Reading Borough Council

Community Reablement Team (CRT)

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?	Good

Overall summary

This inspection took place on 28 and 31 July 2015 and was announced. Community Reablement (CRT) is a specialised domiciliary care service which is part of a local authority intermediate care team. This means they work with other social work and health care professionals to provide an integrated service. The service seeks to assist people to regain their independence after hospitalisation. They provide a short term 24 hour, seven day a week service of up to six weeks, to mainly older people in their own homes.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 told us they felt care staff were completely trustworthy. They said they always felt safe when using the service. Staff had been properly trained and knew how to protect people in their care. There were enough staff who had been safely recruited to provide appropriate care to people.

People's rights were protected by staff who understood the Mental Capacity Act (2005). The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. Care staff understood consent issues and people told us they made their own decisions. People's capacity to make decisions was recorded and appropriate paperwork was included in care plans.

People had their needs met by staff who were well trained and had the knowledge and skills required to give people personalised care.

People told us they were very happy with the care they received. They described the staff as respectful and caring and the care as very good to excellent. The service respected people and staff's diversity.

The service was well managed and the registered manager had made improvements to the service since her appointment. The service worked closely with their other colleagues in the intermediate care team to try to make sure people had the best chance of regaining or retaining as much of their independence, as possible.

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?
The service is safe.

Staff knew how to protect people from abuse or harm. People felt they were safe when care staff were supporting them.

Any health and safety or individual risks were identified and action was taken to keep people and staff members as safe as possible.

Staff helped some people to take the right amount of medicine at the right times.

Good

Is the service effective?
The service is effective.

Staff understood consent and decision making and did not undertake any care without people's permission.

Staff were properly trained and given support to make sure they could offer people good quality care.

Staff spent as much time with people as was necessary to meet their needs. They supported people to obtain help to from other healthcare and well-being professionals if they needed it.

Good

Is the service caring?
The service is caring.

People told us they were very happy with the service they received.

People's needs were met by care staff who had friendly personalities and who tried to get to know them quickly.

People told us the staff showed them respect and were caring at all times.

Good

Is the service responsive?
The service is responsive.

People had their needs assessed by specially trained staff and were fully involved in planning their care.

People were offered personalised care which was re-assessed regularly and amended to meet people's quickly changing needs.

People knew how to make complaints and were comfortable to discuss any concerns with all staff from the service.

Good

Is the service well-led?
The service is well-led.

People and staff felt the management of the service was very good.

Good

Summary of findings

Staff felt valued and well supported by the management team. They said that the registered manager had developed the service since she was appointed.

The registered manager and the staff team made sure that the quality of the care they offered was maintained and improved.

Community Reablement Team (CRT)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 and 31 July 2015 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that the staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection we looked at the Provider Information Return (PIR) which the provider sent to us. 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 also looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

On the day of the inspection we spoke with the registered manager and eight staff. Following the inspection we spoke with nine people who use the service. We were provided with information from the local authority's safeguarding team and a health care professional. We looked at records relating to the management of the service including ten people's care plans, some policies and procedures and a sample of staff recruitment files and training records.

Good

Is the service safe?

Our findings

People told us they felt safe with care staff in their home and that they thought care staff were,

‘‘completely trustworthy’’. People’s care plans included and ‘adult abuse leaflet’ which described what abuse was and who they should contact, including out of hours numbers, if they had concerns. People were protected by care staff who were able to describe signs and symptoms of abuse and tell us what actions they would take if they suspected abuse. Staff said they had completed safeguarding training which was up-dated every year. Staff told us that the service had a whistleblowing policy and said they would not hesitate to involve other agencies, if necessary. The service is run by the local authority but they knew they could contact the Care Quality Commission if necessary. Staff gave us examples of actions they had taken to ensure people’s safety and well-being. They were very confident that the registered manager would take appropriate action in the event of them drawing a safeguarding concern to her attention. The safeguarding team told us that the three safeguarding concerns raised during 2015 had been dealt with appropriately and in a timely manner.

People’s homes were risk assessed for any environmental risks to them or the care staff. These included hazards such as steps, lighting and pets. The service had robust health and safety policies and procedures which had been reviewed and up-dated in 2014. Health and safety risk assessments included lone working, personal safety and individual staff’s well-being. Staff were issued with equipment to protect themselves such as attack alarms, high visibility jackets and mobile phones. Staff members, designated as assessors, were trained in risk assessment and had completed level 2 health and safety training. Monthly health and safety meetings were held within the service and by the provider for all their services at regular intervals.

