

## SCC Adult Social Care

# Epsom Reablement Service

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 28 and 31 August and was announced. The last Care Quality Commission (CQC) inspection of Epsom Reablement Service was carried out on 2 January 2014, where we found the service was meeting all the regulations we looked at.

The primary role of the service is to provide people living in their own homes with personal care and support to enable them to maximise their independent living skills after a person's physical care needs had changed either after being discharged from hospital or following an accident or illness. Support is offered free of charge usually for up to six weeks while a person's needs are assessed by the reablement team. Staff providing the majority of the care and support are called 'reablement assistants'. The provider also works closely with other health and social care professionals, such as occupational therapists, GPs, district nurses, hospital staff and social workers. At the time of our inspection the provider was supporting 38 adults, most of whom were older people who had physical care needs.

The service had a registered manager in post who was also responsible for managing two other reablement services for Surrey County Council. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a 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 were happy with the standard of care and support they received from the reablement service. People were provided with the support they required in line with their care plans, which included meeting people's personal care needs and supporting people to become more independent. Staff were respectful of people's privacy and dignity. Our discussions with people receiving a reablement service, their relatives and community based health and social care professionals supported this.

People told us they felt safe when staff from the reablement team visited them at home. Managers and staff knew what constituted abuse and who to report it to if they suspected people were at risk. They had all received up to date training in protecting children and safeguarding adults at risk. Risks to people's safety were identified and management plans were in place to minimise those risks. This included ensuring appropriate equipment was in place to support people safely whilst maintaining their independence.

Staff were knowledgeable about the people they supported. This included their personal preferences, daily routines and cultural and religious needs. Managers and staff regularly discussed people's needs to identify if the level of support they required had changed.

Staff supported people with their nutritional needs. Where the service was responsible for helping people with their food shopping or preparing light meals staff took account of their dietary needs and preferences. Staff were knowledgeable about the signs and symptoms to look out for that indicated a person's health may be deteriorating. If staff had any concerns about a person's health, appropriate professional advice and

support was sought. Where the service was responsible for supporting people to manage their medicines, staff ensured they received their prescribed medicines at times they needed them.

Staff supported people in line with their preferences and ensured they were involved in decisions about their care. Where appropriate, staff liaised with people's relatives and involved them in discussions about people's care needs. Staff were aware of who had the capacity to make decisions and supported people in line with the Mental Capacity Act 2005.

Staff had developed caring and friendly relationships with people they regularly supported. Home visits were coordinated to ensure staff with the right mix of knowledge, skills and experience were matched with people so they could meet their needs and preferences.

Staff received regular training to ensure they could meet people's needs. Competency assessments were undertaken prior to new staff being able to provide support unsupervised, and their competency was regularly checked through supervision sessions. The management team undertook spot checks to review the quality of support provided and ensure it was in line with people's care plans. The provider carried out appropriate recruitment checks on all staff to ensure they were fit to work with people receiving a reablement service.

Staff were supported by their colleagues and their managers. They felt comfortable asking for advice and were encouraged to express their views and opinions about the service. The management team used feedback from people using the service, their relatives and staff to adjust the service and improve service delivery so that it met the needs of the local population.

People felt comfortable raising any issues they might have about the service with managers and staff. Complaints or concerns raised about the service were investigated and, where necessary, appropriate action taken to resolve the issue.

The management team demonstrated a strong commitment to delivering a high quality service to people. The management structure showed clear lines of responsibility and leadership. The service had developed effective governance systems and there was a strong emphasis placed on continuous improvement of the service. The service worked closely with GPs, district nurses, occupational therapy teams, hospital staff and social services to ensure people's health and social care needs were met.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. People felt safe receiving care and support from the reablement service. Staff were aware of their responsibilities to safeguard people from harm.

Risks to people of injury or harm had been assessed and plans were put in place that instructed staff how to ensure these were minimised. Where the service was responsible for supporting people to manage their medicines, staff ensured they received their prescribed medicines at times they needed them.

The provider had checked the suitability and fitness of staff to work for the reablement service. There were enough competent staff available who could be matched with people using the service to ensure their needs were met.

### Is the service effective?

Good ●

The service was effective. Staff had the right knowledge and skills to support people with their personal care needs. Staff were also supported by their line managers and team leaders through a programme of regular supervision and appraisal.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). Managers and staff were aware of their responsibilities in relation to the MCA and ensured people consented prior to providing support. Information was included in people's care records if they needed additional support to make decisions about their care.

