

Manchester City Council - Adult Directorate

Central Reablement Service & Home Pathway

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 ●

Summary of findings

Overall summary

This inspection took place on 15 and 16 November 2017. The inspection was announced and we gave the service 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and visit people who used the service in their own home.

Central Reablement Service and Home Pathway is operated and managed by Manchester City Council. Reablement is a period of short-term assessment and intensive support. It helps people regain the confidence and the ability to carry out day-to-day activities after a period of illness, the onset of a disability or a significant change in their life. This inspection looked at people's personal care and support.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, caring, responsive and well-led to at least good. During this inspection, we found sustained improvements with regard to risk assessment; management of medicines; peoples' views of the quality of service; the responsiveness of the service; and audit, quality assurance and questioning of practice.

Due to circumstances beyond the control of the registered manager, they could not be present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Recruitment and selection of staff was robust with safe recruitment practices in place. This included checks with the Disclosure and Barring Service (DBS). This helped to ensure potential employees were suitable to work with vulnerable people.

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. Staff demonstrated a working knowledge of local safeguarding procedures and how to raise a concern.

Where support with medicines was part of an assessed support need, these were managed appropriately and staff were trained in the safe administration of medicines and kept relevant records.

Accidents and incidents were appropriately recorded and included details of preventive strategies used by the service to reduce the likelihood of such events occurring in the future.

Newly recruited staff received a corporate and local induction and were required to complete the Care Certificate. Access to training and opportunities for continuous professional development were good.

Services were delivered in line with the Mental Capacity Act 2005 and staff sought consent prior to providing care and offered people choices to encourage people to make their own decisions.

People and their relatives told us they were happy with the care and support provided. People told us staff treated them with dignity and respect and promoted their independence.

People and their relatives were involved in completing an initial assessment and the planning of their care and support. Regular reviews were conducted with people, their relatives and where appropriate, other professionals

People received information which detailed the complaints procedure. People told us they were confident that if they were required to make a complaint, the management would respond and resolve their issue promptly.

We found there were effective systems in place to monitor the quality of the service provided to people which ensured good governance.

There was a strong ethos centred on effective partnership and excellent working relationships had been forged with other community health and social care professionals.

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.

Medicines were managed safely.

Risks to people were identified and actions taken to mitigate that risk.

Safe systems and procedures were in place which sought to protect people from abuse.

Is the service effective?

Good ●

The service was effective.

Induction, training and continuous professional development delivered to staff was effective and people considered staff to be well trained.

Supervision was effective and completed on a regular basis.

People told us the staff sought their consent before providing care. This was documented in people's support plans.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us they thought the staff were caring.

Individuality was valued and people were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care and support was person-centred and delivered in accordance with people's preferences.

People's care was regularly reviewed in conjunction with them,

their relatives and relevant professionals.

The complaints process was robust. People and their relatives told us if they needed to complain they were confident their complaint would be dealt with thoroughly.

Is the service well-led?

Good ●

The service was well-led.

Audit, quality assurance and questioning of practice was effective.

There was an open, inclusive and positive culture that focussed on people.

People's views were sought which helped to shape how services were delivered.

Central Reablement Service & Home Pathway

Detailed findings

Background to this inspection

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

This inspection was carried out on 15 and 16 November 2017. We gave the service 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and visit people who used the service in their own home.

The inspection team included 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. During this inspection, the expert by experience conducted telephone interviews with people who used the service.

Before the inspection, we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held including safeguarding information and notifications made to the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We also contacted local community NHS teams to seek their views on the service.

We spoke with 14 people who used the service and eight relatives. We also spoke with 10 members of staff including managers, team leaders, and support workers.

We looked at records and associated documentation relating to the service including six care and support plans, medicines records, a variety of policies and procedures and quality assurance records.

Is the service safe?