People’s care plans included the identification of individual and generic risks. The risk management plans were incorporated into the risk assessment related to the area of care that may present a risk. Individual risk assessments were produced in a generic, check list type format. However, comments and guidelines written by the assessors ensured they were individualised. Staff were instructed how to deal with any risks which presented a specific hazard to the individual. Examples included lifting and handling, falls and mental health. Recognised risk assessment tools were used to identify specific risks such as those related to falls and skin integrity. Contingency plans to respond to emergency situations were in place.

The provider had a system to monitor accidents and incidents and staff were aware of the reporting processes they needed to follow if either occurred. Accidents and incidents were recorded in detail and thoroughly investigated. The registered manager ‘signed off’ the investigations and recorded actions to be taken and learning points to try to avoid recurrence.

The new computer system had a function which identified any unusual activity on people’s records such as safeguarding issues or continually cancelled care. The system then ‘flagged’ this up to the assessors who referred immediately to a social worker for investigation so they were able to check people were safe. The system also alerted office staff to any missed calls so they could take immediate action to check on the individuals.

The service helped some people with their medicines. There was a detailed medication procedure which clearly outlined the responsibilities the service would take with regard to medication. It instructed staff in what they could and couldn’t do. It noted three levels of support and detailed what each of these involved. The help people needed with their medicines was clearly described on their plans of care which were supported by medication administration risk assessments. Medication administration records were completed and audited when they were returned to the office. There had been ten medication errors in the past twelve months. The registered manager and staff team had identified this as an issue and had taken action to try to prevent further errors. All staff had received up-dated training and their competence to administer medicines was checked. Disciplinary action had been taken, as appropriate to the error made.

The service had forty five care staff, including co-ordinators, assessors and the registered manager. There were 97.4 vacant hours which the service was attempting to recruit to. The service did not increase the packages of care they provided unless they had enough staff to do so, safely. Staff told us they had enough time to give proper care and support and can ‘over run’ if necessary. One staff member said, ‘‘it takes as long as it takes, depending on the

Good

Is the service safe?

situation you find when you arrive''. They said they would inform the office of an 'over run' and the reason and office staff could organise support from another staff member. Staff gave examples of when this had happened.

People were supported by staff who had been recruited safely. The service followed the provider's recruitment procedure which included the taking up of references, criminal records checks and checks on people's identity prior to appointment. The service was supported by the provider's human resources department. The application forms for the most recently recruited staff members were fully completed and there were no gaps in work histories. Records of interviews were kept and used to inform supervision and training needs.

Good

Is the service effective?

Our findings

People told us they felt that staff were well trained and, ‘‘knew their stuff’’ and ‘‘they know exactly what they’re doing’’. The service and staff were described as ‘‘effective’’ and ‘‘very, very helpful’’. Staff completed a comprehensive induction programme which equipped them to work with the people who use the service. Staff told us they received, ‘‘a good induction so I knew what I was doing’’. They told us that they shadowed experienced staff for as long as it took for them to feel confident to work alone. The registered manager had attended a care certificate workshop in June 2015 and was completing a consultation exercise with regard to how they were going to implement its use. Staff told us that they had, ‘‘excellent’’ opportunities for training. They said they are encouraged to complete qualifications relevant to their post and can access specific training such as dementia and specialised health equipment care. The service had a training matrix, the matrix detailed which training was required and which was desirable for each post. The registered manager completed a training needs analysis every year which ensured there were adequate resources to offer staff the appropriate training for their changing roles.

Staff had regular one to one meetings (supervision) with senior staff. These were to discuss performance and development. Annual appraisals were completed and a written record of the reviews noted the training and development needs of the staff member. One staff member told us, ‘’ we are definitely well supported’’. This view was expressed by the other seven staff members. Senior staff who were supervising other shad received supervision and appraisal training.

People signed their care plans (called person held records) and risk assessments to confirm they had been involved in completing them and agreed with the content. There was an authorisation form which people signed to clarify who the service could share information with and who should be involved in the care planning process. The plan noted whether people had the capacity to consent to their care and described what action to take if people appeared not to have capacity. Additionally it was clearly noted that anyone advocating on behalf of a person (without their written consent) had to have power of attorney (legal permission to make decisions on a person’s behalf). People who use the service and staff told us told us they asked for people’s consent every day and whenever they offered care. They were clear they could and would not provide care if people chose not to co-operate or participate in their care. The staff of the service had a clear understanding of the Mental Capacity Act (2005). One staff member described how they had concerns about the legality of power of attorney forms. They said they reported it to the office and received an answer back within half an hour. A social worker was alerted and visited on the same day to check all was in order.

