London Borough of Haringey

Haringey Community Reablement Service

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was announced. We informed the provider two working days beforehand to ensure that key members of the management team would be available.

Haringey Community Reablement Service provides a domiciliary care service to adults of any age in their own homes. The service aims to offer a period of intensive reablement for up to six weeks to help people regain their independence after a period of ill health or hospital stay.

Summary of findings

We inspected the service on 30 July 2014. At the time of our visit, the service was providing personal care for approximately 30 people living in the London Borough of Haringey. However, the short-term nature of this reablement service meant that up to 600 people a year used the service.

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

Feedback from people using the service and involved community professionals indicated that the service's aim of supporting people with regaining independence was being achieved. Comments included, " Overall they were good" and "I cannot praise them highly enough." Most people felt they would recommend the service to friends and family.

People told us they felt safe when using the service. The service promptly assessed risk to new people using the service, and took action where concerns were identified. Allegations of abuse were responded to appropriately, and the service took action to help protect people and minimise the risk of reoccurrence.

The service had an established staff team since its inception in 2012. Staff were comprehensively trained when the service began and there was ongoing training. They received good support from the management team. There were enough staff to visit people at their preferred times. This helped to provide support to people with regaining their independence.

People told us that care workers were caring, kind and treated them respectfully. We saw examples of how the service respected and valued people. People were made to feel that they mattered.

The service listened to people and responded to their views, for example, in acquiring equipment to aid independence and with arranging visits at times requested by people. The service liaised well with community professionals in support of meeting people's needs.

Most people said they knew how to make a complaint if they needed to, and that the service responded if they had raised concerns. We found that the service investigated complaints well and took action where needed.

Some aspects of the service were well managed. A service development plan was in place in response to the views of people using the service and other stakeholders. The manager had visited the reablement team in a neighbouring local authority, to help develop and share good practice and feed into the development plan.

However, there was a lack of consistency in how well the service was managed and led. For example, there was little oversight of the supervision of individual staff members, or of checks of the quality of their support to people, to ensure that each staff member received effective support and guidance. The provider did not consistently make checks of improvements to the service, to ensure that planned improvements had been effectively implemented. This did not represent a breach of regulations but failed to assure us of a consistently well-led service.

Summary of findings

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 told us they felt safe when using the service. Staff understood how to safeguard the people they supported. The service responded to allegations of abuse appropriately, and took action to help protect people and minimise the risk of reoccurrence.

The service promptly assessed risk to new people using the service, and took action where concerns were identified. We found that the Mental Capacity Act 2005 Code of Practice was being followed. The service had an established staff team since it began in 2012. There were enough staff to visit people on time and help keep people safe.

Is the service effective?

Good

The service was effective. Everybody we spoke with felt that the support they received enabled them to be as independent as they could be. This indicated that the service was meeting its reablement aims. All community professionals and most people using the service said that they would recommend the service to a member of their own family. The service liaised well with community professionals in support of meeting people's needs. We were assured of the effectiveness of the service in respect of people's health and welfare.

Staff were comprehensively trained when the service began in 2012, and received updated training regularly. They received good support from the management team. This helped them to support people to regain independence.

Is the service caring?

Good

The service was caring. People told us that care workers were caring and kind, listened to them, and treated them respectfully. We saw examples of how the service respected and valued people. This included listening to people's views on the service they wanted. People were made to feel that they mattered.

The service checked on people's views during and after reablement packages. Efforts had been made to improve on the consistency of care workers visiting people as a result of this. This helped assure us that people's feedback was used to improve the quality of care.

Is the service responsive?

Good

The service was responsive. People's feedback indicated that staff aimed to provide support that was responsive to their individual needs. We found that the service responded to people's views and requests, for example in acquiring equipment to aid independence and with arranging visits at the times requested.

Summary of findings

Most people said they knew how to make a complaint if they needed to and that the service had responded if they had raised concerns. We found that the service investigated complaints well and took action where needed.

Is the service well-led?

Requires Improvement

There was a lack of consistency in how well the service was managed and led. For example, there was little oversight of the supervision of individual staff members or of checks of the quality of their support to people, to ensure that each staff member received effective support and guidance. The provider did not consistently make checks of improvements to the service, to ensure that planned improvements had been effectively implemented.

However, some aspects of the service were well managed. A service development plan was in place in response to the views of people using the service and other stakeholders. The manager had visited the reablement team in a neighbouring local authority to help develop and share good practice. There were reports showing that the provider had an overview of the service's progress and effectiveness.

