Hampshire County Council

Community Response Team South East

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?	**Requires Improvement**

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available.

Community Response Team (CRT) south east is a free service provided by Hampshire Local Authority which provides short term, up to six weeks, support for adults. The service supports people who have been discharged from hospital and or require a period of enablement to help them to become as independent as they can whilst living in their own homes. Where people require

Summary of findings

additional support following CRT intervention they are supported to move onto another care agency that provides long term support to them in their own homes. At the time of our inspection there were 68 people using the service. The amount of people using the service could change on a weekly basis dependent upon the needs of the people. There were 60 Community Reablement Assistants, eight senior Community Reablement Assistants, nine team leaders and two administrative assistants providing support.

There was a registered manager in post that was responsible for the day to day running of the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The service did not follow their legal obligation to send notifications to CQC and as a result CQC were not aware if safeguarding referrals were being effectively monitored. There was a system to manage and report, incidents, and safeguarding concerns. However the Care Quality Commission (CQC) was not notified of these concerns.

Systems were in place nationally to continually review incidents, accidents and safeguarding concerns but the registered manager did not receive this information and they were not involved in the analysis of these reports.

Regular reviews of people's needs, service user view's survey, team meetings and evidence of practice took place with staff.

All members of staff knew their roles and responsibilities and were aware of the management structure of the service. One member of staff said "I absolutely feel supported, all the managers are fantastic."

People told us they felt safe and there were systems and processes in place to protect them from harm. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns. Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and put them into practice to protect people. Risk assessments were in place to identify risks and monitor people's skin integrity, mobility and environment. Risks were identified and assessed to ensure people remained as independent as they were able.

There were sufficient numbers of suitable staff to keep people safe and be able to meet their needs. People were supported to manage their medicines safely.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs. One person said, "The carers are brilliant, I couldn't cope without them, they know their stuff." Staff were supported to develop their skills and knowledge which helped them to carry out their roles and responsibilities effectively. Steps were in place to identify people who were at risk of dehydration. People were supported to have access to healthcare services.

Staff involved and treated people with compassion, kindness, dignity and respect. One person said "Staff had been so kind and so professional. We were lucky to have such caring staff." Another person said "Thank you for the wonderful care and attention you gave me to get back on my feet." People's privacy and dignity was respected. People felt involved in their care and staff actively sought, listened to and acted on people's views and decisions. One person said, "They wash me but encourage me to do what I can for myself."

People's needs were regularly assessed and they were involved in the assessment of needs. Care plans were personalised and updated regularly as and when people's needs changed. People's views were always taken into account and they consented to their care. Support provided was outcome focused and people were supported to work towards agreed goals to help them to become as independent as possible.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe and staff had received training on safeguarding and demonstrated an understanding of how to recognise and respond to abuse. Staff had received training on the MCA 2005 and understood the requirements of this and put them into practice.

Risk assessments were in place to identify risks and monitor people's skin integrity, mobility and environment. Risk taking was identified and assessed to support people to become independent as much as they were able. People were supported to manage their medicines safely.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Services were provided based on the needs of the people using the service.

Is the service effective?

Good

The service was effective. People were supported by staff that had the necessary skills and knowledge to meet their assessed needs.

Training plans were in place which helped the registered manager keep up to date with staff skills and knowledge. All staff told us they felt well supported in their role.

People were involved in decisions about their nutrition and hydration needs and these were monitored and managed. People were supported to have access to healthcare services, such as Occupational Therapists, Physiotherapist's and District Nurses.

Is the service caring?

Good

The service was caring. Staff involved and treated people with compassion, kindness, dignity and respect. People told us they felt staff respected their privacy and dignity at all times.

We observed staff actively sought, listened to and acted on people's views and decisions. People felt involved in their care and spoke positively of their experience.

Is the service responsive?

Good

The service was responsive. People's needs were regularly assessed and updated and they were involved in the assessment of their needs.

People told us staff provided them with the support they needed and that staff had the time to provide care. They said if they had any issues they would speak to the registered manager and something is always done.

Summary of findings

People moving onto long term care and support services had this planned so they were supported through the process in a way that met their needs and preferences.

Is the service well-led?

Requires Improvement 

The service was not always well led. The service did not have a system in place to manage and report incidents and safeguarding concerns.