People were supported to stay healthy and well. If staff had any concerns about a person's health appropriate support was sought. People were supported to eat healthily, where the service was responsible for this.

### Is the service caring?

Good ●

The service was caring. Staff treated people with compassion, kindness, dignity and respect. Staff had built good working relationships with people. They ensured people were involved in decisions about their care and provided support in line with people's preferences.

People were provided with the support they required in line with their care plans, which included meeting people's personal care needs and supporting people to gain confidence and become more independent. Staff respected people's privacy and dignity. Staff were aware of people's religious and cultural preferences and provided support in line with these.

### **Is the service responsive?**

**Good** ●

The service was responsive. People were involved in discussions about their care and support needs. People's care plans reflected their choices and preferences. Plans were reviewed regularly with people using the service, their relatives, professional representatives and staff.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

### **Is the service well-led?**

**Good** ●

The service was well led. The views of people receiving a reablement service, their relatives, community professionals and staff were regularly sought and valued by the provider. Managers and senior staff used this information along with other checks to assess and review the quality of service people experienced.

Managers and team leaders checked the quality of care and support provided. This included going to people's homes to observe the support provided and review care records. The service regularly held leadership meetings to identify ways to further improve service delivery.

The service worked closely with GPs, district nurses, occupational therapy teams, hospital staff and social services to ensure people's health and social care needs were met.

# Epsom 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 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.

The inspection took place on 28 and 31 August 2016 and was announced. The provider was given 48 hours' notice because we needed to be sure that people in charge of the reablement service would be available in their offices. The inspection was carried out by a single inspector.

Prior to the inspection we reviewed information we held about the service, including statutory notifications we had received from the provider. Statutory notifications are notifications that the provider has to send to the CQC by law about key events that occur at the service. We also reviewed the information included in 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.

On the first day of our inspection we visited the offices of Epsom Reablement Service and spoke with the registered manager, two team leaders, two practitioners and five reablement assistants. We also talked to a locality team manager and occupational therapist who both worked for Surrey County Council adult social care services. We looked at various records that related to people's care and support, staff and the overall management and governance of the service. This included four people's care plans and five staff files.

After the site visit we spoke on the telephone with three people who received a service from the reablement team and the relatives of two others. We also contacted three community health and social care professionals who provided us with written feedback about Epsom Reablement Service.

# Is the service safe?

## Our findings

People told us they felt safe with the staff who visited them at home. One person said, "I haven't known the staff for long, but they all seem really lovely. I feel totally relaxed and safe when they visit me at home."

Staff protected people from abuse and harm. We saw staff had been given copies of the provider's safeguarding policies and procedures. These set out clearly the action they should take to report any concerns they might have. Staff had received child protection and safeguarding adults training. Staff we spoke with were able to describe the signs of abuse. They told us they would report any concerns they might have about a person's safety to a manager or team leader. Two staff gave us examples of safeguarding issues they had raised with management in the past when they suspected people they were supporting were at risk of abuse from family members. The management team liaised with Surrey's safeguarding adult's team if they had concerns a person was being abused or neglected. The provider had a safeguarding lead who staff were able to approach if they needed any advice or support relating to safeguarding people. This person was also available to support staff involved in safeguarding investigations.

The management and senior staff team, in combination with the service's occupational therapist, assessed the risks to people's safety and welfare. People's support plans identified the risks to their safety and how staff were to support them to manage those risks. This included the risk of people falling and the support they required in regards to their mobility, and the risk of developing pressure ulcers and how their skin integrity was to be maintained. We also saw risk assessments had been carried out in people's homes relating to health and safety of the environment.

Equipment was in place to support people to manage their identified risks, including mobility aids and pressure relieving equipment. One member of staff gave us an example of how they encouraged people to use sponges fitted to extended sticks in the shower to minimise the risk of people falling over when they washed hard to reach places. An occupational therapist told us if staff were unsure of how to use any equipment or how to maintain a person's safety they liaised with them for advice and/or further training. The registered manager told us any equipment used in a person's home, such as a mobile hoist, was regularly checked to ensure these did not pose unnecessary risks to people.

The provider ensured safe recruitment checks were carried out on staff before they started working for the reablement team. This helped the provider to determine whether or not staff were suitable to work with people who received a reablement service. Pre-employment checks that were carried out included criminal records checks, work references from previous employers, proof of identity and eligibility to work in the UK, qualifications and full employment history.