Haringey Community Reablement Service

Detailed findings

Background to this inspection

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 improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with information we held about the service. The service met the regulations we inspected against at their last inspection on 16 January 2014. We also reviewed the results of questionnaires we had sent out. 13 people using the service, seven community professionals, and 24 staff members replied to these questionnaires.

We inspected the service on 30 July 2014. This was an announced inspection, which means the provider was informed two working days beforehand to ensure that key members of the management team would be available in the office.

The inspection team consisted of an inspector, a specialist advisor to help consider the care and support of people using a domiciliary care service, 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.

During the inspection visit we spoke with three staff members and the registered manager. We also spent time looking at paper and computer records, which included five people's support records, and records relating to the management of the service.

Following our visit we asked the manager some further questions and reviewed management records that we had asked the manager to give us during and after the visit. We visited and spoke with two people using the service in their homes with their permission. We also spoke on the telephone to 14 people using the service. This was in order to gain the views of more people about the quality of the service provided.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

Everyone we spoke with said that they felt safe when their care worker was providing support. Comments included, "They all show their identification" and "They come in the evening to check if I'm OK." Community professionals also fed back to us that the service helped to make sure that everyone was safe from harm.

We saw that the service had procedures for safeguarding adults from abuse. The last staff meeting records documented that staff were given a local authority safeguarding card that had key information on what to do if they suspected abuse of people using the service. All of the staff we spoke with could clearly explain how they would recognise and report abuse. Staff told us that they received regular training to make sure they stayed up to date with the process for reporting safety concerns. Records confirmed that this training last took place earlier this year.

We saw records indicating that there had been two safeguarding incidents associated with the service this year. Both were alleged thefts from the person's property which the management team had correctly referred to the local authority's safeguarding team. One case involved bogus visitors, the other was that some possessions had gone missing during a period of time when the person had had visitors including the service's care workers. There was evidence that the service had taken action to help protect people and minimise the risk of reoccurrence. For example, we saw a memo to all care workers reminding them to show their identification badge and wear uniform at all visits to people, and to remind people they were visiting about safe practices when answering their door. Records also demonstrated that the service was kept informed of the progress and outcomes of the safeguarding investigations. There were no allegations upheld against staff working for the service. We were assured that the provider had taken reasonable steps to help safeguard people using the service from potential abuse.

We looked at the care records of three people using the service at the time of our visit and of two people who had recently finished their reablement package. Risks to people were assessed, managed and reviewed. There was a risk assessment in place for each person, set up by the senior staff member who first visited them. These assessments were individual to each person, but focussed predominantly on environmental risks such as trip hazards.

We saw records showing that key risks and actions taken in response were communicated to involved care workers, and that a copy of the risk assessment was in the files kept in people's homes. The staff members showed awareness of keeping people safe from avoidable harm whilst respecting people's preferences, where possible. For example, one staff member explained the various stages of what they would do if there was no response when at someone's door for a scheduled visit. The principle was to primarily ensure the person's safety but then to respect the person's wishes if they did not want the scheduled support.

Feedback from staff and community professionals indicated that staff and managers at the service had been trained on and understood their responsibilities under the Mental Capacity Act 2005. Records we checked for people indicated that most had capacity to make decisions about the service being offered to them. Community professionals involved in setting up services for individuals made capacity assessments where needed and involved the person's next of kin to make decisions in the person's best interest.

The manager told us that there had been no recruitment of staff since the service began operating in 2012, and that all staff had been previous employees of the provider. Records demonstrated that staff had been re-interviewed for the role, and had received a ten-day training programme at the start of the service. This helped to provide them with the skills and knowledge to assist people with their reablement programme. The manager gave us comprehensive information on how the provider's human resources department kept ongoing checks of staff members' right to work in the UK, where applicable. We were therefore assured that the service was following safe recruitment and employment practices.

The manager told us there was a low turnover of staff with only one care worker having left in the previous year out of around 30 employed. They said there was capacity to increase care hours to respond to fluctuations in demand. Most people using the service said that staff turned up on time and stayed the agreed length of time. We were therefore assured that the service had enough staff to keep people safe and meet their needs.

The service had systems to address any concerns out of office hours. The provider ran a duty scheme and the management team also made themselves available to support people using the service and staff. The manager

Good

Is the service safe?

told us that by doing this since the service began in 2012, care workers had grown in confidence leading to the frequency of being called upon decreasing. These systems helped keep people safe outside of office hours.