Our findings

We asked people if they had any safety concerns whilst receiving support from the service. One person who used the service told us, "Yes I feel safe, I have carers, physio and district nurses". Another commented, "I feel safe with the carer, they're very good. I have a few regulars. They always introduce themselves and show me a badge. I have a key safe and they always let me know they're here". A third person told us, "The carers are very nice I trust them". Comments from relatives' included, "[person] has always felt safe with her carers" and, "We feel safe with the staff they remind [person] to take their medication, they have blister packs and put everything in a yellow folder".

Following our last inspection of the Central Reablement Service and Home Pathway in July 2016, we asked the provider to take action to make improvements concerning risk assessment and management of medicines. During this inspection we found these actions had been completed.

Before a person started using the service, a 'request for service' referral form would be completed. This form was comprehensive and captured critical information before a person was accepted for reablement. For example, information relating to current and past medical history; the level of support needed; whether support with medication was required; access arrangements; mental capacity; moving and handling; safeguarding; and cultural requirements. Once a person was accepted for reablement, a more detailed 'citizen provisional support plan' would be completed. We found people had various risk assessments in place that were completed in line with people's identified needs. Where a particular risk was identified, there were clear actions to mitigate those risks. A hazard identification checklist was also completed around the general safety of people's homes. Staff we spoke with told us how they would keep people safe. For example, taking in to account issues such as lighting, security and electrical and fire safety.

When support with medicines was part of an assessed support need, a medication risk assessment was completed. This comprehensive assessment covered a variety of topics which enabled the service to understand how best to support a person to manage their medicines. The findings of the medication risk assessment were then incorporated into the support plan.

As part of the inspection, we visited two people in their own home to ensure medication was given safely. We found medicines to be stored, administered, recorded and disposed of safely. We saw the medicines administration record (MAR) had been completed correctly and there were no omissions of signatures. Staff told us they received updated medication training before providing medication support and regular competency assessments were undertaken by management. MAR charts were also regularly audited for quality assurance purposes.

The service had also been working in collaboration with the council's other reablement services in developing a new city-wide medicines management policy. At the time of this inspection the policy was being updated to take account of new national guidance for managing medicines in a social care setting.

When people had accidents, incidents or near misses, these were reported by staff via the council's internal online form. Information was sent directly to the health and safety department with the registered manager automatically included. A further layer of oversight was maintained by local management as the reporting of an occurrence could be analysed by specific incident. For example, missed calls, medication errors and accidents with injuries. The reporting and recording system also detailed action taken and outcomes which sought to reduce the likelihood of such an event occurring again in the future. The registered manager reviewed all incidents to look for developing trends and resulting actions were discussed with staff to ensure people received their on-going care and support in a safe way.

We looked systems which sought to protect people from abuse and improper treatment. We looked at the services safeguarding adult's policy and saw how the service managed safeguarding concerns. We found that all the staff had completed training in safeguarding vulnerable adults, which we verified by looking at training records. All the staff spoken with told us that they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. The service had a whistleblowing policy, which gave clear guidance on how to raise a concern. Staff told us they were confident in raising concerns and felt confident these would be taken seriously and acted upon.

Recruitment and selection of staff was robust and in line with council policy. Appropriate pre-employment checks were completed including references, employment history, identification checks and a Disclosure and Barring (DBS) check. The DBS carry out a criminal record and barring check on people who have made an application to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps prevent unsuitable people working with this client group.

The service benefited from a stable workforce and the use of agency staff was low. People would not be accepted onto the service until there was sufficient capacity to meet their assessed needs.

Is the service effective?

Our findings

We asked people if they felt the staff had the correct knowledge and skills to provide effective care and support. One person who used the service told us, "The staff are incredibly well trained." Another person commented, "Absolutely no concerns about the staff and their training." A third person said, "All the staff I've met are professional and excellent in what they do. They're more than competent."

We looked at the induction, training, professional development and supervision staff received to ensure they were fully supported and qualified to undertake their roles. We saw newly recruited staff participated in a corporate induction programme and were required to complete the Care Certificate. In doing so, staff completed modules covering topics such as caring with privacy and dignity; awareness of mental health; safeguarding; communication; and, infection control. This meant staff demonstrated the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care.

