

Redcar & Cleveland Borough Council







# Recovery and Independence Team

## 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	

## 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 process being introduced by CQC which looks at the overall quality of the service.

This was an announced inspection carried out on 16 July 2014.

The Recovery and Independence Team provides a free and flexible service to people in their own homes for a period of up to six weeks. Staff provide care, support, encouragement, rehabilitation and advice to people with the aim of them regaining their independence. The

# Summary of findings

service is available to people aged 18 and above who live in the Redcar and Cleveland area and who have the potential to improve their independence. For example, someone who is to be discharged from hospital after a period of illness. The service supports people with meal preparation, attending to personal hygiene, administering medication, mobilising, shopping, accessing community facilities and domestic support.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The co-ordinator and staff that we spoke with had a good understanding of the principles and their responsibilities in accordance with the Mental Capacity Act (2005). People told us they felt safe. We saw there were systems and processes in place to protect people from the risk of harm.

We found people were encouraged and supported to take responsible risks. People were encouraged and enabled to take control of their lives.

People told us they were cared and supported to regain their independence by experienced and knowledgeable staff. People told us that staff were reliable. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff started work.

Staff who worked at the service were extremely knowledgeable about the care that people received. People told us that they received person centred care.

People who used the service and relatives told us they were very happy with the care that they received.

People told us they were supported to prepare food and drinks of their choice. This helped to ensure that nutritional needs were met. People told us they were encouraged and supported to be independent with meal preparation.

People were supported to maintain good health and had access to healthcare professionals and services. Where needed people were seen or referrals were made to the district nursing service, occupational therapist, community physiotherapist and dietician.

People and relatives told us they were supported by caring and compassionate staff. People we spoke with said they were happy with the care and support provided and could make decisions about their own care and how they were looked after.

People told us staff respected their privacy and dignity. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

People's care and support needs had been assessed before the service began. Care records we looked at detailed people's preferences, interests, likes and dislikes and these had been recorded in their care plan.

Appropriate systems were in place for the management of complaints. People and relatives told us the registered manager was approachable. People we spoke with did not raise any complaints or concerns about the service.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

# 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?

The service was safe.

People told us they felt safe. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff knew how to recognise and respond to abuse correctly. The registered manager and staff that we spoke with had a good understanding of the principles and their responsibilities in accordance with the Mental Capacity Act (2005).

Staff at the service enabled and supported people to take responsible risks.

There was enough qualified, skilled and experienced staff to meet people's needs. Robust recruitment procedures were in place.

Good



### Is the service effective?

This service was effective.

Staff who worked at the service had completed induction and other training. They told us that they felt supported. Staff were extremely knowledgeable about the care that people received.

People told us they were supported to prepare food and drinks of their choice which helped to ensure that their nutritional needs were met. People told us that they were encouraged to be independent with meal preparation.

People were supported to maintain good health and had access to healthcare professionals and services. Where needed people were seen or referrals were made to the district nursing service, occupational therapist, community physiotherapist and dietician.

Good



### Is the service caring?

The service was caring.

People and relatives told us they were supported by caring and compassionate staff. People we spoke with said they were happy with the care and support provided and could make decisions about their own care and how they were looked after.

People told us staff respected their privacy and dignity. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

People's care and support needs had been assessed before the service began. Care records we looked at detailed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. Staff and people who used the service spoke of person centred care.

The service responded to the changing needs of people.

Feedback from people and their families was regularly sought and used to make improvements to the service.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us the service had an open, inclusive and positive culture.

Accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified.

Good



# Recovery and Independence Team

## Detailed findings

### Background to this inspection

The inspection team consisted of two inspectors and an expert by experience with expertise in domiciliary care. 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 we reviewed all the information we held about the service. The provider completed a provider information return (PIR) which we received prior to the inspection. 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. After the inspection we contacted the local authority, Healthwatch and another agency that works with the provider.

After the inspection we spoke with nine people who used the service and with two relatives on the telephone to seek their views on the care and service provided. People we spoke with told us that they were provided with a reliable service by caring and considerate staff. The registered manager was unavailable at the time of the inspection.

However, we spoke with the person who was in charge who was the co-ordinator, a social worker attached to the service, two senior recovery assistants and five recovery assistants. We looked at five people's care records, five recruitment files, the training matrix and six staff training records, as well as records relating to the management of the service.

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.

This was the first inspection of this service at this location.