People told us that staff would call the doctor or other health professional if they asked them to. Staff told us they would always call the doctor if asked but would report back to the office if someone appeared unwell but would not allow health support to be called. The nature of the service meant that staff worked in a pro-active way with other professionals to promote people’s independence and confidence. These included occupational therapists, district nurses and the social work team.

People said care staff supported them with their food preparation as described in their plan of care. Staff told us care plans specified how much help people needed and these were up-dated as people became more confident. Staff told us they worked in partnership with people but used their skill and persuasion ability to help people to make progress towards dealing with their own nutritional needs. Risk assessments were in place for people with special nutritional needs.

People told us that staff almost always arrived when they should and they were informed if there were any delays or hold-ups. The registered manager told us that the main criticism from people was that the service was not always able to organise the calls for the times they chose. This was because of the nature of the service. That is, the service responded to requests for care packages very quickly, sometimes within one and a half hours. The timings of calls were prioritised according to the assessed needs of people. People did not discuss this as an issue when we spoke to them. The registered manager told us that the new computerised rostering system may be able to rota staff more efficiently and improve people’s choices with regard to the timing of calls. Staff told us they get adequate travelling time. The service had introduced a new computer system which alerted the management team to any missed or late calls. Missed calls were responded to immediately and investigations were completed as to why the calls were

Good

Is the service effective?

missed. There had been an increase in missed calls during the 'bedding' in period of the new system. The registered manager was aware of this and was taking action to ensure the service minimised the risk of future missed calls.

Good

Is the service caring?

Our findings

People told us they were very happy with the care they received. One person said, "it's a wonderful service". Others described it as "great' and "very good to excellent". They said they were always treated with respect and dignity. One person described staff as, "very, very good people". Another said, "they are always respectful and caring".

People's needs were met by staff who were described as, "caring and knowledgeable". Care staff described how they managed to build relationships quickly. They said, "you make sure you read the care plans and listen to people ". Another described how they gain people's trust by showing interest in their lives and learning about the individual. People told us that staff seemed to be chosen for their cheerful, friendly personalities which put them at their ease.

People told us the staff showed them respect and their privacy and dignity was protected at all times. One person said, "they are very respectful and always listen to me". Staff described how they maintained people's privacy and dignity and showed respect. The service was designed to support people to become as independent as they were able, generally after a stay in hospital. Staff told us they always encouraged people to be as independent as they could although it would sometimes be quicker and easier not to. Staff told us they very much enjoyed and were committed to the reablement element of their work. After a maximum of six weeks people either became independent or were able to be passed to other providers who were able to meet their needs.

People knew what was in their care plans and told us that they had been involved in the assessment process and developing their plans. One person said, "they keep me involved at all stages". Another said, "I am involved in all decisions made about my care". They said they were involved in reviews and kept up-to-date about what was happening with their care in the future.

The service provided a detailed service guide, which was produced in a pack and covered all areas of the service. Relevant parts were available in different formats upon request. This noted what people could expect from the service and what their responsibilities were. It gave people the opportunity to understand what the service would and could offer them.

Care plans noted people's emotional, cultural and spiritual needs, as appropriate and relevant to the care offered by the service. Staff told us they had received equality and diversity training and felt that the person centred approach to care met people's diverse needs. People told us that staff were very aware of their individual needs. Examples given were that a person was helped to get a stair lift installed and staff used extra-large writing for someone with sight problems. People were given same gender care because of religious beliefs. Staff told us that management team were very understanding about their cultural and religious needs. Their specific knowledge of these issues was used by the service to ensure they were giving acceptable care to people, as appropriate.

Good

Is the service responsive?

Our findings

People told us that the service was flexible and responded to their requests at all times. One person said, ‘‘they always listen and act on what I have to say and what I choose’’. The nature of the service which offers support on a short term basis means the service has to be flexible and respond to people’s changing needs. A person said, ‘‘they come when I need them but the care changes as I get stronger’’. Staff told us the ‘office’ team were very responsive to people’s and staff’s needs. They gave examples of where the office had taken immediate action because of issues they raised. Staff had telephones into which they enter information about changes in people’s needs. Staff said they read the updated information at every visit and made sure they met people’s current needs as they changed on a, sometimes, daily basis. A healthcare professional told us, ‘‘there is a strong ethos of can do and lets sort out together, it is the strength of an integrated team that is able to be flexible’’.