More widely, we saw the delivery of training was a combination of classroom and online learning. Classroom based courses included moving and handling, medication, emergency first aid, the mental capacity act, personal safety and conflict resolution. Online courses included lesbian, gay, bisexual and transgender awareness, hate crime, dementia awareness, dignity in care, and awareness of domestic abuse. Staff we spoke with demonstrated good underpinning knowledge in a variety of subject areas such as safeguarding, mental capacity and equality and diversity. Longer serving staff had opportunities for continuous professional development which ranged from vocational qualifications in social care, through to leadership and management qualifications. One member of staff told us, "The opportunities for learning and development are fantastic. When a learning opportunity is identified, we are really supported and encouraged to participate."

We saw that staff continued to receive frequent supervision and an annual appraisal. Supervisions, referred to as 'About You' sessions, provided an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurance and learning opportunities to help them develop.

We looked at how well the service worked with other teams and organisations to ensure the delivery of care and support was effective. There was a strong commitment to multi-disciplinary team (MDT) working and the support provided to people in their own homes was often seamless between reablement, physiotherapy, occupational therapy and district nurses. Feedback from community health and social care professionals was consistently good. One professional told us, "I find that this service provide an excellent standard of active care and enable patients to meet their full potential, they are an integral part of the rehabilitation process for patients in central Manchester."

We saw the service had a comprehensive policy and associated procedure for staff to follow in the event a person who used the service required medical attention. The document gave clear guidance about accessing emergency care but also detailed other appropriate treatment pathways for non-emergency care such as GP, pharmacist and dentist. Staff we spoke with were familiar with this document and told us that in

the vast majority of non-emergency cases, they would liaise directly with a person's own healthcare professional to raise any concerns.

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. The application needs to be made to the Court of Protection for people living in their own home. At the time of our inspection, there was nobody receiving support that had a court order.

The service operated within the framework of MCA and in line with council policy. We looked at people's care files and saw capacity assessments were completed in circumstances where people were deemed to potentially lack capacity. We saw people's consent was obtained prior to support commencing and written confirmation of this was found in all the care files we looked at.

Where it was part of an assessed support need, we checked to see how people were supported to maintain their nutrition and hydration. We found people were supported with drinks and meals appropriately and action was taken where concerns were identified. For example, a referral to a person's GP or other relevant healthcare professional. People we spoke with confirmed they could choose what they wanted to eat and drink. Comments from people included, "The staff help me to prepare my lunch but they don't do it for me because its part of my rehabilitation."; and, "I'm getting support at mealtimes which is really helping me to get back on my feet."

Is the service caring?

Our findings

Without exception, people told us they considered the service to be caring. Comments from people who used the service included, "Each and every member of staff who has stepped through that front door has been very caring."; "I've absolutely nothing but praise for the staff. I've now had the service for five weeks and everyone has been wonderful."; "Excellent group of staff, kind and caring and always take their time, never rush me." Comments from relatives included, "[person] has been receiving reablement for the last three weeks and as a family we couldn't be happier. It has helped get [person] home from hospital and the staff are wonderful." Feedback from a community health professionals included, "I have never received negative feedback from the health team and have personally found the reablement staff to be kind and caring." and, "The team are consistently caring and I've never received any negative feedback."

Staff respected people's privacy and dignity. We observed a support worker enter a person's home using the key from the key safe. Before entering they knocked and shouted to the person identifying who they were. The support worker also sought consent to enter the property before proceeding to do so. This person confirmed to us that staff always did this and that they supported them in a way which protected their dignity when receiving personal care. Comments from people included, "The carers and nurses always wear gloves and aprons and wash their hands. They respect my dignity and privacy and keep me covered. They are all caring and kind."; "[support worker] showers me in a morning to get me ready for what I have to do. [support worker] keeps me covered and asks permission to do things. They [staff] are very good, very caring and kind." and, "Everyone is wonderful, I've literally nothing bad to say."

