Newcastle-upon-Tyne City Council

Care at Home 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

Care at Home Reablement Service provides personal care to adults in their own homes who need support to help them live independently. It provides reablement services, usually for up to six weeks, to people who have been discharged from hospital or whose needs have changed. At the time of inspection there were 200 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of 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.

There was a registered manager in place with suitable experience and knowledge of the service. 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.'

People felt safe and there were individualised risk assessments in place to ensure staff knew how to keep peoples safe. These were regularly review and information effectively shared where risks changed. All staff were aware of their safeguarding responsibilities and demonstrated a good understanding of the risks people faced.

No concerns were raised by relatives or external professionals, with all expressing confidence in the staff team and the systems and processes in place. Medicines improvements noted at the last inspection were well embedded.

Rota planning included travel time and a system to minimise the risk of missed calls. Out of hours on call arrangements were also in place.

Where incidents, accidents or safeguarding issues occurred, these were documented appropriately and the registered manager ensured lessons were learned.

There was strong and consistent liaison with a range of external teams, such as safeguarding, nursing and occupational therapy, to ensure people's needs could be met promptly.

People's independence was supported by staff who valued their individuality and took the time to ensure they were comfortable and consenting to the care plans and actions in place.

Staff were well supported by way of a comprehensive array of induction, shadowing and training. Training was a blend of e-learning and face to face training. The registered managers embraced new training which

was based on recognised best practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People who used the service and relatives praised the attitudes of staff and how they made them feel at home quickly. Some people felt they did not always know which member of staff would be visiting them, and this could be a source of anxiety.

Staff respected people's beliefs and treated them in a dignified manner. Colleagues also behaved in a dignified way and we found the provider had successfully ensured the culture was a genuinely caring one.

Questionnaires, ad hoc reviews and progress notes ensured people were able to constantly feed back to staff about their experience.

Care files were brief but sufficiently detailed for their purpose, and regularly reviewed.

All people who used the service and their relatives knew how to raise concerns.

The registered manager led the service well. They had a clear awareness of the service's strengths and where it could continue to make improvements in the future. They did this through staff engagement, working well with external partners and ensuring they demonstrated the values the service worked towards.

Local oversight of the service was strong, as was the support in place for the registered manager.

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**

Care at Home 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.

We visited the service on 24 July 2018 and made further phone calls on 25 July 2018. The inspection was announced. We gave the provider 48 hours' notice to make sure that staff would be available at the office. The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is someone who has experienced the type of service we are inspecting.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams and safeguarding teams. We contacted six external health and social care professionals.

During the inspection we spoke with 15 people who used the service and three relatives. We spoke with 12 members of staff: the registered manager, the service improvement lead, two team leaders, a co-ordinator, and seven care staff. We also spoke with an external training facilitator. We looked at four people's reablement care plans, risk assessments, medicines auditing, rota and information sharing systems, staff training and recruitment documentation and quality assurance systems.

Good

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

Improvements to medicines documentation implemented prior to the last inspection had been well embedded and staff we spoke with were confident. Audits were undertaken to ensure medicines administration records were completed accurately and action taken where there were any errors or omissions. Medicines refresher training had been delivered prior to and during the inspection, with regular staff competency assessments also in place. The trainer told us, "They are always keen to learn and what we have in place is based on the NICE guidelines." NICE are the National Institute for Health and Care Excellence.

People who used the service told us, "I get a lot of help getting out of bed and getting dressed – there are no problems," and, "I feel safe and happy in my home, particularly when staff come to help me."

There were clear systems in place for a range of eventualities, such as emergencies staff may encounter outside of office hours. Staff worked well with other health and social care professionals, for instance social workers and nurses, to ensure people were kept safe.

Risk assessments were in place and specific to people's needs and the environment they lived in. Where someone presented a particular risk to themselves or others, this sensitive information was held on the provider's care system and shared with staff via the duty coordinator. We found this system to be working well and external professionals agreed the risks assessments in place were appropriate and regularly checked.

Safeguarding concerns were proactively highlighted by staff and the registered manager and others worked well with safeguarding colleagues in the same offices. All staff demonstrated a sound awareness of their safeguarding responsibilities. Safeguarding training was thorough and included how to identify and act on someone being at risk of self-neglect, an area staff encountered on a regular basis. One external professional confirmed, "The reablement team have worked with individuals who are at significant risk of self-neglect and have worked collaboratively with the team to inform safeguarding procedures and to gain advise as required."

The IT system the provider used was due for renewal and the registered manager acknowledged it was currently not easy to identify safeguarding patterns or trends using the system. They confirmed after the inspection and consultation with the service improvement lead, that the system could be used to generate such reports now.