# Is the service safe?

## Our findings

During the inspection we spoke with nine staff. They were aware of the different types of abuse and what would constitute poor practice. Staff said they had confidence that senior staff and the registered manager would respond appropriately to any concerns. All staff we spoke with told us that abuse and safeguarding was discussed at supervision and during staff meetings. Records looked at during the inspection confirmed this to be the case. Staff told us they had received training in respect of abuse and safeguarding of vulnerable adults. We saw certificates of training to confirm that this was the case.

Staff were very aware of local safeguarding protocols and provided examples of how they had used these. One staff member we spoke with during the inspection told us of an occasion when a person who used the service had disclosed to them an allegation of abuse in respect of a staff member at another domiciliary care agency. They told us how they reported this to management and the local authority to keep the person safe. This meant that staff responded appropriately when abuse was suspected to safeguard people.

Records looked at confirmed that the management team had worked with other individuals and agencies to safeguard and protect the welfare of people who used the service. People who used the service and the relatives we spoke with during the inspection were aware of who to speak with should they need to raise a concern. They told us that they felt safe and trusted the staff who helped to provide them with the care and support that they needed. We found the service had safeguarding and whistle blowing policies and procedures in place. These outlined to staff what action they needed to take if they suspected a person was at risk of abuse from anyone. Staff were provided with a personal copy of these policies at induction. This meant staff had access to information which supported them to identify and report suspected abuse.

The co-ordinator told us staff supported people to take responsible risks. One of the aims of the service was to enable and support people to regain their confidence, ability and the necessary skills to remain at home. The Recovery and Independence Team worked with people to regain these skills. Once a person was assessed as suitable for the service a co-ordinator and other health professionals (where the need has been identified)

completed an assessment of the person. This assessment looked at the help and support needed, such as help with personal care, medications, emotional and personal support and social engagement. The co-ordinator told us any risks associated with care and support would be highlighted. Care records we looked at during the inspection clearly highlighted any risks. In the care records for one person we saw they were recovering from abdominal surgery. In their care plan for 'hygiene and dressing' we saw that staff had highlighted the risk of this area becoming wet and the risk that the person could not maintain adequate hygiene due to posture and mobility. We saw in another care plan one person had been highlighted at risk of falling and to help to reduce or prevent falls the person was to use a walking stick.

The co-ordinator told us the service was provided from 7am until 10pm. This meant that some staff visited people at their home when the office had closed. The co-ordinator told us how senior staff were on duty until the last staff member finished their last call of the night. Recovery assistants told us that they had to report to senior staff and inform them that they were home. This showed that the provider took steps to ensure the safety of people who used the service and staff.

We were shown records which informed that prior to the commencement of the service environmental risk assessments were undertaken of the person's home. We saw information to show individual safety checks had been carried out in each home setting for staff to be able to work safely. Staff we spoke with told us they felt safe and competent to support people at home and in the community. Safety checks looked at medicine storage, electricity points, where the stop cock was, equipment to be used, fire risk and slip/trip hazards. The co-ordinator told us that equipment such as hoists would be checked to ensure that they had been serviced and were fit for use. This meant that the provider took steps to ensure the safety of people and staff.

During the inspection we looked at the records of five newly recruited staff to check that the agency recruitment procedure was effective and safe. Evidence was available to confirm that appropriate Disclosure and Barring Service checks (DBS) had been carried out to confirm the staff member's suitability to work with vulnerable adults before they started work. References had been obtained and where possible one of which was from the last employer.

## Is the service safe?

The co-ordinator told us any gaps in potential staff's employment history were discussed at interview to determine their suitability to work in the service. All staff recruited had a minimum qualification of NVQ level 2 in Care.

Staff we spoke with during the inspection confirmed that a thorough recruitment procedure had been followed. We were told that new recovery assistants shadowed experienced staff for at least a month. This helped to ensure that people were supported by skilled and experienced staff.

The co-ordinator told us that the service employed 50 recovery and senior recovery assistants. In addition to this the service employed, co-ordinators, a registered manager and clerical staff. The co-ordinator told us that at the time of the inspection there were 37 people who used the service. The co-ordinator told us that there were enough staff employed to meet the needs of current people and if there was to be an increase in demand.

