St Helens Council

Reablement Service

Inspection report

Reablement Service, Nightingale House
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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

Reablement Service is a domiciliary care and reablement service providing short term support to people living in the borough of St Helens. The service forms part of the services delivered to people by St Helens Metropolitan Council. All services provided by the Reablement are co-ordinated from an office located in the grounds of Whiston Hospital. At the time of this inspection 24 people were in receipt of services.

The service provides two levels of support to people, a Reablement service for a period of up to six weeks and a Crisis Response service that offers urgent support for a period of up to seven days. The purpose of the service is to enable people to be discharged from hospital to their home address with rehabilitation services and to prevent people, wherever possible from being admitted to hospital.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of overall good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

People told us they felt safe using the service and they felt the service was effective for them. Their comments included "They enable me to do as much as I can", "Smashing service", "Always ask if I want anything and if they can find it they will" and "Nothing is too much trouble." Additional comments in relation to how the service was caring included "Very polite and very nice", "They [staff] are smashing and nice people", "My privacy is always respected", "They [staff] are very polite and very nice" and "Very respectful."

At the time a person started to use the service checks were carried out to identify any potential hazards or risk to people and staff safety. Systems were in place to support people with their medicines safely when required. Staff rotas were continually monitored to ensure that people received the visits they required.

Prior to or at the start of a person using the service people's needs were assessed. These assessments enabled the service to identify people's needs and wishes and to plan individual's care and rehabilitation. People's nutritional needs were considered and planned for as part of the care planning process. People received support from staff that received regular training for their role.

People were provided with information about the service and safeguarding people from harm and this information was available in different formats and translation when required.

Individual care plans gave the opportunity to record people's needs and plan how their care was to be delivered. People's care and support needs were reviewed on a weekly basis or sooner if required. A complaints procedure was in place and people using the service had access to this. People were asked for their views on the service as their period of support was coming to an end.

Policies and procedures were in place to promote safe working practices and promote the health, safety and wellbeing of people using the service. All policies and procedures were accessible to staff at the service's office. Systems were in place to continually monitor the quality of the service people received. The registered provider continued to develop the service along with health care provision within the area to provide support when needed to people in their own homes.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

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.

This was a comprehensive inspection carried out by one adult social care inspector.

The inspection took place on the 13 and 17 September 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that they would be in.

During the inspection we looked at a selection of records and documents relating to the service. We looked at records that included assessments of risk and care planning documents, policies and procedures and other documents relating to the management of the service. We looked at the recruitment procedures and rotas. In addition, we spoke with five people who used the service. We spoke with and spent time with seven staff members and the registered manager of the service.

Prior to the inspection we assessed all of the information we held about the service. This information included information sent to us by the registered provider. We used all of this information to create our 'planning tool' which helps us to decide how the inspection should be conducted and any key information we need to discuss.

Before this inspection we received a completed Provider Information Return (PIR). This document gave the registered provider the opportunity to tell us about how the service delivers safe care and support to people and what plans they have in place to continue to make improvements to the service. Through the PIR process three people who had used the service, two staff and three health care professionals completed a questionnaire. The results of these questionnaires are considered in this report.

Good

Is the service safe?

Our findings

People told us that they felt safe using the service; that staff do all they can to prevent and control infection and that staff always complete the tasks they should do during each visit.

Policies and procedures in relation to safeguarding people continued to be in place and accessible to all staff. These procedures were supported by a clear flow chart that demonstrated what actions were needed and when in the event of a concern being raised. Staff demonstrated a good awareness of what actions they needed to take in the event of witnessing or being made aware of any abusive situations. Training records demonstrated and staff confirmed that they had undertaken safeguarding awareness training. No safeguarding concerns had been raised since the previous inspection.

As part of people's care and support plans identified risks to people were assessed and where possible, minimised. At the time a person started to use the service checks were carried out to identify any potential hazard or risk to people and/or staff safety. These checks included people's living environment, slipping/tripping hazards, electrical equipment to be used by staff, the presence of animals, risk to personal safety, the needs of others in the household, fire safety and the opportunity to consider any other risk that may be apparent. When a risk was identified action was taken to reduce the risk. Information relating to identified risks and any actions to be taken were recorded in people's care planning documents.

People's specific needs were assessed by a team of health care professionals and teams linked to the service. For example, the frailty team, the falls team which included a paramedic and occupational therapist and physiotherapists. Any equipment identified as being needed to support an individual within their home was provided and installed as the service commenced.

People continued to receive their medicines safely. Policies and procedures were in place to offer guidance and support to staff when managing or supporting people with their medicines. At the time of this inspection a revised procedure was in draft that included updated information relating to administration of medicines, the completing of documentation relating to medicines and the levels of support people may require as part of their reablement. All staff had received training in medicines management.