CQC had not been notified of some safeguarding allegations. Although incident, accidents and safeguarding concerns were recorded and analysed on a national level the registered manager did not have this information in order to help identify any learning in order to help prevent them from happening in the future.

Management was not provided with sufficient information to regularly assess and monitor the quality of the service and learn from incidents.

Regular reviews of people's needs; "service user" views survey and team meetings were undertaken. Good leadership could be seen at all levels. All members of staff understood their roles and responsibilities.

Community Response Team South East

Detailed findings

Background to this inspection

We undertook the inspection on the 22 July 2014. The inspection team consisted of an 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service including what the service does well and improvements they plan to make. We reviewed the PIR. We spoke with Clinical Commissioning Groups (CCG) and the local authority safeguarding team to obtain their views on the service and the quality of care people received.

On the day of the inspection we spoke with 19 people who used the service. We also spoke with eight relatives, five members of staff and the registered manager. We visited one person in their own home and one person in hospital.

We spent time looking at four people's care records and other records relating to the management of the service which included people's medicines, care plans, risk assessments, body maps and staff training plans and supervision.

This is the service's first inspection since its registration with the CQC.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, “They are professional, polite and make me feel safe.” Staff showed an understanding of how they could keep people safe. For example, completing risk assessments, liaising with Occupational Therapists (OT) and Physiotherapists about the right equipment, looking for hazards and ensuring people have the right package of care. The local authority safeguarding team did not have any concerns about the service and felt people using the service were safe and well cared for.

Staff confirmed they had received training in how to identify and report safeguarding concerns and demonstrated an understanding of how to recognise and respond to abuse. One member of staff said, “If I see anything detrimental to the person’s treatment or wellbeing I will report to my team leader.” Another said, “I will protect people from harm, I would get as much information as I could and speak to the registered manager.”

There were policies and procedures for managing risk and staff understood and consistently followed them to protect people. Staff were aware of the importance of disclosing concerns about poor practice or abuse and were informed about the organisation’s safeguarding and whistleblowing policy. Staff were clear on who they needed to speak to when reporting concerns and what to do if the concerns were not followed up.

Staff had received training on the Mental Capacity Act (MCA) 2005. Staff demonstrated an understanding of their roles and responsibilities under MCA and put them into practice to protect people. The registered manager and staff confirmed mental capacity assessments were completed by people’s social workers before they were referred to the service and any changes in capacity were monitored and discussed with the appropriate professionals.

Risk assessments were in place to identify risks and provide guidance for staff on how to balance risks such as monitoring of people’s skin integrity, mobility and environment. For example, one person’s risk assessment identified they were at risk of pressure sores and staff were to monitor this person’s skin condition and report back any concerns. Risks were identified and assessed to support people to become as independent as much as they were able. For example, one person’s risk assessment identified they used a walking stick with their right hand, but wanted support to build up their confidence with their left hand. The person’s risk assessment requested staff to work with the person and build up their confidence using their stick with their left hand.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The registered manager told us the service was provided based on the needs of the people using the service. People’s needs were prioritised and people that required two members of staff four times a day would be seen before other people. People confirmed staff were knowledgeable as to what care was needed to keep them safe and were professional and well trained for the role. One person said, “I feel safe when my care is being provided, carers have built up my confidence.” Staff we spoke with said there were enough staff working on each shift to meet people’s needs and to keep them safe.

People were assessed on an individual basis to determine if they could manage their medicines or required support. Most of the people said they managed their medicines and some people confirmed they had support from family or staff.

Medicines were given from a monitored dosage system (MDS) for people who required support with their medicines**.** MDS is a medicines storage device designed to simplify the administration of solid oral medicines. This was because the service aimed for people to be independent with this task and it is a safe system. Staff had received training in the safe administering of medicines. Medicines records were completed to show when staff had administered any medicines and there were no gaps present that may indicate any missed medicines.

Good

Is the service effective?

Our findings

The service was effective because staff had the necessary skills and knowledge to support people and meet their assessed needs. People and their relatives said staff were very efficient in the care they provided. One person said, "The carers are brilliant, I couldn't cope without them, they know their stuff."