Support staff that we spoke with during the inspection told us that there was a plentiful supply of staff to provide care and support to people who used the service. The co-ordinator told us the agency provided a flexible service in which to ensure that they met the needs of people. We were told and saw records which confirmed that people's needs were assessed on an individual basis. The co-ordinator told us that people and staff were provided with a weekly rota, which informed what time staff would be providing support and the names of staff. The co-ordinator and staff that we spoke with said that staff skill and experience were matched to people who used the service. People that we spoke with during the inspection confirmed that the service employed sufficient staff to meet people's needs.

People we spoke with during the inspection said that the staff turned up on time and stayed for as long as they were expecting them to. Where staff had been delayed on a previous call they had been contacted to let them know that staff would be slightly late. One person we spoke with said, "I never felt rushed." Another person said, "The staff never hurry me."

We asked the co-ordinator what staff would do in the event of a medical emergency when providing care and support for people who used the service. The co-ordinator told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. The co-ordinator told us staff had undertaken training in first aid. We saw records to confirm that this was this training was up to date. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

The co-ordinator told us that the majority of people who used the service had capacity to make their own decisions. The Recovery and Independence Team did not cater for people with advanced dementia or a moderate to severe learning disability as they would not benefit from the service. The co-ordinator told us that where necessary other professionals involved in their care would undertake assessments in relation to mental capacity. Staff we spoke with understood their obligations with respect to people's choices. Staff told us that people and their families were involved in discussions about their care. The provider information return stated that 100% of staff were currently trained in the Mental Capacity Act 2005.



# Is the service effective?

## Our findings

We saw that staff held suitable qualifications and / or experience to enable them to fulfil the requirements of their posts. All staff had a minimum qualification of NVQ level 2 in care. Staff we spoke with during the inspection told us on the commencement of their employment they undertook a full induction. This included reading policies and procedures and shadowing other experienced staff whilst they provided care and support to people. We spoke with a social worker who had joined the service in the last 12 months. They told us they had a six week induction that included meeting other healthcare professionals so that they could understand the roles of other workers in the field of reablement.

People who used the service spoke highly of the staff skills and experience. One person said, "They work with me." Another person said, "I don't know if I could have got any better, they have all been so good." One relative we spoke with said, "Most of the carers were good and had the right skills, but some didn't know how to shave his face." After the inspection we spoke with the registered manager who told us that they would provide training in respect of this.

On the day of the inspection we spoke with staff about training they had undertaken in the last 12 months. Staff told us that they had been trained in safeguarding, mental capacity, moving and handling, fire safety, medication, food hygiene and first aid. Two staff had also undertaken training in diabetes and mental health awareness. During the inspection we looked at the individual training records of staff. We found that what staff had told us about training matched up to certificates on file.

Staff we spoke with during the inspection told us that they felt well supported and that they had received regular supervision and an annual appraisal. The co-ordinator showed us a supervision and appraisal matrix/planning document. This detailed planned supervision and appraisal dates for 2014. One staff member said, "Even if it's dead busy and you've had a hard day, they will give you time, there is always someone on the end of the phone." The service provided support to people at meal times.

People were encouraged to be independent in meal preparation. Staff encouraged and supported people to have a healthy balanced diet. From the care records looked at during the inspection we saw that the service offered a person centred approach to meal times. We saw that people were allocated the time that they needed to prepare and cook a meal. We saw that one person was allocated over an hour for lunch time. Prior to using the service this person had liked to cook a meal from scratch. This involved peeling potatoes and other vegetables. During the rehabilitation period we saw that staff supported this person to be independent and eat the food of their choice. We saw that another person was allocated 30 minutes because the person wanted a microwaveable meal and as such this did not take as long to prepare. People who used the service told us how staff had provided rehabilitation support with food preparation and meal time. One person said, "Initially the carers helped me use the microwave to warm up meals that my daughter had made until I could do it myself." Another person told us how they were shown how to use the cooker and / or microwave. Another person told us about how staff prepared their sandwiches with a filling of their choice.

The co-ordinator and staff we spoke with during the inspection told us they worked very closely with other healthcare professionals to support the person in their recovery. We were told and saw records to confirm that the service worked closely with GP's, the district nursing service and social workers. We saw that when needed, appropriate referrals had been made to the community physiotherapist, dieticians and occupational therapists. Staff spoke with knowledge and understanding about rehabilitation and people's individual needs. We found that changes to rehabilitation and needs were well managed. We saw that occupational therapists and other health care professionals were involved in providing the programme of rehabilitation to people. People were provided with the equipment they needed prior to the commencement of the service for example raised toilet seats and hoists. This meant that people were supported to maintain good health and had access to healthcare services to aid their recovery.



