North Tyneside Metropolitan Borough Council

North Tyneside Council Reablement Support Service

Inspection report

Care Point, Ward 4, North Tyneside General Hospital
Rake Lane
North Shields
NE29 8NH

Tel: 01916437429
Website: www.northtyneside.gov.uk

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25 February 2020

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
North Tyneside Council Reablement Support Service provides personal care and support to people living in their own homes via three teams; reablement, community rehabilitation and intermediate care. Referral into the teams follows a discharge from hospital, from intermediate care or from referrals from primary care services and lasts on average six weeks. Intermediate care is a care service which is a step down from hospital before a person is discharged back to their own homes. The aim of the service is to support people as they adjust back to independency in their own home. Where people are unable to carry on without ongoing support, the provider will ensure suitable referrals are made to appropriate healthcare professionals.

The service supported 122 people who lived across the North Tyneside area, including older people living with dementia and people with physical disabilities. Due to the short-term nature of this service, numbers of people being supported at any one time can fluctuate.

People's experience of using this service and what we found
People received a person-centred and caring service. Putting people at the heart of the service was fully embraced by staff. People received an individualised service which met all their needs.

Staff demonstrated caring, compassionate and considerate values. People described the staff team as "Naturally caring, friendly and fantastic." Staff were reliable, consistent and committed to caring for people.

Systems were in place to safeguard people from harm or abuse. People told us they felt safe. People were cared for by a consistent and stable staff team who knew them well.

There were safe medicine administration systems in place and people received their medicines when required. People had access to a variety of health and social care professionals to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The quality and safety of the service was monitored through checks and audits. Discussions around accidents and incidents took place to identify if there were any changes to care practices required. There were opportunities for people and staff to share their views about the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 02 October 2017).

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

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

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

North Tyneside Council Reablement Support Service

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not present during the inspection.

Notice of inspection
Inspection activity started on 12 February 2020 and ended on 26 February 2020. We informed the provider that we had started the inspection on 12 February 2020 and requested information relating to good governance. We informed them of when the site visit would take place. We visited the office location on 25

February 2020.

What we did before inspection
We reviewed information we had received about the service. We sought feedback from the local authority professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make or have made since the last inspection. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection
We spoke with ten people who use the service about their experience of the care provided. We spoke with seven members of staff including the service manager, locality leads, scheduling officers and support workers. We received feedback from five health and social care professionals who worked alongside the service.

We reviewed a range of records. This included three people's care records, risk assessments and medication records. We looked at one staff file in relation to recruitment and staff supervision. We reviewed a variety of records related to the management and quality assurance of the service.

After the inspection
We spoke with two members of staff. We continued to seek clarification from the provider to validate evidence found. We looked at governance and quality assurance records.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received a safe service. People we with spoke with felt safe with the care they received. Comments included, "I feel very safe with the carers being there. I absolutely trust that they do all the right things for me" and "I entirely feel safe with this care I'm receiving. The carer helps me no end. She's always just there behind me and that makes me feel stronger."
- Staff knew how to report any safeguarding concerns. They told us they felt confident to do so if needed.
- The provider followed procedures to ensure safeguarding concerns were dealt with appropriately.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service managed risks safely. Risk assessments were completed when people started receiving a service. This included assessing the person's living environment and other areas such as safe moving and handling and medicine administration.
- Accidents and incidents were recorded and monitored. People involved in accidents and incidents were supported to stay safe and action taken to prevent further injury or harm.
- Accidents and incidents were reviewed to identify trends and improve the service people received.

Staffing and recruitment

- Safe recruitment practices were followed. This ensured people were supported by staff with the appropriate experience and character.
- People were supported by sufficient staff. Rotas were organised in advance to ensure cover was provided for planned staff absences.
- Staff were reliable and consistent. People were supported by the same group of care staff to provide consistency with their care. One person said, "I generally get the same carers and they cover all the duties."

Using medicines safely

- People's medicines were managed and administered safely.
- Staff received training in the safe administering of medicines. There were checks in place to ensure staff were competent to administer medicines and they followed safe practices.

Preventing and controlling infection

- Procedures were in place to minimise the risk of infection. Staff had access to aprons and gloves for use when supporting people.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs, and choices were assessed prior to them commencing with the service. Initial assessments were completed with people which covered their physical, social and emotional needs. Information from assessments was used to create personalised care plans for people.
- Care was delivered in line with best practice guidance and people's needs were kept under review.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met
- The service worked within the principles of the mental capacity act 2005.
- People were supported to make their own choices and decisions about their care.
- Staff said they always asked for people's consent before providing care. One member of staff said, "Consent is sought before we provide care. People are always involved in choices and decisions about their care."

Staff support: induction, training, skills and experience
- People were supported by staff who had the skills, knowledge and understanding to meet their needs. Comments included, "The carers are so professional with everything, like giving me a shower which I'm nervous about, but they respect my fear and just know how to handle me well."
- Staff received appropriate training to carry out their role. Training records confirmed staff received training in a range of subjects.
- Staff said they felt supported by the management team. They received individual supervisions and appraisals. The management team also carried out spot checks of each staff member to make sure they met

good standards of care practice and reviewed their work performance.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported with meal preparation if this formed part of their identified care package.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked with other agencies to meet people's needs.
● Care records provided details of health professionals involved with people's care and support.
● Health professionals spoke positively about the care provided to people. Comments included, "They are a good team who work well with all departments to meet people's needs" and "Staff are competent and knowledgeable. Everyone we have spoken with has provided good feedback about the service."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question is rated as Good . This meant people were respected and valued as individuals.