There was an organised system in place to help ensure staff received the training they needed when they needed it .The service had training plans in place which helped the registered manager keep up to date with staff skills and knowledge. Staff had received training in manual handling, how to identify and report safeguarding concerns, medicines, mental capacity and nutrition. Staff confirmed they received regular training, one member of staff said, "Training comes through automatically, safeguarding, conflict management, medicines and moving and handling." Another member of staff said, "If we want any training we can ask for it in addition to our regular training." This ensured people's needs were met by staff who had the right skills and competence to meet their needs.

All staff felt well supported in their role. Staff received regular supervisions and appraisals which evaluated their performance and gave staff the opportunity to discuss concerns about the people they cared for. This meant staff performance was regularly reviewed and appraised.

People were involved in decisions about their nutrition and hydration needs and these were monitored, managed and met by staff. Staff told us they made sure people had plenty of fluids upon leaving their property, particularly in hot weather. One person said, "They make sure I am eating OK and tell me to drink plenty of water**.**" People's care records identified the support required with meals and fluids. For example, one person's care plan record stated, '[Person] is able to eat and drink independently but requires assistance with food and fluid due to current injuries.'

People were supported to receive healthcare services. The provider worked effectively with healthcare professionals and were pro-active in referring people for additional support. People had access to health care professionals when they needed them such as District Nurses (DN), Occupational Therapists (OT), Physiotherapists (PT) or GP's People's care records included body maps, and incident reports had been completed highlighting pressure sores and when referrals had been made to DN's. Staff told us they worked closely with all professionals and had on many occasions made referrals to OT's, to the DN for wound checks, and PT's for equipment to support people to become independent. People confirmed they had been visited by an appropriate professional when required. A relative confirmed when their relative was ill staff called a district nurse.

Good

Is the service caring?

Our findings

People, their relatives and professionals were positive about the care and support received from staff. We received comments such as, “Staff had been so kind and so professional. We were lucky to have such caring staff.” Interactions between staff and people were kind and respectful. We saw members of staff were happy, cheerful and caring towards people. Relatives and the people told us staff were “Lovely” and they got on really well with them. We observed members of staff speaking with people in a kind, caring and respectful manner.

People felt involved in their care. One person said, “They are very considerate and know my needs. They wash me but encourage me to do what I can for myself.” People told us they recalled being consulted by managers or team leaders as to their ongoing care needs.

People’s privacy and dignity was respected and promoted. People told us they felt staff respected their privacy and dignity at all times. One person said, “They shut the door.” Staff confirmed they always made sure they respected people’s privacy and dignity by closing their bedroom doors and curtains before commencing with personal care tasks. Staff stated they did not share information about people they cared for unless they had concerns about people’s care and welfare. Staff confirmed they would only pass concerns onto management.

People’s views were taken into consideration and staff listened and acted on people’s views. We observed a review being carried out in the home of a person who used the service. We saw from their care notes they had improved over a period of time. The member of staff completing the review spoke with the person and their relative about the care they were receiving and asked how they were getting on with the support. The person stated they had been improving and an agreement was sought between the member of staff and person to further reduce the care visits from twice daily to once daily. The relative asked the member of staff how they would be able to find a care provider to provide long term support to their relative and the member of staff spoke with them in detail and provided information on care providers.

The member of staff completed a questionnaire with the person and their relative which asked them about their views on the service. For example, ‘When the service was introduced did you feel you were involved in setting your goals.’ On this occasion we heard the person and their relative say, “Oh yes.” When asked, “Did you feel you were treated with respect and dignity.” The person and their relative stated “Yes definitely.” Other people who used the service told us, feedback was occasionally given to management via a phone call to the office but generally to staff when they visited.

Good

Is the service responsive?

Our findings

People's needs were regularly assessed and they were involved in their assessment of needs. Care plans were personalised and updated regularly as and when people's needs changed. People told us their views were always taken into account and they consented to their care. The registered manager told us people's needs were assessed when they joined the service. Support provided was outcome focused and people work towards agreed goals to help them to become as independent as possible. A member of staff said, "I love this service because it is person led, and each person is supported differently depending on their needs."

We observed a staff member visit a person and complete a reassessment of their support following a change in their needs. The person was due to be discharged from hospital the following day and to receive support from the service. The member of staff visited to ensure the assessment of need was up to date. The member of staff checked the support that was required for the person upon their discharge. The person informed the staff member they wanted to build their confidence and go into their garden again to grow vegetables. The staff member informed the person support could be provided to help them regain their confidence. This meant that the person was involved in the planning of their care, review of their needs and were supported by staff to make decisions about the care they needed.