Staff rotas continued to be developed and managed electronically by a team of team leaders. These rotas were changed on a regular basis to ensure that people's needs were met. Daily checks were made to ensure that people had received the care and support they required. These checks were carried out by a duty team leader who was based at the office. Each member of staff had a mobile phone supplied by the service. This helped ensure that contact could be made with the staff team at all times to relay any changes to people's needs and requirements.

To support the development of the service a rota system for manager support had recently been introduced. This involved the registered manager and other members of the management team working shifts. This promoted the availability and access to managers between the hours of 07:00 to 22:00 seven days a week.

Robust recruitment procedures remained in place. All recruitment was co-ordinated by St Helens Council's personnel department. The procedures ensured that appropriate references and criminal record checks were completed prior to a new member of staff commencing their employment. These checks helped ensure that only staff suitable to work with vulnerable people were employed. A number of NHS health care assistants were working with the service as part of the graduated merge of health and social care services and were working alongside support and intermediate support workers within the team.

Good

Is the service effective?

Our findings

People told us that they were happy with the service they received. Their comments included "They enable me to do as much as I can", "Smashing service", "Always ask if I want anything and if they can find it they will" and "Nothing is too much trouble."

Referral and assessment procedures had further developed since the previous inspection. People referred for the Reablement service, a period of support and rehabilitation for up to six weeks, had their needs assessed prior to the service commencing. For example, if a person required the Reablement service following a stay in hospital, their needs would be assessed and planned for prior to them moving back to their home. This assessment process could be carried out by a hospital social worker or a member of the reablement team and considered all aspects of a person's physical, medical and environmental needs. The assessments carried out in these situations considered people's needs and wishes to enable them to manage their own health and wellbeing and to continue to live as independently as possible. The person requiring the service and where appropriate family members and relevant others were fully involved in this assessment process and support was planned with their agreement.

People referred to the service for Crisis Response, had their needs assessed during the initial visit to their home by staff. This enabled the service to provide urgent care and support to people living in their own home within hours of the referral being received. Referrals for the Crisis Response service could be made by any community health or hospital based professional and supported people for up to a period of five days.

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 make particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible. People's ability to make specific decisions was assessed during assessments carried out prior to or at the start of the service commencing. Consent for care was obtained in accordance with the principals of the MCA. Wherever possible people had signed their consent to receiving care and support and this form was contained in people's care planning documents. People told us that staff always gained their verbal consent prior to delivering care and support. Staff continued to demonstrate a good awareness of the principles of the Mental Capacity Act.

Where required people's needs and wishes continued to be assessed and recorded in relation to dietary needs. Support offered to people using the service involved assisting people to develop and regain their independence in preparing their own drinks and meals. People's needs in relation to eating and drinking and food preparation were recorded in their care plans.

Since the previous inspection the provider had introduced the Care Certificate as part of the staff induction process. The Care Certificate is a set of nationally recognised training standards for people working in health and social care. When staff had transferred into the service, their training needs were assessed and training was provided in areas identified. For example, health care assistants who had transferred from a hospital

had received an induction with St Helens Council, medicines and hoist training in order for them to carry out their role safely in the community.

Staff continued to receive on-going training for their role. Since the previous inspection staff had undertaken training in diabetes, dignity, equality and diversity, fluid and nutrition and homely remedy medicines. This was in addition to mandatory training scheduled throughout the year. Further training was planned for person centred care. Staff told us that they received the training they needed to carry out and develop their role in line with the changes to the service. They described the management team as approachable and supportive. For example, one member of staff told us that they had been supported to have the time and mentoring they needed to complete a degree course.

Good

Is the service caring?

Our findings

People spoke positively about the service they received. Their comments included "Very polite and very nice", "They [staff] are smashing and nice people", "My privacy is always respected", "They [staff] are very polite and very nice" and "Very respectful."

The purpose of the service was to enable people to maintain, regain and develop their independence to enable them to live as independently as possible. People told us that, with the support of the service they had been able to maintain living in their own home following a period of reablement. For example, one person told us that following a period of five months in hospital they had been able to return to their home and family with the Reablement team supporting them with their health and care needs. Another person told us that the staff "Enable you to do as much as you can" following their return home from a hospital stay.

The service continued to provide a caring approach to the individual needs of people. For example, a referral was made to the service by a GP who was concerned about a person living alone. Whilst arranging support for the person the service also ensured that a food parcel was made available for staff to take when visiting the person. This was to ensure that the person had food provisions in their home. A further example involved the service providing support to a family who were finding difficulties in arranging support for the care of two relatives. The service provided the support needed for the family to remain together.