There were enough staff to keep people using the service safe. People told us they had no concerns about staff turning up late or missing a scheduled visit. This indicated there were sufficient numbers of staff available to support people. One person said, "Staff always come on the days they say they will and aren't usually late." Another person's relative told us, "They [staff] give us a rough time slot and that's when they normally turn up." Staffing rotas were planned in advance and we noted in most cases people received

support from the same members of staff so that people experienced consistency and continuity in the care they received. The registered manager regularly reviewed staffing levels to ensure the reablement service was able to continue providing people with the support they needed. A member of staff gave us an example of how staffing levels for one person they supported had been reduced recently following a review of their care. The review indicated this individual's mobility had significantly improved in the first two weeks of receiving the reablement service, which meant they could do more for themselves safely and therefore no longer needed two reablement assistants to support them.

People who required support to take their prescribed medicines received this safely. Where people were assisted or prompted by staff to take their medicines their support plan included a medicines administration record (MAR) that contained detailed information about an individual's known allergies, medicines they were prescribed, how they preferred to take them and when. We saw staff signed MAR sheets to indicate the dose and time medicines had been given. Staff said they had access to this information when supporting people and it was clear what medicines people were required to take and when. Staff received training in the safe handling and administration of medicines and their competency to continue doing this safely was reassessed annually. In addition, managers and senior staff told us they routinely reviewed the accuracy of MARs and staffs competency to handle medicines safely during their 'on the job' supervision checks of staff supporting people at home.



## Is the service effective?

### Our findings

People were supported by competent staff who had been suitably trained to meet their care and support needs. People told us staff were familiar with and had the right knowledge, skills and experience to meet their needs and preferences. One person told us, "I think the staff must be well trained because they all seem to know what they're doing. They're all so knowledgeable."

Staff completed an induction to ensure they were aware of their roles and duties, and were able to undertake them competently. The induction included shadowing experienced staff, and completing training required for their role. Staff regularly attended training to ensure they had the right knowledge and skills to undertake their roles. Staff told us they felt they received the training they needed to meet the needs of the people they supported. One member of staff said, "The training we receive is fantastic." There's plenty of it", while another member of staff told us, "Training is really good. So far this year I've been on refresher training for moving and handling, fire safety and medicines". An occupational therapist told us they were responsible for ensuring staff's moving and handling competencies remained up to date.

Managers monitored training to ensure staff were up to date with their training needs. Regular competency assessments were undertaken to ensure staff provided safe care to people in regards to moving and handling, and medicines administration. Staff were also able to achieve other qualifications relevant to their role. One member of staff told us they had recently completed the Care Certificate, which is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

The management and senior staff team supervised and appraised staff's work performance and the support they provided people. Each year staff, which included the managers and team leaders, attended three individual supervision meetings with their line manager, six team meetings with their co-workers and had their overall work performance appraised. These individual and group meetings were used to review working practices and professional development, as well as provide staff with the opportunity to discuss their work and any issues they might have. Team leaders also carried out annual observations of staff supporting people who received a reablement service. One member of staff said, "I feel very supported by all the managers and team leaders that work here", while another member of staff told us, "We're constantly talking to the managers and team leaders either in the office or through team meetings, supervision and our annual performance review".

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. We checked whether the service was working within the principles of the MCA.

Staff were aware of their responsibilities and adhered to the MCA Code of Practice. Staff had received training on the MCA and were aware that they were to assume people had capacity to make decisions

unless they had any information that suggested otherwise. If staff had concerns that a person did not have the capacity to consent to decisions about their care this was discussed with the local authority. We saw from the information that was included in people's care records that people had been involved in decisions about their care and had consented to the support they received.

Staff supported people at mealtimes if they required it. Staff obtained information from people and their relatives about their dietary needs and how they wished to be supported with these. Staff documented this in people's care plans, the meals they prepared and how they supported people to eat during their visit. These records indicated food shopping and light meals prepared by staff were based on people's specific preferences and choices. Staff closely monitored the food and drink intake of people who had been assessed as being at risk of malnutrition or dehydration to ensure these individuals continued eating and drinking enough. Where there were concerns about this, appropriate steps were taken to ensure people were effectively supported. Staff told us they had been given an information leaflet about how to encourage older people to drink more and remain hydrated, especially during the summer months.

People were supported to stay healthy and well. A senior manager representing Surrey County Council told us, "We have an Occupational Therapist who sits with the reablement team and they provide staff with instructions and guidance as necessary." Support plans contained important information about the support people required to manage their health conditions. Staff documented their observations and notes about people's general health and well-being and shared this information with all the people involved in people's care and support.