# Is the service caring?

## Our findings

The co-ordinator told us there was a person centred approach to the support and care that people received and this was very evident in the way the staff spoke about people who used the service. We found from our discussions with staff that people and their families were given the utmost priority. Staff spoke with kindness and compassion and were highly committed and positive about the people they supported. Staff clearly knew and understood the individual needs of each person, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices and decisions.

The co-ordinator told us staff induction and training, along with policies and procedures supported values and beliefs in the dignity and welfare of people. We saw the key policies and procedures contained information on the service's values and beliefs such as; privacy; dignity and respect; equality; independence; rights; and confidentiality. It was clear from our discussions with staff that these values underpinned the work they carried out with people.

People told us that the staff were caring and compassionate. One person said, "It's like we have been friends for years. They are extremely helpful." Another person said, "They ask me what I'd like help with." A relative we spoke with said, "The carers were excellent and friendly."

One staff member we spoke with told us about a recent event where a person had fallen just before they arrived to support them with their night routine. The member of staff

told us how they alerted senior staff and stayed with the person until the ambulance arrived and then secured their house. This meant that the staff member was late in finishing their shift but it showed the care in ensuring the person and their property were supported and safe.

People told us they felt involved in making decisions relating to their rehabilitation. For example, prior to using the service, people were visited at home by the co-ordinator for an initial assessment. During this assessment people were asked what time they would like visits to take place and if they preferred a male or female staff. We were told and saw records to confirm that each person's rehabilitation package was reviewed on a weekly basis. This review was to monitor progress, review rehabilitation that had taken place and to determine if any changes needed to be made. One person spoken with said, "They encourage me and are there by my side to give me confidence." Another person said, "They are very supportive, they listen to you and make sure you are doing the right thing." People's diversity, values and human rights were respected. Staff demonstrated to us that they knew how to protect people's privacy and dignity whilst assisting with personal care but how they also ensured that people were safe. Staff told us of the importance of building a trusting relationship. One staff member told us how they would stand outside the bathroom whilst people got washed. Another staff member said that they would always ask people, "Are you ok for me to help with your personal care?" People who used the service confirmed that their privacy and dignity was respected and promoted. One person said, "I am a very private person and I was dreading them coming in but it's been fine as they are reassuring and helpful."

# Is the service responsive?

## Our findings

People were referred to the Recovery and Independence Team after they had been assessed by a social worker. The co-ordinator told us that referrals were acknowledged and responded to and the service was provided within 72 hours. Care records we looked at during the inspection confirmed this to be the case. The rapid response element of the service provided support to people who required immediate support to enable them to stay at home and prevent admission to a care home or hospital. The service provided flexible care and support to people between the hours of 7am and 10pm. A co-ordinator visited the person at home and agreed the outcomes the person wanted to work towards achieving. Each week the person's rehabilitation was reviewed to monitor their progress, set goals and plan discharge. At the end of six weeks or before the person was discharged people were reassessed to determine any future care needs. The social worker we spoke with during the inspection said, "This is a very good service. I have worked in three reablement services and this is by far the best. The way that they pick up their work is so quick. Everything is prioritised. The service is very flexible in terms of choice."

The co-ordinator told us how the service responded to the changing needs of people. At each visit care staff documented what progress the person had made and achievements. This also included what the person had been able to do for themselves and the assistance required from staff. At weekly meetings each individual person was discussed. Where changes were needed this was actioned. For example, we saw that the call time of one person had changed from 5pm to 7pm to suit their needs. We saw that the call time for another person had been increased to allow more time to achieve greater independence in daily living tasks. We also saw that call times had reduced as and when a person became more independent. This meant that the service responded to the changing needs of people.

One person we spoke with during the inspection said, "I have progressed from a zimmer frame to using a walking stick." Another person said, "They knew how much I wanted to be independent and worked with me to achieve this."

At the time of the inspection there were 37 people who used the service. During our visit we reviewed the care and rehabilitation records of five people. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choice. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. Of the care records we looked at during the inspection some detailed person centred care and support that the person needed, however some plans of care were more task related. For example one care plan stated that the person needed help to undress safely, but it did not state what that help was. The co-ordinator told us that the registered manager had already highlighted the improvement needed to make care plans more person centred. The co-ordinator showed us a training file with examples of how person centred care plans were to be written. We were told that this system of care planning would be introduced within the next couple of weeks.