At the time a person began to use the service people were given an information pack. This pack included information relating to safeguarding adults from abuse, information about the councils linked home improvement agency, how to access local advocacy services and how to make a compliment or complaint about the service. In addition, people were given a copy of the 'Service User Guide' which included information relating to the quality and safety people could expect from the service, the cost of the service and how the service managed people's personal information. All information was available in a typed format. However, facilities were available via the providers equality and diversity officer and care management team to arrange for the information to be available in alternative languages and formats to ensure that wherever possible, accessible information was available to all.

St Helens Council had a comprehensive equality policy. The document contained the council's accessibility charter, equality policy statement, legal duties and objectives in relation to age, carers, education, fair employment, gender re-assignment, human rights, religion and beliefs and sexual orientation policy statements. To help ensure that the policy was implemented for people, staff had received training in equality and diversity.

Good

Is the service responsive?

Our findings

People told us that they were happy with the service they received. They told us that they had been involved in the planning of their care and that they had a copy of their care plan.

People's care and support packages continued to be outcome focussed. Care and support needed by people was specifically tailored to their needs in relation to reablement. These needs included physical, motivational and confidence building support. As people regained their independence through the support of the service, their care needs were continually assessed and changes made to their care and support plans. Reviews of people's care took place on a weekly basis or more frequently if required. These reviews involved the input of a multi disciplinary team of health and care processionals to monitor people's changing needs and to make further plans to meet people's specific needs.

Due to ensuring that people immediate needs were met when referred for Crisis Response, care plans and risk assessments were developed at the time of the service commencing. For example, in the event of a person returning home from the hospital A+E department they would be met by staff who would develop their care plan and assess for any risks at that time. This process enabled people to receive the Crisis Response service within hours of the referral being made.

Following each visit to people, staff recorded what care and support had been delivered at that time. These records, along with medication records were checked as part of the care plan reviews. Once a person had finished using the service, all records were again fully assessed and checked by a senior member of staff. These records were then scanned into the services electronic records system. All paper copies were then destroyed in line with data protection legislation to protect people's personal information.

The service continued to work with other agencies to respond to people's needs and help them to return home. For example, if a person was unable to be discharged from hospital as their permanent care agency could not arrange visits for several days, the Crisis Response service could in certain circumstances meet the person's needs. This enabled people to return to the comfort of their own home in a timely manner.

St Helen's Council continued to have a detailed complaints policy and procedure in place that gave clear information as to what people should expect should they raise a concern or complaint about the service. Information as to how to raise a compliment, concern or complaint was included in an information pack supplied to people when the service commenced. The registered had received no complaints about the service since our previous inspection.

The Reablement Service did not provide end of life care to people.

Good

Is the service well-led?

Our findings

A registered manager was in post who had managed the service for 14 years. 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.

The registered manager and staff team continued to demonstrate a commitment to delivering a quality person centred service to people. St Helen's Council, the registered provider has a clear strategic plan for the merging of health and social care facilities within the borough. The Reablement team continued to be developed as part of this strategy with the aim of developing a 'front door' service, a one point of access to people needing services. In addition, a further aim of the strategy was to prevent people attending and being admitted to hospital unnecessarily by responding to people's needs quickly. Staff had a clear understanding of the on-going changing structure to the service they were delivering and felt supported in this process.

Since the previous inspection the service had moved location to an office located within the grounds of Whiston Hospital. The office was shared with teams of health care professionals working collaboratively with the Reablement team to deliver a responsive and effective service to people. A community health care professional told us "We work in partnership with the Reablement services which is positive and always have a solution focused approach for any problems we raise or ask for additional assistance."

Systems continued to be in place to monitor the quality of the service people received. This included weekly multi disciplinary team meetings to review people's care and support needs to ensure that they remain effective. This was in addition to team leaders continually monitoring the service delivered to people. The registered manager carried out 'spot checks' on staff supervision records and people's care and support packages. The service was routinely visited and monitored by the provider's quality monitoring team and the registered manager provided weekly, monthly and annual reports to the Clinical Commissioning Group to demonstrate the effectiveness of the service.

The Adult Social Care Outcomes Framework (ASCOF) is used locally and nationally to measure progress of how well care and support services achieve the outcomes that matter most to people. The most recent measures indicated that the service provided by the provider were above average for the north west region.

Following receipt of a service people were asked to complete a survey form about their experience of using the service. Fifty people who had accessed the service between April and July 2018 had completed a survey. The results of the survey demonstrated that people were very satisfied with the service they had received, that they were always treated with dignity and felt safe.

The registered provider continued to review and update the policies and procedures in place to promote safe working practices and promote the health, safety and wellbeing of people using the service. All policies

and procedures were accessible to staff at the service's office.