## Is the service caring?

### Our findings

People spoke positively about the service they received from the reablement team. One person told us, "The service we have received has been absolutely marvellous. The staff are so polite and respectful", while another person said, "The staff treat you like a human being. All the girls that have visited me at home have been lovely". Feedback we received from people's relatives was equally complimentary. Comments included, "I can't fault the service in any way. The staff are always professional, but you can have a laugh with some of them as well", "Staff always take their time and have never rushed my [family member]" and "Staff never fail to ask my [family member] or me if there's anything else they can do before they leave. I don't know what we would have done without them".

Staff respected people's privacy and dignity whilst undertaking personal care. People told us staff were respectful and always mindful of their privacy. For example, covering people up with towels when staff were providing people with personal care to ensure they did not feel exposed. Several members of staff told us if people required only prompting with personal care then staff gave them the space to undertake their own personal care in privacy. One member of staff said, "A person I support likes to shower on their own so I always stand just outside the shower cubicle with the curtain closed until they call me to help them walk back to their bedroom."

People were encouraged to be involved in decisions about the support they received from the reablement service. People told us they were asked about the support they required and how they wanted that support to be delivered. One person said, "Staff asked me at the very beginning what I was hoping to achieve over the coming six weeks in order to get back on my feet." Another person's relative told us, "Staff talked to us about what my [family member] needed so we could all work together with the same aim in mind." The management team told us it was important for people to engage in the service and be able to work towards agreed goals.

People told us the information they received from the service was always clear, which helped them understand the care and support choices that were available to them. Several people told us they had received the reablement services statement of purpose which made it clear what they provided and what their aims and objectives were. There was also a regular newsletter which provided useful and informative information for people about the service.

Staff supported people to ensure continuity of care and to enable them to build good working relationships with people and their families. Staff were matched to people according to their skill set and personality characteristics, interests and cultural backgrounds. For example, as much as possible staff were matched with people who spoke the same language as them. One member of staff gave us a good example of how they often supported people who preferred to speak in Spanish or Portuguese as they were fluent in both these languages and had a good understanding of Iberian culture.

People's care plans outlined people's religion and their cultural needs. Staff were aware of people's backgrounds, and were respectful of people's religions and cultures. This included ensuring their

preferences were met in regards to how personal care was delivered and how their nutritional needs were met. The registered manager gave us an example of how staff had ensured any meat dishes they had prepared for an individual who was a Muslim contained Halal meat in order to meet their religious needs.

The service focused on what people could do for themselves and actively encouraged and supported people to be as independent as they possibly could. People told us the support they received from their reablement team had helped them to maintain their independence. A relative explained how staff had encouraged their family member to get dressed by themselves in order to promote their independent living skills and right to choose what they wore each day. In people's care plans there was clear information about people's level of dependency.

Staff told us they encouraged people to do as much for themselves as possible within the six week timeframe to enable individuals to regain control over their lives and maximises their independence. One member of staff said, "We try and give people all the time they need during our visits to do as much as they can by themselves", another member of staff explained, "It's our job to enable people so that's why it's so important we go at the right pace and ensure people have enough time to do as much for themselves as they can". Several members of staff gave us good examples of how they had promoted peoples independence and choice. One member of staff told us how they had helped a person they supported to walk independently as far as their local pub so they could have a regular meal out with their friends. Managers also told us people who were willing and capable of managing their own medicines safely were actively encouraged and supported to do so.

## Is the service responsive?

### Our findings

People told us the reablement team had helped them identify what their personal goals were, the support they would need from staff to achieve those goals and what services they might require in the future. One person's relative said, "Staff came to our house and asked my [family member] and me what we needed and we talked about how they could help. The staff are so friendly and really do listen to what my [family member] and I had to say."

From this assessment a care plan was produced outlining where people required support with their personal care and how that support was to be delivered. People told us they had been given a copy of their care plan. We saw people's care plans were personalised. These plans took account of people's specific personal care needs, mobility, daily living routines, risks associated with the internal environment of the person's home, their abilities, preferences and who was important in their lives. They also included detailed information about the level of support each person required to stay safe and have their needs met, as well as how they preferred staff to deliver their personal care. A senior manager representing Surrey County Council told us, "There is a culture in the team of "how can we help" and ensuring high quality person centred practice is delivered."