Pre-employment checks continued to be in place, for example Disclosure and Barring Service (DBS) checks and identity checks, to ensure prospective staff did not present a risk to vulnerable adults.

Staffing levels were appropriate to the needs of people who used the service and the rota was well planned by coordinators with travel time factored in automatically. We saw missed calls were rare and, if they did occur, were thoroughly investigated to ensure lessons could be learned.

Good

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

Two major pilots of new schemes were in operation at the time of inspection: a night time staffing team dedicated to providing care and support to people who would otherwise require hospital admission, and; a dedicated same day duty team, who worked with health and social care colleagues to review a person's needs on the day of referral to ensure they were given the right care pathway quickly. We found both these pilots, eight months into a year-long trial, were well managed, demonstrated effective inter-agency working and, most importantly, were proving beneficial for people who used the service. This meant the service was better placed to meet their aim of 'Think home first.' It meant less people needed to go into hospital or respite care unnecessarily and that people with urgent needs had these identified more quickly.

One external professional gave us an example: "Reablement were able to offer overnight support for a short period of time due to their partner being admitted to hospital. This enabled [person] to remain at home in their own environment and reduced the anxiety and distress they would have experienced should they have had to access respite within a nursing care home."

We found people were achieving good health and wellbeing outcomes thanks to the support they received from well trained and well supported staff. This included planned improvements to the physical mobility and confidence, and also included being supported to maintain a healthy diet. People told us, for example, "Yes, I think they have the right skills and I look forward to them coming." Another said, "They always try their best to make you as comfortable as possible and they look after me."

All staff were well supported via regular supervision meetings and appraisals, known as 'My Conversation'. Staff confirmed it felt more collaborative than previous approaches to supervision. They also confirmed they were supported to pursue professional qualifications and were kept up to date with developments via newsletters and fortnightly meetings. Twice yearly the register manager hosted 'roadshow' meetings whereby health and social care colleagues attended to ensure more consistent working between the teams.

The registered manager was aware of the trusted assessor scheme but as yet did not have the scheme in place. The Trusted Assessor approach is an NHS initiative. It aims to reduce delayed or inappropriate discharges from hospital by putting in place assessors who assess a person's needs in hospital on behalf of a social care provider. We found, whilst the scheme had yet to be trialled, assessments of people's needs were effective and involved extremely strong working relationships with external health and social care professionals. The service had started sharing the same assessment tools as their health colleagues, meaning there was less chance of duplication and error. This was in line with National Institute for Health and Care Excellence (NICE) guidance.

One healthcare professional told us, "The Reablement Team are friendly, approachable and supportive at all times and will go above and beyond to support the social work team and to ensure the needs of services

users are met. They seek advice and support when appropriate and share any concerns."

Training and induction were comprehensive, with all staff new to care undergoing the Care Certificate, along with more experienced staff to ensure they were trained in line with current good practice. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Training was a blend of e-learning and more extensive face to face training for bigger topics such as medicines or moving and handling.

New staff shadowed more experienced staff for three months prior to working on their own, as the service provided support to people with a wide range of needs. We found this system to be working well, with staff confident in their roles. One told us, "The support is great – you're never left in a position you can't deal with and there is always someone at the end of the phone."

The provider had run a scheme whereby care staff would complete a number of shifts in the office, whilst office staff would shadow a number of care visits. All staff we spoke with agreed this was a positive exercise, had improved working relationships between the office based and care staff, and meant staff had a greater appreciation and understanding of the role of others in the organisation.

The 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, and saw evidence of consent being sought in care records. Where best interests decisions were made, these demonstrated that those who knew the person's needs and preferences best had been involved.

Good

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People who used the service were consistent in their praise of the patience and friendliness of all care staff. They said, "I have depression and they make a real effort to lift my spirits when they come. I really look forward to it and it brightens my day," and, "They all seem lovely and kind and make sure I get the help I need."

Staff demonstrated a strong awareness of people's needs, as well as an understanding of what was important to them and how best they could build a rapport and communicate well with people in the relatively short amount of time allotted. Whilst staff generally only supported people for a number of weeks, primarily to assist them in becoming more independent after an injury or time in hospital, they still demonstrated that they took an interest in what made people individual.

One area where there was agreement from people we spoke with that improvements could be made was with the continuity of care staff. People told us, "I don't always get the same people - it can vary but they are all lovely" and, "They help with bathing so it's sometimes a bit unsettling if there are different people turning up, but they are all always very nice in the end". We acknowledged that the nature of the service necessarily made it more difficult to ensure people knew which care worker they receive support from in advance. We shared this feedback with the registered manager.