Good

Is the service effective?

Our findings

The service user guide stated that its aim was to "offer a period of intensive reablement to people, for up to six weeks, to help them regain their independence after a period of ill health or hospital stay." Everybody we spoke with felt that the service's support enabled them to be as independent as they could be, and most people were happy with the care and support provided. Comments included, "I really appreciate helping me to recover regaining my independence after my accident….I walk much better, thank you", "I have been very impressed by the care I have received", and "The service is perfect in helping me re-gain my independence following a hip replacement surgery. It enabled me to leave the hospital knowing I would have the support I need temporarily."

Community professionals also provided positive feedback about the service. Most said that the service helped people to be as independent as they could be. They all said that the service acted on their instructions, and worked with other services when needed. Their comments included, "The service to date has been exemplary. I have found them to be both responsive and supportive whenever I approach them" and, "Any concerns they find are immediately reported and discussions are held on how best to support the client." All community professionals said that they would recommend the service to a member of their own family.

People's care records all included initial occupational therapy assessments from which the service based its support of people's individual reablement needs. The service then liaised with community professionals as needed, to support people's progress. For example, one person's records showed that a referral was made to the district nurse to review medication issues and assess continence needs. The district nurse visited the following day. During the inspection visit to the service's office, a staff member communicated some health-care concerns about one person to the management team. This was promptly passed onto an appropriate healthcare professional, and we established that equipment to support this person's welfare was in place soon afterwards. We were assured of the effectiveness of the service in respect of people's health and welfare.

The service provided some degree of support to people with food and drink, such as helping to prepare meals, or an initial shop after the person had returned from hospital. However, it was not the main focus of their service. The manager told us that, where people needed a verbal reminder for having lunch, they made a phone call. In one person's records, it was documented that care workers had responded to the person's short-term memory loss by leaving them a sandwich in the fridge for lunch and then telephoning them at lunchtime to remind them to eat. Although there was no lunchtime care provision, this sought to ensure the person was enabled to meet their own nutritional needs. Another person's records showed that they had met their goals for independence as they now had a trolley to transfer their food from the kitchen to the lounge. There had been a further review of the person's care in line with the end of their reablement package, and the service had liaised appropriately with other healthcare professionals to ensure the person's ongoing needs would be addressed.

Most people using the service and all community professionals felt that the service's staff had the skills and knowledge to provide the support required. One community professional stated, "Care workers are very interactive with clients as well as with other therapies involved in the individual's care and support." Staff told us they had received an induction before they started working with people unsupervised. We saw a comprehensive induction package for staff that started working for the service when it began in 2012. The induction lasted ten days. It included preparing staff for having the right values to support people to regain their independence and confidence, for example, through practical training on experiencing difficulties with getting dressed and using Zimmer-frames where flooring impeded movement. Additionally all staff had been previous employees of the provider, so had experience of supporting people with long-term and higher care needs in their homes.

The manager told us that they had offered some care workers opportunities for extended literacy courses at a local college to enable them to manage the expectation of increased record-keeping at people's homes and the use of hand-held communication devices. We noted that this had helped meet people's needs as the records we saw from people's homes were accurate, factual, and respectful in tone. This helped professional colleagues such as occupational therapists to monitor people's progress.

Good

Is the service effective?

All staff informed us that they received the training they needed to enable them to meet people's needs and preferences. We checked training records and certificates of four staff members along with a team training oversight document sent to us after the inspection. We established that staff had appropriate and up-to-date training, including for manual handling, health and safety, and safeguarding people from abuse. All staff had National Vocational Qualifications (NVQ) or equivalent accredited qualifications in health and social care from previous employment with the provider. Senior staff members had higher level qualifications. Records and feedback from the manager demonstrated that each staff member had a training plan within their annual appraisal, and that there was an overall training plan for the service to help expand and refresh on the core training that staff received. For example, training on malnutrition and dehydration had been identified for the staff team before our visit took place.

Staff told us that they received regular supervision, appraisal and support from the managers, and we saw records in support of this. They all said that managers were accessible, approachable, and dealt effectively with any concerns raised.

Good

Is the service caring?

