

Peterborough City Council

Peterborough Reablement Service

Inspection report

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21 August 2017

24 August 2017

11 September 2017

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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

Peterborough Reablement Service provides personal care to people who live in their own homes in the community. People are supported to achieve goals they set for themselves to improve their independence and confidence at home. The service provides short term support, usually up to six weeks, by which time people are independent or are referred to more long term care provision.

At the last inspection, which took place on 1 and 8 April 2015, the service was rated as good.

This announced inspection took place between 17 August and 11 September 2017. At this inspection we found the service remained good. At the time of our inspection 38 people were receiving personal care from Peterborough Reablement service.

The manager registered with the Care Quality Commission to manage the service in January 2017. 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 continued to be cared for by staff who provided care and support that ensured people's safety and welfare and took into account each person's individual preferences. The risk of harm for people was reduced because staff knew how to recognise and report abuse. People were supported to manage their medicines safely.

People were cared for by staff who had been recruited and employed only after appropriate checks had been completed. There were sufficient staff available to meet people's needs. Staff were sufficiently skilled, experienced and supported to enable them to meet people's needs effectively.

People were effectively supported with decision making and supported to have as much choice and control of their lives as possible. People were supported to access appropriate healthcare and received a seamless service. This was because there were health specialists, such as the occupational and physiotherapy staff, available within the service.

People received care and support from staff who were caring, compassionate and patient. People were treated with dignity and respect. People planned the goals they wanted to achieve. People were empowered to build their confidence and improve their skills and independence.

The provider continued to have a robust complaints procedure in place. The service was well managed. There were effective systems in place to monitor the quality of the service people received and continually improve the service provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

Peterborough Reablement Service

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 checked 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 announced inspection took place between 17 August 2017 and 11 September 2017 and was carried out by one inspector. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office and we needed to be sure they would be present for our inspection.

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. We reviewed the provider information return (PIR). This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make. We also received survey responses from 10 people who used the service, 1 of their relatives or friends, and 24 staff. We used all of this information to help us plan our inspection.

We spoke with 13 staff during a visit to the service's office on 17 and 24 August 2017. These included the registered manager, three assistant managers, three care support workers, three reablement support workers and three occupational therapists (OT). We spoke with three people and two of their relatives during visits to people in their own homes on 21 August 2017. We also spoke with another person and further person's relative on the telephone on 11 September 2017.

We looked at nine people's care records. We also checked records in relation to the management of the service such as audits, meeting minutes, training and recruitment records and quality assurance records.

Is the service safe?

Our findings

The service remained good at safeguarding people from harm. People told us they felt safe whilst they received this service and we saw they had access to information about how to report concerns. One person's relative said, "When I was out and I knew [the staff] were coming in, it gave me peace of mind." Staff continued to demonstrate a good awareness of safeguarding procedures and how to report concerns both to their managers within this service and to the safeguarding team within the local authority. Staff were confident that managers would take action if they raised any concerns.

The service remained good at assessing risks to people and using equipment to help reduce risks. One relative told us, "[The staff] organised rails [in the] shower and walking sticks. They arranged for the rails to be fitted and [an emergency call system] straight away. It's a good job they did as [my family member] fell down the stairs. It did its job." They told us this emergency call system enabled their family member to call for help.

During their first visit, staff continued to assess whether there were any hazards for them or the person whilst the service was provided. Although staff had highlighted environmental hazards, and told us they were consistent about the way they managed each of them, information was not always available to show the actions taken to reduce the risk. For example, one person's risk assessment showed there was a fire hazard because 'oxygen [was] in situ'. Staff rotas recorded that another person 'has a dog'. Between our visits to the service, the registered manager had reviewed the services systems and was implementing more robust procedures to ensure staff documented guidance and actions taken to reduce risks.

Within the first 24 hours of a person receiving a service, an OT usually visited each person. If necessary they carried out further risk assessment and agreed people's goals for their rehabilitation. We saw this was kept under review whilst the service received the service.