People’s care needs were fully assessed before the service began providing support. The assessments were completed by the newly developed post of community assessors. The community assessors were skilled and experienced staff members who received additional training in risk assessment and other areas relevant for their job role. Initial assessments could be completed within a very short period of time, the shortest being one and a half hours after referral. There was a specialised assessor available at all times. Assessments were often completed with the assistance of the hospital and social work team. People told us they had been involved in the initial assessments and the development of their care plans.

People’s care plans were developed from the assessment. They were individualised and generally described what people needed from the service. However, the care planning system was being changed and was in the transition phase. Some care plans were not detailed and contained minimal information. These were generally those where people had short term support from the service. On some of the plans of care it was not clear which service i.e. health, social work or the agency took overall responsibility for particular aspects of care. However, the registered manager was knowledgeable about the packages of care and was clear what she had overall responsibility for. Whilst daily notes were of good quality and up-to-date progress people had made towards independence was not always clearly recorded. The registered manager had identified some of the shortfalls of the care plans and explained that the new system was in response to that.

People told us they had no complaints, concerns or even, ‘‘niggles’’ about the service. They said if they had they would feel comfortable to complain to care staff or phone the manager directly. The service had a robust complaints procedure which was supplied to everyone who used the service. The service had recorded 32 compliments and 11complaints since January 2015. The investigations, actions taken and if the complainant was satisfied with the outcome were recorded on a computer based system. This enabled the provider to see all complaints and compliments about the service. Complaints were generally dealt with by the registered manager.

Good

Is the service well-led?

Our findings

People and staff told us the registered manager was approachable and the management style was open and positive. People said the service, ‘‘seems very well managed and everyone seems to know exactly what they are doing’’. Staff told us that there was an excellent team spirit and the registered manager was a, ‘‘fantastic and enabling manager’’. Staff had been given additional responsibilities to enhance their roles and improve job satisfaction. Staff were clear about the standard of conduct and performance expected of them and the registered manager took appropriate disciplinary action, as necessary. They said that the registered manager and other senior staff gave both positive and constructive negative feedback. Management took appropriate action with regard to complaints or poor performance. Complaints about staff members were kept in staff files along with actions taken to address the issues raised. Staff told us they could discuss any issues with the registered manager who, ‘‘sorts out things for staff or clients, very quickly’’.

Staff told us the service focus was on offering person centred care. They explained that this meant support was about the ‘‘whole client’’ their likes, dislikes, cultural needs, wishes and opinions. They explained that the care they offered was about the individual’s needs and their personal goals. The care people were offered was assessed and monitored regularly by the provider to check on the quality of care being offered. The community assessors visited all the people using the service every two weeks, as a minimum. They checked that people were happy with the service and the care they were receiving met their current needs. People completed a questionnaire at the end of their care with the service which was read by the registered manager. The registered manager took any action that was necessary if issues were identified by people.

The quality of the care people were offered was monitored by the registered manager and senior staff team. The registered manager completed monthly monitoring statistics and sent them to the service manager. These returns included missed calls, complaints and compliments, safeguarding referrals and staffing data. The statistics were analysed by the service manager and any issues were discussed with the registered manager. Quality assurance summaries were produced every three months and the registered manager took any necessary action identified in the summary. Actions had to be completed before the next quality assurance summary was produced.

Staff told us that they felt valued and their ideas and views were listened to and acted on, as appropriate. Staff meetings were held for different job roles. Staff told us that some training was included in staff meetings. They told us that a senior staff member or experienced colleague was always contactable and willing to discuss any issues with them.

Staff members told us that the service had made improvements over the past 18 months and was continuing to improve. Examples given of improvements included better communication systems, the use of IT technology to improve information sharing and improved staff performance and understanding of reablement.

All records were well-kept and up-to-date although some care plans would benefit from more detail. The service shared an office with the social workers and health staff. They were jointly called the ‘intermediate care team’. This meant that they worked closely with colleagues to offer an integrated and effective service. The registered manager told us one of the many benefits of working to this model was the speed at which they could get assistance from community health professionals and specialists and social care professionals.