Our findings

People told us that care workers were caring and kind. Their comments included, “All the staff are nice and friendly”, “They were always polite to me” and “Haringey employ very nice people.” People said that staff treated them respectfully and were polite. A typical comment was, “Yes they are respectful and did what I asked.” One person elaborated about this: “The care worker is wonderful and encouraging, coming morning and evening to help me in and out of the bath – it’s a bit strange at first being seen naked by a stranger – but the carer was well trained, gentle and helpful.” The community professionals we contacted all confirmed that people were treated respectfully by staff from the service. Staff told us they treated people respectfully. Their comments included, “We respect their choice” and “We aim to build people’s confidence, not by pushing them with goals but through engagement.”

We saw examples of how the service respected and valued people. One staff member told us, “Some of the people we meet in the community, it's a great pleasure to see them back on their feet.” The use of language within records of support visits to people’s homes was respectful, factual, positive about people, and clarified the support provided. We noted that staff had received training on dignity and diversity, including ‘a day in the life’ of people using the service by which to empathise more with people’s circumstances. The manager told us how care workers had been encouraged to respect people’s homes and the varied lifestyles they may come across, and how their actions can impact on people. For example, some staff had been trained on the clinical condition of ‘hoarding’ so as to better balance the safety of the service provided to individuals against respecting people’s attachment to their possessions.

People’s feedback indicated that staff from the service listened to them and involved them in planning their own support package. Comments included, “The supervisors who visit listen and offer sound advice.” Staff we spoke with confirmed this. For example, one staff member told us, “We always consider a person's views and opinion and work together with them in order to reach a goal, for example, being able to dress independently.” Senior staff told us that they asked people their preferred visit time when they first visited, and we saw that this was recorded and referred to when planning care worker visits. Most people told us that care workers attended at a suitable time. One person said, “My care worker rang to say could she could come at 7.45 am, which was fine by me.” A few people told us that staff phoned them if they were going to be late, which people appreciated.

The manager showed us the results of the end-of-service surveys from people who had used the service across the previous year. There was much positive feedback about how people had been treated, and also that improvements could be made with the consistency of staff visiting people. The manager explained how changes had been made to staffing schedules in response to this feedback. She told us that better consistency of care workers helped people to develop trust in the care workers who visited them and enabled their needs to be better met. This helped assure us that people’s feedback was used to improve the quality of care.

Good

Is the service responsive?

Our findings

People's feedback indicated that staff from the service aimed to provide support that was responsive to their individual needs. Comments included, "The service is friendly and flexible." One person told us that they had an early morning hospital appointment. They told the senior staff member about this at the initial visit, who made sure the care worker visited them early enough on the day of the appointment.

People said that senior staff visited them promptly at the start of using the service, to assess their needs and preferences. We saw records confirming that this initial visit took place within a day of the service being requested. Community professionals confirmed that the service made sure care workers knew about people's individual needs and preferences.

Most of the people using the service said staff turned up on time, stayed the agreed length of time, and completed all the support that they were supposed to. Community professionals provided us with similar feedback based on their visits to people. One person using the service said that on the rare occasion that staff were late, they received a phone call about it, to keep them informed. We saw staffing schedules for people using the service, and were told that these were distributed to staff the Thursday before the applicable week so that any difficulties could be rectified in good time. Staff told us that their visit schedules enabled them to arrive at people's homes at the right time and stay the full time. This helped assure us that the service responded to people's individual needs.

We checked the records of five people who were using or had used the service. These demonstrated that the service responded to people's individual needs and preferences. For example, one person was discharged from hospital much later in the day than anticipated. The staff member assigned to make the first visit kept a check on the discharge progress, and provided support when the person returned home late in the evening to ensure their comfort and safety. There was also liaison with community healthcare professionals to enable an appropriate care package to be set up for the person long-term. Records showed that arrangements were made at the initial assessment for another person to acquire equipment to assist their independence and safety in having a shower. The equipment was acquired the next working day and in the meantime care workers supported the person to wash as much as safely possible and so meet their needs and preferences.

Records indicated that people's care packages were reviewed towards the end of the six-week service, so that people's progress with independence and their views on the service could be established, and enable further plans to be made where needed. The manager told us that in exceptional circumstances the service would continue to provide people with support for a short period after the six weeks had elapsed, to enable a better handover to a long-term care provider. People's views on the service were also captured through occasional visits by senior staff and from a phone call after the service had finished. This helped assure us that the service wanted to hear people's experience of the care they received, and to enable ongoing care where needed,

People told us they knew how to raise concerns and complaints about the service, and that the service and their staff had responded well to any concerns or complaints they had raised. A community professional told us, "In dealing with issues raised by family or clients they have demonstrated the ability to respond quickly." The service's complaint file had three complaints about the service, and three compliments, recorded for 2014. All complaints were about missed visits, for which actions had been taken to prevent reoccurrence. We were assured that the service took people's complaints seriously.