The co-ordinator told us the service had received one complaint in the last 12 months. We were told that senior staff maintained regular contact with people and relatives to make sure that they were happy with their care rehabilitation and support. If any concerns were identified then these were acted upon quickly to avoid any unnecessary upset. We looked at the complaints procedure, which informed people how and whom to make a complaint to. The procedure gave people timescales for action. People who used the service told us that they did not have any concerns. People told us that they felt listened to and that they felt confident in approving staff or the registered manager. We saw that people had been asked to provide feedback on the service they had received. We found that the service had received many compliments. Compliments made included, 'I can only recommend your service, brilliant and caring.' Another person stated, 'Always cheerful and sympathetic to my needs and gave me encouragement when I needed it.'

# Is the service well-led?

## Our findings

The service had a registered manager who has managed the service for a number of years. We spoke with the co-ordinator who told us there were clear lines of management and accountability and all staff who work for the service were very clear on their role and responsibilities. Staff told us that the registered manager and other senior staff had an open door policy so that staff have access to support at all times. From discussion with staff we found that the registered manager was an effective role model for staff and this resulted in high levels of morale and strong teamwork, with a clear focus on working together. One staff member we spoke with said, “We talk about issues and how we can address them.” Another person said, “I feel that I can go to anyone, they are all approachable and it’s a positive service.”

The registered manager was supported by the service manager and the wider organisation’s departments, such as finance and human resources (HR).

Staff we spoke with told us that they felt valued and empowered to do their work. Staff provided us with a number of examples of how and when they had been supported to enable them to work their best within the service. We were told that staff had raised some issues about the amount they had to travel, tiredness and concentration. Staff were consulted with and were asked for suggestions and improvement. This resulted in a shift change and staff working within clusters. One staff member said, “It has worked for the better, they listened to us and took our concerns on board.” Another person told us that the change was, “Loads better.” This showed that staff were listened to and empowered to come up with changes to improve the service.

We found there was a culture of openness and support for all individuals involved throughout the service. Staff told us they were confident of the whistleblowing procedures and would have no hesitation in following these should they have any concerns about the quality of the provision. We saw staff encompassed the values of the service when speaking about their work and these were clearly embedded in practice.

People and relatives we spoke with during the inspection told us they thought that the service was well led. We asked people if the registered manager was approachable.

One person said, “Yes the manager was approachable.” Another person said, “She was very nice. Two relatives we spoke with told us that they would recommend the service because of the quality of staff and helpfulness.

We asked the co-ordinator about the arrangements for obtaining feedback from people who used the service. They told us every person who used the service was asked to complete an exit interview at the point of discharge from the service to gather feedback on the care and service provided. Exit interviews asked people about any concerns, staff punctuality and how the service could be improved. We looked at the results of exit interviews and saw that people had been very happy with the care and service received. Comments included, ‘Outstanding care by all staff’, ‘Very professional and diligent’, and, ‘I am more independent now.’

We saw records to confirm that full staff meetings took place in February and April 2014. We saw that open discussion had taken place about the organisation, working patterns, safeguarding, training, supervision, documentation, medication, and compliments. The staff we spoke with were proud to work for the service. One staff member said, “It’s the way forward for people to stay at home as long as possible, it’s brilliant.”

We saw records to confirm that senior staff carried out regular visits to the homes of people who used the service to monitor the quality of the service provided. We saw that senior staff checked that staff arrived on time and stayed for the agreed amount of time. People were asked for their views and opinions on staff and care and support provided. Records looked at during the inspection from monitoring visits showed that people were happy and that the service was extremely reliable.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified. We saw medication incidents and errors were thoroughly investigated and that appropriate action had been taken. Incident and accident records clearly highlighted if there were areas for staff learning and action planning within the document. This system helped to ensure that any trends in accidents and incidents could be identified and action taken to reduce any identified risks.

We spoke with the co-ordinator about improvements that had been made or were planned for the service. We were

## Is the service well-led?

told a working party had been developed to look at all aspects of the service provided to share ideas and drive improvement. This working party was to be led by the occupational therapist who will report directly to the registered manager. We were told about a new quality

assurance framework which had been developed to check that standards were met and to improve practice. This meant that the provider was committed to delivering a high quality of care and commitment to continuously improve.