People told us staff provided them with the support they needed and the service allowed staff the time to provide care. However timing of visits for some was an issue with some people telling us they preferred staff to visit earlier on in the day. Most people were aware the service did not provide specific visit times. This was because the service was provided based on needs which could change daily. People confirmed the times of visits did not affect their care needs or the rehabilitation support they received.

People told us if they had any issues they would speak to the registered manager and something is always done. People told us they felt confident to express concerns and complaints. We saw complaints had been received by the service and dealt with in a timely manner and in line with their complaints policy. For example, we saw a letter had been received regarding concerns a member of staff was unprofessional. We saw this complaint had been responded to and resolved within four days.

People moving onto long term care and support services had this planned so they were supported in a way that met their needs and preferences. The registered manager told us once people's goals had been met, which should be within a six week period, a review would take place to determine if people needed ongoing long term support or if they had become fully independent and did not require additional services. The registered manager told us, "If people need ongoing care we will discuss this with them, agree the support they need, discuss times they would prefer and pass this information to their social worker who will find a long term care agency. We will work with the new agency and provide a handover which includes the new agency staff shadowing my team." Staff confirmed they had provided shadowing to the ongoing agency and one said, "This works well because it helps the person feel comfortable and confident." We observed a staff member ask a person if they felt they would require ongoing care and if so, what support they felt they needed and if they had any time preference that best suited their needs. This meant that the service was focussed on responding to their individual needs.

Requires Improvement

Is the service well-led?

Our findings

A person told us, "I would give over 100 percent to this agency." People consistently told us management made frequent visits to people to ensure their needs were met and they were confident to contact the office and discuss their concerns.

There was a system to manage and report incidents, and safeguarding concerns. Incidents and safeguarding concerns had been raised and processes had been put into place to protect people from the risk of potential harm. However notifications had not been received by the CQC for all safeguarding concerns raised. A notification is information about important events which the service is required to tell us about by law. The registered manager told us they did not realise CQC had to be notified for all safeguarding concerns because they had sent them to social services. The registered manager told us they would ensure all required notifications would now be sent to CQC. This meant the service did not follow their legal obligation to send notifications and as a result we were not always aware if safeguarding referrals were being effectively monitored. This is a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009

Quality systems were in place nationally by the provider to continually review incidents, accidents and safeguarding concerns. However the registered manager told us this information was not sent to them and they were not involved in the analysis of these reports. This meant management was not provided with sufficient information to regularly assess and monitor the quality of the service and learn from incidents. This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Reviews of people's needs and completed satisfaction surveys, staff team meetings and observation of staff practice took place regularly. The team leaders and Community reablement assistant supervisor carried out regular reviews in people's homes which reviewed their goals and asked for people's views on the service. We saw a team leader complete a survey with a person who used the service which asked the person if they were happy with the service and felt safe, and if they felt they had been assisted in building their confidence. Where issues had been identified action plans were generated. These were monitored at follow up visits to ensure they had been completed. This helped to ensure that people had the opportunity to talk about what they thought of the service and the provider listened and took action.

Staff were supported to question practice. Staff told us they would report any concerns to their manager and spoke passionately about the robust measures they would take if they suspected abuse. This included reporting concerns about other members of staff to management if necessary.

Good leadership could be seen at all levels. For example, during the inspection we observed team leaders supporting the community reablement assistants with issues and concerns raised throughout the day. We asked staff for their views on management and leadership of the service and they told us it was well managed, excellent and very supportive. One member of staff said, "I can always go to my manager, a community reablement Assistant supervisor or team leader and discuss how I am feeling." Another member of staff said, "I absolutely feel supported, all the managers are fantastic." All members of staff understood their roles and responsibilities and this was observed throughout the day when there were challenges within the team that required team work to resolve. For example new referrals had been received into the team and team leaders passed on the referrals to the community reablement assistant supervisors to assess the individual and arrange for community reablement assistants to be available to provide the support that day.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers This regulation was not being met because the registered person did not protect service users and others who may be at risk of inappropriate or unsafe care by means of an effective operation system to regularly assess and monitor the services provided. Regulation 10 (1) (a).

Regulated activity	Regulation
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents This regulation was not being met because the registered person did not notify the commission without delay of any abuse or allegation in relation to a service user. Regulation 18 (2) (e).