The service continued to have safe and effective recruitment practices that helped ensure only suitable workers were employed. One recently recruited staff member told us they had, "applied online. I had a face-to-face interview. Then I came in for an hour to meet the team. My [criminal records check], two references and my health check were all back before I started working." Senior staff told us of the importance of recruiting the right people for posts and described themselves as "choosy" about the staff who were employed at the service.

There continued to be sufficient staff to safely meet the needs of people receiving the service. People told us they usually had regular staff who visited them who were reliable, and arrived within 30 minutes of the agreed time. One person said, "[The staff] generally came at 9.15[am]. The most I waited one day was half an hour but there were reasons for the hold up." Senior staff told us they only accepted new people when they had the capacity to provide the service. One senior staff member said, "We do sometimes turn people down if there's no capacity. We have to keep people in our service safe."

The service remained good at managing people's medicines. Systems were in place that showed staff

continued to manage medicines safely whilst promoting and encouraging people's independence. This included the use of assistive technology. All staff who administered medicines had received appropriate training and had had their competency assessed. Staff maintained accurate records which were regularly audited by senior staff. The registered manager told us there had been no medicines errors in the last 12 months.

Is the service effective?

Our findings

The service remained good at providing staff with training and support. People and their relatives praised staff and said they were well trained and competent. One person said, "[The staff] did know what they were doing. They were fantastic. Don't let anyone say anything against them." A relative told us, "We had different team members, but they were all very courteous and professional."

Staff described a comprehensive induction and training programme that gave them the skills to carry out their roles. One staff member said, "After my training I did feel competent to do my job. I also had supervisions with my manager. They don't sign you off until you feel confident and are deemed competent. They do observations as well." Existing staff said they received regular refresher training in key subjects, such as safeguarding, administering medicines and health and safety.

The registered manager told us she was committed to ensuring the staff received good training and support. She said, "We are effective. We deliver an excellent service. You only get that by having quality staff who are well supported." Staff received regular supervision and work appraisal. One staff member told us that supervision with their manager, "Builds your confidence." Another told us they had found the transition from "care" to "reablement" difficult, but that regular and effective supervision had helped and they now found their role rewarding. A third staff member told us, "[The senior team are] good at supporting staff with personal development." They said additional training courses were available, including qualifications in social care, and that they were encouraged with career progression.

Staff told us they felt very supported by the registered manager and other staff members. A staff member said, "There are always [other staff] around to speak to. [The assistant managers] and [the registered manager] have an open door policy and you can nip in and query things." A new staff member said, "[The other staff] were all giving me tips. I found it very helpful. I could text someone and they'd definitely answer. I found that reassuring. There was also always someone on call out of [office] hours and they respond straight away."

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. For people in their own homes, an external agency would make the deprivation of liberty (DoL) application to the Court of Protection. People who used the Reablement service had been discharged home to continue their rehabilitation back to independence and no assessments had been required under the principles of the Mental Capacity Act 2005 (MCA). The Reablement service continued to have procedures in place should the need arise. Staff were aware of these and had received training in the application of the MCA.

People's rights to make decisions about their care and support were respected. Where people were

assessed not to have the mental capacity to make specific decisions, they had been supported in the decision making process. For example, a legal representative, relevant professionals, and people who knew the person well had been involved where a person lacked mental capacity to make decisions about their medicines. this.

The service does not routinely provide people with meals or drinks. However, one relative told us their family member had been struggling with food preparation and was not drinking enough. They told us the staff had identified this and supported the person to ensure they received sufficient food and drink. They did this by supporting the person to access a "meals on wheels" service and encouraged the person to drink fluids at each visit.

Staff continued to monitor people's health conditions and support people to access healthcare when required. People told us their health had continued to improve since receiving support from the service. People praised the service for enabling them to have prompt access to OTs and a physiotherapist. They told us this led to them receiving specialist equipment, assistive technology and exercises that helped improve their health and well-being.

