant they supported people they did not know well. Staff were clear that there would be sufficient information in the person's home to enable them to provide appropriate support.

The registered manager said that none of the people required representation from general advocacy services at the time when we visited. However, they were aware of organisations who offered this type of service. Advocacy services are independent and support people to make and communicate their views and wishes.

The prison head of care told us that staff from the reablement team had "…demonstrated their caring nature whilst providing social care." They went on to say that people who received the service had "…on a regular basis spoken of the high level of care" provided.

Good

Is the service responsive?

Our findings

People understood that the service was to rehabilitate and enable them to get their independence back as far as possible. One person had received the service since December 2016 following an acute hospital admission. They said that they received support with their personal care, which 'fostered independence' to get them walking again. One relative told us that the support provided by the service helped them maintain their identity as the main carer and role of being a housewife.

People had updated support that was planned with them because each day staff talked with them about their changing needs. This was to ensure the service met their needs and their health and wellbeing had improved. We looked at people's support files and they showed where people's health and mobility had improved there was evidence that review sheets and progress notes had been completed and signed by the person. We saw that goals had been set then reassessed when needed. One person explained how they were not rushed by staff. They said, "They don't do it [personal care] for me. They watch me and do what I can't do." One staff member said, "We see how people are each time we visit. Where things have changed risk assessments are updated and the goals are re written. Sometimes there might need to be more calls and then a senior [staff member] would visit the person and more calls would be put in place." One person told us they had been part of the review of their care "about one month ago", but were unsure when the next review was to take place.

We saw that there was information which explained how people could make a complaint and that telephone contact details were available. This was located in people's folder which was provided during their care. People were aware of how to complain if needed, but were keen to say there were no complaints about the service. One person told us they were aware of the complaints procedure and had the telephone numbers "to hand" but had not had to use them as "…I'm very satisfied [with the care provided]." Staff told us that where someone had been discharged from hospital they were given a patient advice liaison service (PALS) leaflet in their pack of information, which gave telephone numbers if people wanted to raise any issues with the service provided. This meant people had a variety of methods to raise any issues or concerns.

The prison head of social care said the reablement team had managed to ensure people were provided with the support they needed. This had meant people did not have to recover from illness or an operation in the hospital. They went on to say, "The teams effectiveness has been a major contributing factor to reducing time spent "bed blocking" and also a source of comfort to [people] whose need is catered for within the establishment. The team have been considerate and respectful in their responsiveness to individual needs and requests. They have responded to requests for assessment and provision of services I can only state that we have been overwhelmed by the delivery of both."

The registered manager told us that referrals were received from the community and local acute hospitals. Information in the PIR showed that the service was 'responsive and proactive and arrange face-to-face meetings to discuss the service and what can be offered.' There were information leaflets together with the telephone numbers for the service, for people to use should they wish to do so. We checked the files of

people and they showed people had their care needs and support planned with them and their relatives to ensure the move from hospital to home was as seamless as possible.

Health and social care professionals who were involved in ensuring the smooth transition between the hospital and home were very positive about the service. They were involved in discharge planning and told us of the close relationship with the reablement service. It was evident that there were daily meetings that ensured people were at the centre of the service. Health and social care professionals made positive comments such as, "It feels like joint working; one service", "there are creative care packages despite the financial divisions" and "It's an invaluable service where it bridges the gap and is part of a lot of joint working." One health professional told us that by having the service based in the hospital had fostered very good relationships and they went on to say, "What I like is it's always about the individual [person using the service]."

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. The registered manager understood their responsibilities and had support systems in place to enable them to manage the service. The registered manager was supported by a head of operations, a reablement manager, four care co-ordinators, three care managers, four assistant care co-ordinators, six senior reablement support workers and 44 support workers.

The prison head of social care said that they had been impressed by the registered manager and reablement manager for their "drive and determination to change the working practices to include the provision of social care within a prison setting." They felt this had been "…inspirational and this has obviously rubbed off on the team." One health professional said that the leadership style of the reablement manager meant that staff responded and that they were very knowledgeable but understated. They went on to say, "It doesn't matter who approaches them [or about what] they're a 'can do' team."

Staff told us they felt supported by the registered manager and other managers. One staff member told us the managers' door was always open and they were all very approachable, and others agreed. Staff said there were regular team meetings and we saw minutes of the January 2017 meeting of the coordinators and October 2016 support workers staff meeting. The minutes included information about issues arising from the last meetings which showed what had been done. For example some staff had signed up to the Social Care Commitment champions, although other staff had yet to do so. According to the Skills for Care, "The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services". Information in the minutes showed areas of practice improvement, such as medication errors/recording, flu vaccinations, extra shifts as well as feedback from people who had used the service. One staff member said, "All you want is a thank you [in doing a good job]. [Name of registered manager and reablement manager] appreciate what we do. They read out thank you cards and letters [from people who use the service] at the staff meetings." Staff told us that they received a copy of the minutes if they had been unable to attend. This meant staff had the information they needed to improve the service.

People could be confident that there were procedures in place to review the standard of support workers performance. This was done through monitoring by senior staff who visited support staff during their visits to people. There was a staff training and development programme in place.

Support workers were aware of the values and aims of the service, which was about rehabilitation. One member of staff said, "This is reablement and encouragement and reaching goals. It's a natural response to help [people] but by working with more senior staff we are guided to enable people."

The provider had sent out questionnaires to friends and family of people who used the service in January 2017 and there had only been one returned at the time of the inspection. People were taken a questionnaire by the senior support workers when they (the person) moved on from the support provided by the service. This was to give feedback on the quality of the service provided. The registered manager said that although the information was fed into the monthly quality of care audit, that it was not just this service (Huntingdon Reablement Service) that the report related to. This meant the information was not always used or recorded

to improve the specific service. However there had been no specific negative comments that would have required changes in the service.

The registered manager was aware of the incidents that occurred within the service that they were legally obliged to inform the CQC about. Records we held about the service, and looked at during our inspection confirmed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about.

Information in the PIR showed that there were audit processes in relation to areas such as case notes and medication administration record charts. The registered manager said that the audits were completed and had identified issues. These issues, such as MAR chart completion, had been actioned and staff had either had further training in the administration and recording of medication and/or competency checks where necessary. We discussed with the registered manager the need to record all outcomes and responses where omissions had been found or information changes were required.

Health and social care professionals said that the communication between the services was "very open and we can challenge and accept the challenge." They said they felt listened to and that staff always talked about a person's capacity and choice. They found that they were able to 'problem solve' at the daily meetings, which meant the services could change and adapt positively for people who needed the support. They felt that as a result the best outcomes were to get people back living at home.

Staff told us that the service had a policy and procedure in place in relation to 'whistleblowing' so that they could report any poor practice and would do so if necessary. Staff felt they would be supported but had never had to raise a whistleblowing concern.

The prison head of social care said that leadership within the service had been the main contributor to the success of the development and delivery of social care within the prison. They went on to say, "The leadership has been visible to the staff at both ends and has taken a hands on approach to the delivery of care. At an early stage the managers felt that they needed to ensure that their staff had training to deal with the change in working practices and also in working within a prison setting. We set out our wish list for what we would like to provide staff with and have achieved all that was on that list. This is no small way due to the direction and hard work of those managers within the Huntingdon Re ablement team."