We visited people in their own homes to understand at first hand their personal experience of using the service. One such person has given us permission to share their personal story in this report. This person who used the service told us they identified as transgender and now lived in their acquired male gender. This person told us that historically they had always been in receipt of a traditional daily homecare service from another provider but this had been fraught with difficulties that centred on inconsistent staff, poorly trained staff and insensitive and discriminatory attitudes from some staff. For example, this person explained that if a different care worker was sent each time, this meant this person was effectively 'outing' themselves each and every time before personal care was delivered. We were told how this sometimes provoked a negative response from the care worker which would leave this person feeling humiliated and degraded. As a result of these negative experiences, this person had cancelled the care package from the provider and took control of their own care arrangements. However, due to a change in their personal circumstances, this person had self-referred to Central Reablement after previously using the service. This person described Central Reablement as the 'Rolls Royce' of services and said that staff were 'exceptionally well trained'. We were also told that without exception, each member of staff treated this person with dignity, kindness and compassion and they had never been made to feel anything but valued and respected as a human being. The fact the service maintained a consistent core of staff who visited this person at home, meant they were relaxed, open and comfortable when personal care was delivered and their gender identity was not a barrier. High praise was also given with regards to one member of staff who had been a great source of emotional support and was described as "very comforting."

The main aim of Central Reablement was to encourage and support people to maximise and maintain their independence. Staff we spoke with told us how they encouraged people to maintain their independence and how people were actively encouraged to make every day choices about what they wanted to eat, drink or wear. One support worker described to us how they encouraged people to be independent by letting them do as much as they could and only assisted if it was absolutely necessary.

People and their relatives told us they had been consulted in the care planning and decision making process regarding the reablement service. People were able to put forward their views and that these had been considered. In the homes we visited, we saw a copy of the support plan was present along with information about how to contact the reablement and other sources of information and advice.

Is the service responsive?

Our findings

At our last inspection of Central Reablement in July 2016, we identified the service was not always responsive to people's needs and we asked the service to take action. During this inspection, we found sustained improvements. The registered manager had established a local database which recorded and tracked people's requests for a change to the way the service was delivered. For example, we saw that some people had requested a visit on an alternative day or at a different time; other people had asked for the service to be extended and others had wanted to terminate the service early. We saw that such requests were reviewed by the service in a timely manner and where appropriate, resulted in a person's support plan being updated to reflect their preference.

We asked people if they thought the service was responsive to their needs. Comments included, "I only need to phone or speak with the support worker and they are quick to respond."; "Since I've been out of hospital the team have been really responsive and never let me down."; and, "I've only needed to complain once, it wasn't anything major but the manager sorted it out quickly."

Since our last inspection, the city-wide reablement and support services management team had put together a successful bid to commission a new training and development programme for person-centred support. Person-centred means ensuring all aspects of care have regard to the individual's preferences. This new programme was being rolled out to staff with the aim of the course being to place people who use services and their families at the centre of decision making. We looked at the course content in some detail and saw that learning outcomes for staff included; how to ensure people had access to appropriate care when they needed it; how to promote choice, respect and dignity; how to involve family and friends; and, providing emotional support. We saw this new programme had been well received by staff and resulted in people receiving a more holistic and responsive level of service.

We reviewed six support plans and associated documentation and saw that people's needs had been assessed before they started using the service. Care and support records used by the service were integrated with the council's electronic social care system 'Micare.' This meant a wide range of social care assessments completed by professionals could be accessed by the service. For example, social care assessments completed whilst a person was still in hospital helped to ensure the transition between hospital and home was as smooth as possible. When a person was referred to the service, the council's primary assessment team (PAT) would complete an assessment and this formed part of a person's individual support plan.

Despite the time-limited nature of the service provided by Central Reablement, we found support plans to be detailed, person-centred and easy to navigate. Each plan covered a wide range of topics such as how people wanted their support to be delivered, likes, dislikes, personal preferences, personal care needs, mobility, food and nutrition and medication. Also, due to the multi-disciplinary nature of the support being provided, we saw that people's rehabilitation goals were an integral part of their individual support plan.