Requires Improvement

Is the service well-led?

Our findings

There was a lack of consistency in how well the service was managed and led. For example, we looked at the service's spot-check records. Spot checks are where a senior staff member visits people in their home when a care worker is supporting them, without the care worker being made aware of the visit in advance. The records showed a comprehensive check of the quality of care being provided by the care worker. However, when we checked records of six current care workers, we found one care worker last had a spot check in 2014, two in 2013, two in 2012, and there was none for the sixth care worker. Two of these care workers had been involved in complaints within the previous year, but despite plans addressing each complaint, there was no record of a spot-check of the quality of their work since the complaints. We were not assured of the effectiveness of this quality assurance process.

During our inspection visit, we asked to see records demonstrating that care workers received regular supervision sessions. We were assured that these supervisions took place based on feedback from staff, however, records for individual staff members were inconsistently available and indicated infrequent supervision. This did not assure us of effective quality monitoring of staff supervision systems.

The majority of people we contacted felt that the service had asked them what they thought of the services provided. Feedback from the end-of-service surveys had indicated that improvements could be made with the consistency of care workers who visited people. We saw that action was taken to address this through rearrangements to how care workers were scheduled across the week. However, when we checked the visit schedules for three people using the service across two weeks, we found high numbers of different care workers being sent to them. One person had seven different care workers across 32 visits, another had six across 27 visits. There were a few comments about this from people using the service, such as, "There was a different one (care worker) nearly every time." Therefore, whilst it was positive that the service had taken action to address the consistency of care workers visiting people, we found that some people did not experience the same small set of care workers visiting them in support of developing their independence. This did not assure us of effective quality monitoring at the service because improvement plans made as a result of feedback were not being consistently monitored for effectiveness.

When we visited two people in their homes as part of the inspection, we found many appropriate documents in the service's file left in their home such as comprehensive records of visits by care workers and a detailed guide on the service. However, there was no care plan about the person's individual needs and the support care workers were to provide to help the person develop their independence. The manager told us that this should have been left by a community healthcare professional at the early stages of the service. Both of the people we visited were at least two weeks into visits from the service's care workers, which suggested that none of the care workers that had visited them had raised concerns about the lack of care plan. Feedback from people using the service suggested that care workers may not always refer to care plans when they visited, for example, one person told us they had to explain their needs if a new care worker visited. Another person said, "It is important to state your needs and that is not easy when you are still very poorly." In not raising concerns about these people not having care plans in place, we were not assured that care workers fully understood their roles and responsibilities.

People commented positively on the management of the service. For example, "They were quite helpful" and, "The Management/Managers involved was also very skilled and nice." The community professionals we contacted were also positive about the management of the service. They all felt that the service's management team were accessible, approachable, acted on what they were told and dealt effectively with any concerns raised. These comments, positive staff feedback and the manager taking on board suggestions during the inspection visit assured us that the service promoted an open, transparent and supportive culture that aimed to meet the needs of people using the service.

The manager told us that staff are encouraged to raise concerns in relation to poor practice and know that they will be supported by management. We found evidence in support of this. Staff told us they felt supported by the management team and could raise concerns. We saw that one of the three missed visits within the complaints file was raised by a care worker who found that the previous visit

Requires Improvement

Is the service well-led?

had not occurred. The manager told us of one medication error in the last year, and we found that the care worker had reported their mistake to the management team promptly so that checks could be made on the person's welfare. We also saw a staff member visiting the office during our visit to report concerns about a new person using the service who needed some pressure-relieving equipment. We were assured that staff held appropriate attitudes.

The manager told us that she had recently visited the reablement team in a neighbouring local authority, to help develop and share good practice. As a result, weekly meetings between the service and other community healthcare professionals were about to start, to enable better co-operative working in support of meeting the individual needs of people using the service. This helped to assure us that the service kept up-to-date with developments in reablement from which to make service improvements.

We saw a report indicating that the provider reviewed complaints from all its services including this service, with a view to improving its overall services to people in the borough. There was also a recent report by the provider on the financial effectiveness of the service, and a recent overview of the service by the local clinical commissioning group within a wider report. This assured us that the provider had an overview of the service's progress and effectiveness.