Is the service caring?

Our findings

The service remained good at caring for people. Staff showed empathy and treated people with dignity and respect. People continued to make positive comments about the staff. One person said that when they raised issues with staff, "[The staff] talked to me nicely, like a relation, they tried to cheer me up." Another person said, "[The staff] are so good, so friendly and helpful." A relative told us, "We were really pleased with the help. They were there for us [with] emotional support. They were all very courteous and professional." Another person described staff as "very compassionate."

Staff continued to involve people and, where appropriate, their relatives, in decisions about people's care. A staff member told us, "We work collaboratively with [people]. It's a very person centred service." We found this was the case. Several people and relatives used the word "genuine" when referring to staff. One person said, "[The staff did] not tell me 'it's not my problem'. They were genuinely interested [in what I said]." A relative told us, "[The staff] were friendly and interested in [my family member]. They got to know him. [The service] was personal. It gives us all faith. Thank them from me. They checked on [my family member] as part of the conversation and didn't make a big deal of it. They were genuinely friendly. Nothing was too much trouble." One staff member told us this person-centred approach extended to ensuring a person's pet was cared for when the person was admitted to hospital because they knew this was important to the person.

People told us that staff were patient with them. One person, whose first language was not English, said, "Sometimes I don't understand. [The staff members] spend time explaining things to me." Another person told us, "However late they were running they never rushed me."

There remained secure arrangements in the office for paperwork to be stored.

Is the service responsive?

Our findings

During our last inspection people told us they received little or no information about the service before they left hospital. The registered manager and OTs told us they had provided leaflets and briefing about the service to the hospital staff who refer people to this service. However, people told us the level of information they received prior to receiving the service had not improved. We recognised that this lack of information is outside of the registered manager's control. We noted that once the service started people received satisfactory information about the service and how it would be provided. In addition, staff provided people with information about other services, such as accessing meals on wheels, 'handyman' scheme, befrienders and the energy efficiency of their homes.

The service was very responsive to people's needs. A care professional told us "[The service is much more reactive than [other care providers]]." They gave an example of where a person's family carer had been admitted to hospital. They said, "[The service] responded very quickly and agreed to go in ... to check on [the person]."

People told us the service was flexible and varied their approach depending on what the person needed. One person told us staff had given them a "tick list" which had helped motivate them to complete exercises and tasks. A relative said, "I was amazed at how good [the service] was. Once [this service] was involved it, was fantastic. [My family member] couldn't come out of hospital without it. They started with four visits per day and reduced over a period of time with [my family member's] agreement." They went on to tell us their family member's health and well-being had improved significantly and they no longer needed care. Staff talked about the importance of being flexible in their approach. One staff member told us, "We observe and assess [people all the time]. We are flexible. We recognise if someone is fatigued. They might have had a shower etc. and are shattered. We'd then make breakfast that day."

People told us they continued to be fully involved in their "goal setting" for their rehabilitation. They showed us the folders they held in their home where they had signed to show their agreement. People told us that staff always checked this when they visited. One person said, "[Staff] always looked at the book. They read it and said, 'Okay, I see' [before supporting me]. Afterwards they would write in the book." They told us they felt fully consulted about their care.

One staff member told us, "Everyone empowers the people to increase their skills" and we found this to be the case. An external care professional told us that people's need for care often reduced. They told us this was because staff were "enabling people to be more independent." People also told us staff supported them to be more independent, increase their confidence and find new ways of doing things. One person said, "[Through this service] I learned about the best way to help myself." Another person explained, "[The staff] came along and said, 'instead of doing it that way, why not try doing it this way?' It made all the difference. What they said made sense [and] made my life easier on a day-to-day basis. I'm still carrying out what they said and I can see improvements in myself." They told us the staff had organised for them to have minor adaptations made to their home that enabled them to have shower. They told us they didn't always use these, but said, "It gives me confidence knowing it's there." Staff members told us they could organise minor

adaptations for people, such as fitting grab rails, "quite quickly". This showed the service supported people to be as independent as possible.