People were fully involved in the care they were provided and this involvement was suitably documented. People felt respected and, despite the fact calls were relatively short, never felt staff rushed. They told us, "They are always very respectful and patient," and, "Staff never rush me but they make sure I don't dawdle either – we work well together."

People confirmed they were treated with kindness and compassion and that their dignity was upheld. We found the registered manager had helped ensure the culture was a caring and respectful one, for example by holding a dignity day where staff would revisit some basic principles regarding interacting with others. Staff confirmed this was well received and we found the atmosphere between the various teams the provider worked alongside to be positive and respectful. The registered manager was the dignity champion for the service and there was also a values champion in place.

People regaining their independence was the focus of the care plans we looked at and staff were able to give examples of how they encouraged and supported people to regain this independence. For instance, one person had suffered a number of falls and lacked confidence when walking with their walking frame. Staff put in place a number of mobility walks whereby they would help the person cover greater distances and varied terrain, so that they could regain the confidence to walk to the local shop again.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

An external professional who worked closely with the team told us, "Where there is availability the service will assist in a crisis, increasing call/support to existing service users or offering support on an interim or one-off basis. This flexibility is negotiated on site, face to face which has been a great advantage to staff on both teams, as well as to the residents of Newcastle who require support."

We found staff worked well with each other and with other agencies to ensure people got the care and support they needed, even when those needs changed rapidly. People's needs were assessed prior to using the service, in the first few days, then at two and four weeks, with a view to people being able to regain their independence after six weeks.

Staff used recognised tools to help identify when people's needs may require a different approach, for example the Malnutrition Universal Scoring Tool (MUST) and the Barthel index. The MUST tool is used to identify when people may be at risk of malnutrition; the Barthel index to assess people's levels of independence when completing daily tasks.

Care planning was sufficiently detailed to instruct staff about people's core goals and the things that might risk them not achieving them. These plans, whilst not extensive, were proportionate to the need, which was to ensure staff could support people to regain independence quickly through a focussed set of care visits. We found progress notes in people's care plans, and on the provider's IT system, to be accurate and up to date.

People and their relatives were asked about their experiences of the service, via formal regular surveys and ad hoc questionnaires. We saw all feedback was positive. We fed back that there was scope to receive more meaningful feedback through the use of open questions rather than solely using tick boxes.

No one we spoke with raised any major concerns about the service and one said, "I have no complaints. If ever I've raised anything they've sorted it out straight away." The complaints policy was clear and made available to all people who used the service, in easily accessible formats. All people we spoke with confirmed they knew how to complain, and who to, if they needed to.

At the time of inspection no one who used the service was receiving end of life care. Whilst the provider had supported people at this stage of care previously through liaison with Macmillan and district nurses, it was not something they ordinarily would plan for, given the rehabilitative nature of the service.

Good

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

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 had been at the service for a number of years and demonstrated a strong understanding of how the service currently operated and also how it could develop over the coming years. They were well supported in helping staff realise their potential and the service realise its key aims by two service improvement leads.

The registered manager had joined a manager's forum and they were keen to ensure the service learned from and implemented current best practice. They demonstrated an awareness of the wider and long-term potential impacts on the service of further health and social care integration and were planning for this accordingly. One of the provider's service improvement leads was planning visits to other reablement services outside the area to identify if other areas of the country had areas of best practice that could be applicable to the service. The registered manager had developed excellent links with healthcare and safeguarding colleagues who worked in the same building. They had also worked closely with Healthwatch to help them produce 'Spotlight on Intermediate Care', a review of people's experiences of an integrated approach to health and social care. Healthwatch are an independent champion for consumers and users of health and social care in England

The atmosphere was, whilst hectic at times, positive and open. Morale was high in the staff we spoke with. All staff shared a common understanding of the service's key aim to reduce the need for hospital admissions and to increase people's independence.

We received consistently positive feedback from staff about the registered manager, in that they were approachable, passionate about the service and continued to find new ways to improve it. They completed a duty shift in the office every month to ensure they were still up to speed with processes and to help ensure they had full oversight of the service. The registered manager was likewise keen to acknowledge the input of staff, particularly in terms of embracing change when trialling new ways to meet people's needs. They said, "They're great at taking ownership and running with it."

There were clearly defined systems of governance in place, with checks and auditing of all core processes. The registered manager kept a service action plan up to date, which detailed where required improvements had been identified and what action had taken place or was due to take place.

The culture was strongly focussed on outcomes ahead of statistics and ensured that all the people we spoke

with felt the service was well-run and effective in the service it delivered. We found the service was well placed to become even more effective in light of the pilots underway and future plans for further integration with health services.