The care and support people received was continually reviewed. People told us their care and support needs were regularly reviewed with them and they were given the chance to discuss any changes they might want to the support they received. Managers and staff told us care plans were reviewed by the service at least once a fortnight or more frequently if required. This enabled the service to determine whether or not a person's needs had significantly improved to leave the service or whether or not they required additional long term care and support after the standard six week reablement period had ended. A senior manager representing Surrey County Council told us, "The service is very flexible to meet changing demand and are always looking for how they can provide support to help people to prevent them needing to stay in hospital too long, or to help prevent them needing to go into hospital."

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People told us they knew how to make a complaint if they were unhappy with the service they had received from the reablement team. One person told us, "I have no complaints about the service I've received from them so far." We saw the provider complaints procedure was included in the information pack that was given to people when they first started using the service. This meant the complaints procedure was accessible to all. We saw the procedure set out clearly what people needed to do if they wished to make a complaint. Staff told us they worked with people to address any concerns before they escalated to a complaint. All complaints were reviewed by a member of the management team to ensure the complaint was investigated appropriately and action was taken to address the concerns raised.

## Is the service well-led?

### Our findings

People spoke positively about the management of the service. One person's relative told us, "The service is extremely well managed", while another person's relative said, "I think the service runs pretty smoothly considering how many people they have to look after". Feedback we received from community professionals was equally complimentary about the way the reablement service was run. One senior manager representing Surrey County Council told us, "The managers and the team leaders are all very accessible and approachable. We sit across from them and work with them on a daily basis which means that we are able to do this very effectively." Another senior manager from Surrey County Council described the service as being valued so highly the local CCG has provided additional funding to increase capacity so that they can provide a reablement service to more people.

The management team demonstrated good leadership. They spoke clearly about their vision for the enablement service including the importance of consistent leadership, individualised care and supporting staff to ensure their vision and values were reflected through the care and support they provided. The registered manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to their legal obligation to notify the CQC without delay about important events that might affect the people using the service, including incidents and accidents and allegations of abuse.

The provider took account of the views of people receiving a reablement service. People and their relatives told us staff representing the reablement team often asked them for their views about what they did well and what they could do better. The service used a range of methods to obtain people's views which included regular telephone contact and invitations to attend some management meetings. People and their relatives were also asked for their views during the completion of a satisfaction survey at the end of their engagement with the service. The findings from the satisfaction surveys were reviewed and used to implement changes within the service to improve the support provided to others. Previous feedback showed that some people thought they needed contact details for community health and social care professionals and agencies they might find useful, for example Surrey Social Services, Epsom General hospital, meals on wheels, fire services (smoke alarms), Age UK and the Alzheimer's Society. In response to this feedback the service had produced a telephone contact numbers list for Epsom and Ewell which was distributed to everyone receiving a service from the reablement team.

The management team encouraged staff to share their ideas and there was open information sharing amongst the team. Staff had the opportunity to share their views about the service during six weekly team meetings and an annual staff satisfaction survey conducted by the provider. Staff gave us some good examples of how feedback they had given during the provider's last staff survey, which had been acted upon. This included improving the guidance they had about how to use the services assessment tool and the introduction of a more flexible staff roster which team leaders were now producing on a daily basis (as opposed to weekly). Managers and staff agreed that the changes described above had all worked well. Staff also told us there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it, which included evenings and weekends.

Managers and senior staff regularly checked the quality of care provided to people. This included undertaking 'on the job' supervision, where senior staff went to people's homes, reviewed the support provided, the interactions between staff and people, and the quality of care records kept. During these reviews team leaders asked people for their feedback about the staff member who supported them. There was also a range of leadership meetings held by managers to review service delivery and to look at what could be implemented to further improve the support people and their families received. These meetings were minuted and where there were shortfalls or issues identified the management team took responsibility for ensuring these were addressed promptly. Progress against these actions was regularly discussed and reviewed by the management team.

In addition, there were systems in place to record and report accidents, incidents, complaints and safeguarding concerns. The management team reviewed individual cases to ensure appropriate action was taken to support the person and to identify any additional support required to prevent the incident from recurring. The management team also reviewed the information to identify any trends. If the information suggested a staff performance concern there were processes in place to support staff as necessary.

The service worked closely with GPs, district nurses, occupational therapists, hospital staff and social services to ensure people's health and social care needs were met. One community professional representing Surrey County Council said, "As we have people linked to the Reablement Team it is very easy to share information with them. We often discuss cases where there are concerns or risks and will do joint visits as necessary." Another senior manager representing Surrey County Council told us, "The service works well with us and other local partners, including local GPs, Epsom & St Helier Hospital Trust and Surrey Downs CCG. I have had feedback from senior health partners that the team have been great and a champion for positive change and innovation."