Ensuring people are well treated and supported; respecting equality and diversity

● Staff were motivated towards delivering a caring and compassionate service. The aim of the service was to support people to regain their independence. Staff had a comprehensive understanding of this and worked with people to ensure that this was at the forefront of everything they did. People were treated as individuals and care was tailored to each person in a person-centred way.

● People gave positive feedback on the care and support they received from staff. Comments included, "The personality of the carers is absolutely wonderful, and I can say that without any doubt. Everyone has got a smile which lifts up my spirits. I'm not just saying that. You couldn't get a better group of girls" and "The carers really have a natural caring attitude and are always ready to discuss anything with you no matter what. I'm highly respected and treated with dignity."

● Staff demonstrated empathy and an understanding of people's needs. Staff acted in a sensitive and thoughtful manner to ensure people's wishes were met. One staff member spoke of the importance of ensuring they were delivering care in the way people wished. They said, "If people tell us we used to do it this way then I will make sure I provide the care in that way." One person told us, "The attitude of the carers is really good. They are sympathetic to your needs and seem to know exactly how to treat me. I've gained more and more confidence in them over the four weeks I've used them. They sit and talk to me just like a close family member."

●Staff demonstrated a comprehensive understanding of equality and diversity. All staff had attended training in equality and diversity and were able to demonstrate an awareness of LGBT and the support people may require to meet their needs. Staff were able to give examples of where they were required to provide personal care in a certain way to meet people's cultural needs or sexuality. One member of staff said, "Everyone is different and whilst information on people's cultural and religious needs would be in their care plan, I would still check with them every visit that I was respecting their preferences."

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

● The service supported people to communicate their wants and wishes. Staff had explored ways of supporting people to communicate their needs. This had included the use of text messaging where people were not able to verbally express themselves.

●People told us they were involved in planning their care and felt listened to. Comments included, "The staff are very caring, and they have such a good manner. They go out of their way to communicate with me and that shows to me they have a good value for my interest" and "The carers are always very pleasant and always interested to get to know more about me as a person, so they can deliver the right kind of care."

● Feedback was sought from people both during and at the end of their service. Comments from people and their relatives were positive. When asked their views on the service one person commented, "I did not know

how wonderful the staff and their support would be. Their support is second to none."

Respecting and promoting people's privacy, dignity and independence

● Staff showed genuine concern for people's wellbeing. One staff member told us about a time he was aware that a person "was just not right." Through a sensitive discussion they had found out the person was not well. Even though they were due to finish supporting the person they remained with the person and took action to ensure they received medical attention.

●Staff were proactive in supporting people to regain their independence. One person told us, "They don't just watch me struggle. They promote my independence when preparing food and encourage any mobility I still have. I'm so grateful for the service"

● Respect for privacy and dignity was embedded in the service. Staff spoke of the importance of ensuring people's privacy was respected. They spoke about seeking consent before providing any care and ensuring people were informed at all times about what staff were doing. One staff member said "I am always respectful of clients privacy and dignity. I will tell them what I am doing and ask if they are alright with this. For example, I will let them know I will wait outside of the bathroom to allow them some privacy."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support to meet their individual needs and preferences. One person commented, "I've used the service for several weeks now and they are immaculate compared to other organisations I've known other people use. If I need anything extra done, they are on the ball straight away without question. The carers got to know me and know what I like and dislike in a short space of time."
- Care and support plans were personalised. People's needs were reviewed each visit to monitor their progress.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider could make information available in different formats should people require this.
- The service identified different ways of supporting people to communicate their needs. Where required this included the use of assistive technology.

Improving care quality in response to complaints or concerns

- The service provided people with clear information about how to make a complaint. This was available in an information pack provided to people, so they could refer to it at any time.
- Complaints and concerns were taken seriously. A new form had been implemented which captured both informal and formal concerns and complaints. The manager said this ensured that informal concerns were responded to, which may prevent them escalating to more serious complaints.

End of life care and support

- The service provides short-term rehabilitation and reablement services to support people to continue living in their own homes. Therefore, the service would not receive referrals to provide end of life care. However, where people's health had declined whilst they were receiving the service, end of life care had been provided as it was deemed more appropriate to continue support and provide consistency of staff rather than transfer the person to a different provider.
- Staff received training in end of life care.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management and staff worked together to achieve positive outcomes and ensure people's needs were met.
- People told us the service was well-led. Comments included, "I think the organisation is very well managed and I would definitely recommend this to anyone with absolute 10/10" and "I would definitely recommend the organisation. From the hospital to the care at home, they are faultless, and I believe anyone will agree."
- People were complementary about the staff and the management team. One person told us, "I would very much recommend this service. They take their work seriously as well as being so light hearted when they are here. They make the care work a pleasurable experience."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems were in place to monitor the quality of service being provided. An action plan was in place to support the development of the service.
- The management team were proactive in submitting the required notifications following significant events at the service, such as incidents and accidents.

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

- Regular staff meetings took place to ensure staff had an opportunity to share their views. One staff member told us, "During team meetings there is an opportunity to discuss what is working or not working well with the customers. Staff support each other and share ideas on what they could change or do better."
- People and their relatives were asked to complete a 'Quality questionnaire' about their experience of the service. People were asked to share their views on how the service could be improved.

Working in partnership with others

- The service developed and maintained positive working relationships with external professionals. One health professional told us, "It's an amazing service. Something to be proud of. They work with people to build confidence and routines, to maximise their independence. They are very good at this."
- The service worked in partnership with other health professionals to meet people's needs. One health professional said, "We will complete a joint visit with staff to explore care needs as part of the person's

assessment. We will write a care plan which staff follow. They will feedback any adjustments they feel are needed to the care plan once they start to provide the service."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The management team investigated incidents fully and were open and honest with exploring any lessons to be learned. Where identified, changes to practice where implemented to improve people's experiences of their care and support.