Reviews were completed throughout the period a person was in receipt of reablement services and we saw these were completed in conjunction with people who used the service, their families and any relevant professional. People we spoke with confirmed they had been involved in reviews. One person told us, "Within a couple of weeks someone came round and talked to me about the support." Another said "I wanted to finish the service early because I felt I had improved enough. A member of staff discussed this with me and we reached an agreement."

We looked at how the service ensured information was provided to people in an accessible format. We saw the service had access to the council's in-house translation service which meant documents and information could be provided to people in alternative formats. For example, information was available in Braille and large print. The PAT assessment would identify this type of support need which meant appropriate arrangements could be made before the person started to use the service.

People who used the service told us they knew how to make a complaint and we saw information about how to make a complaint was provided in care folders in people's own home. The service followed the council's corporate 'comments, compliments and complaints' policy and people were able to make comments about the service in a variety of ways including by telephone, online, textphone, email and in person. The registered manager maintained formal locally held records and we could see complaints were responded to in a timely manner with records detailing the outcomes of the completed investigation?. The open and transparent nature of the service meant that people were actively encouraged to comment on all aspects of the service.

Is the service well-led?

Our findings

Central Reablement benefited from a long-serving and well established management team. The registered manager was well supported by four team leaders and there were dedicated out of hours managers. Due to circumstances beyond their control, the registered manager of this service was not present during our inspection visit. However, the inspection was not impeded by this and two other managers' were readily available to help facilitate the inspection. This showed that the management team worked together and were knowledgeable about the service in the absence of the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since our last inspection, we saw improvements had been sustained in order to take the service from 'requires improvement' to 'good'. This was particularly evident in respect of audit, quality assurance and questioning of practice. For example, a new quality assurance tool was well embedded into the service and the registered manager, along with other members of the local management team, maintained oversight of key areas such as safeguarding, complaints, infection control, medicines management, and accidents and incidents. We also saw that team leaders would complete a regular schedule of quality assurance visits to people who used the service. This enabled the management team to review and audit the quality of information recorded in people's own homes. Data and outcomes from internal audit were fed back into the wider quality assurance framework which demonstrated continuous learning.

We looked at how the registered manager and staff worked with other agencies. A strong ethos around effective partnership working was in place and it was clear excellent working relationships had been forged with community professionals from the NHS and internally within the council. Comments from professionals included, "The reablement team manager attends joint health and social care 'One Team' meetings on a regular basis to develop and improve integrated working."; and, "The District Nursing Team are based in the same room. We work closely with the team and find this joint working improves the patient journey, providing a more seamless and timely response to patients in the community setting."

Our discussions with people, the management team and staff, showed us there was an open, inclusive and positive culture that focussed on people. Staff told us they felt valued and supported by the registered manager and appreciated their style of leadership. Comments included, "The [registered] manager is fantastic."; "Brilliant manager."; and, "I feel very supported and wouldn't hesitate to go to the manager with concerns or issues. The service is well run though."

We looked at the minutes from various team meetings which had taken place. We saw actions had been set and then followed up at the next meeting with any progress that had been made. The service had policies and procedures in place which covered all aspects of the service. The policies and procedures were comprehensive and had been updated when legislation changed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and on-going development.

People's views were sought through satisfaction surveys and we saw that the management had checked people were happy with their support by contacting them by phone, conducting visits and during reviews of their support plans. Results from the surveys and feedback had been analysed and discussed. The results were generally positive and showed that people were satisfied with the care provided.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications. Records we looked at confirmed that the CQC had received all the required notifications consistently and in a timely way.

Throughout the inspection, we asked for a variety of documents to be made available. We found documentation was kept securely locked away and was well organised enabling the documentation requested to be accessed promptly. Members of the management team and every member of staff we spoke with throughout the inspection was open, honest and transparent.