The provider continued to have a robust complaints procedure in place. Records showed that the registered manager had investigated and dealt appropriately with complaints.

Is the service well-led?

Our findings

There was a registered manager in post who had registered with the Care Quality Commission in January 2017. The registered manager was aware of the registration responsibilities with Care Quality Commission. They had submitted statutory notifications for significant events. This was important so that we could determine that the appropriate action had been taken.

The service remained well-led. People made positive comments about the service. One person said, "I'd give them five stars. I would recommend, I'm very happy [with the service]." Another person told us, "They were marvellous, really marvellous." A care professional described positive working relationships with the management of the service that resulted in good outcomes for people. They said, "The service has made a big difference. It means that people are discharged from hospital sooner. If there's issue they work to resolve it and pull out all the stops."

There continued to be effective quality assurance systems to monitor and improve the service. People told us they received regular, weekly, visits from staff who checked on their progress and the quality of service they received. One person said, "I had a lady come and asked some questions [about the service]. I told her the same as I'm telling you: they're brilliant. They really are." A relative commented, "Someone came round once a week to check [the service] and follow up on calls. We had an opportunity to say if there were any issues, but there weren't any. We couldn't fault them."

Everyone who received the service was asked to complete a survey when the service finished. These were analysed quarterly. In addition, the registered manager told us they continued to read all responses to surveys and that any negative comments were followed up individually whenever possible. For example, senior staff had further contact with a family member who was unhappy they had not been present during a person's review. The staff were able to resolve this by meeting with them and the person. The reports from the last year and April to June of 2017 continued to show very positive results, including 100% of people stating they felt staff treated them with dignity and respect, and that they felt supported and encouraged by staff. Any areas scoring less than 80% satisfaction were classed as an 'area requiring action'. We saw the manager had taken action to address these areas. For example, staff showed people where to find a copy of the complaints procedure in the folder they leave in people's homes. The people we spoke with were all aware of this.

The registered manager had introduced effective staff management systems. The provider had completed an audit of staff supervision across all its services in June 2017. The report was made available during our inspection and the Quality Assurance Officer told us that this service 'performed at a higher level than the rest of [Adult Social Care services]'. They also told us that they had identified the need to create an induction policy and planned to use this service's model as an example of good practice.

Staff praised the registered manager and said she listened to them and took issues forward. One staff member told us how the registered manager had addressed a staff performance issue by putting in place a system to develop and support the staff member. They told us, "Somehow [the registered manager]

managed to do that and keep [the staff member] happy." Staff told us they attended regular staff meetings and found these useful and valued co-workers opinions. One staff member said, "Because we all work individually in the community we all work separately. It's nice to meet up with the other staff and share information and knowledge." Staff told us that themes were discussed in supervision and staff meetings to help instil knowledge. These had recently included safeguarding and CQC inspections.

Staff spoke proudly about the service provided. They all said they would be happy with a family member receiving this service. One staff member said this was because, "[The staff] give people skills and increase their confidence." Another staff member said it was because, "[Staff] show a lot of empathy and compassion. It's person centred and quite a holistic service. It's not prescriptive. We provide supporting information and advice about other support groups and charities. As a team we listen to feedback." A third staff member said, "[I] trust them. To me that's precious." Two staff said their family member's had received the service and had had a very positive experience.

The registered manager looked for ways of improving the service people received. For example, staff told us they had been frustrated that seeking authorisation meant delays in people receiving equipment. They told us the registered manager "streamlined the process" which meant the person would receive their equipment more quickly. Some people told us that their discharge from hospital had been delayed because the service did not have sufficient capacity to meet their need at that time. The provider and registered manager had recognised this and planned to increase the service's capacity by 20% over the following year.