

Devon County Council

Social Care Reablement - Estuary House

Inspection report

Estuary 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

Social Care Reablement Estuary House is one of six reablement services provided by Devon County Council. The service provides support to people in their own homes for up to six weeks following an illness, injury or set back. At the time of our inspection there were 36 people receiving a service.

This inspection took place on 3 and 4 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a service to people in their own homes and we needed to be sure people receiving a service, staff and the registered manager would be available to speak to us. One adult social care inspector undertook the inspection. This was the first inspection of the service since it had moved to its present address.

The service had a registered manager who also managed one of the provider's other reablement services. 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 and staff told us the service was well-led. The service's vision and values were described by staff as enabling and supporting people to regain their confidence and skills and respecting people's rights, choices, privacy and dignity. Throughout our inspection we saw that staff put these values into practice. Staff spoke respectfully about people and cared about their welfare.

People said they felt safe with the staff when receiving care. The service undertook assessments to identify potential risks to people's safety and plans were developed to minimise these risks. People were provided with specialist advice and support from physiotherapists and occupational therapists and were provided with equipment to help maintain their safety and independence. Staff had received training in safeguarding adults and knew how to report any concerns in line with the service's safeguarding policy. People set themselves goals they wished to achieve for the period of time they were being supported and staff worked with people to increase their abilities and confidence. Staff were respectful of people's choices and they and the registered manager had a good awareness of people's rights under the Mental Capacity Act 2005.

The service employed sufficient numbers of safely recruited and well trained staff to meet people's needs. People told us the staff were knowledgeable and skilled. Staff had received training in topics including safeguarding people, infection control, safe moving and handling, first aid, the Mental Capacity Act and respecting privacy and dignity. Several of the staff had worked for the service for many years. They said they did so because they felt the service had high standards, was professional and they were very well supported.

The registered manager explained that the service was not time specific as staff were responsive to people's needs at each visit. This meant some visits might take longer than others. People told us they had never had

a missed call, and if the staff were going to be much later than expected they always received a phone call to notify them. People were very positive about the way staff supported them, saying they were kind, caring and respectful. Staff performance was monitored through direct observation, supervisions and appraisals to ensure they were meeting people's needs and following the guidance in people's care plans. Regular staff meetings provided opportunities to review the development and continued improvement of the service. Staff told us the registered manager was very approachable and they were invited to share their views about the service.

People had no concerns over the care and support they received and they felt able to make a complaint if something was not right. The service had not received any complaints this year. They had however, received many letters of thanks and recent questionnaires showed a very high level of satisfaction with the service.

Audits were completed on a regular basis by the registered manager and Devon County Council quality team to monitor the quality of the service. Systems were in place for the reporting of notifications to CQC and incidents that involved people had been reported to us as required.

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 received safe care and support. They were protected from the risk of abuse through the provision of policies, procedures and staff training.

People's safety was protected as risk assessments included information about how to minimise the chance of harm occurring to people and staff.

The service employed enough staff to carry out people's visits and meet their needs safely. Safe staff recruitment procedures were in place.

Is the service effective?

Good ●

The service was effective.

People received effective care from staff who had the appropriate knowledge and skills to meet their needs.

Staff skills were kept up to date through regular training. They had the opportunity to review and discuss their practice to ensure the continued effective provision of care.

People's consent to care was obtained and the registered manager and staff had a good awareness of the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were respectful, kind and compassionate.

People's privacy and dignity was respected.

People contributed to their care planning. They were involved in making decisions about their goals and how their care needs were met. Staff promoted and encouraged people's

independence.

Is the service responsive?

Good ●

The service was responsive.

People received a service that was flexible and responsive to changes in their needs.

Goal planning and support plans supported staff to provide care in line with people's needs and preferences.

People felt confident they could raise concerns and these would be listened to and dealt with promptly.

Is the service well-led?

Good ●

The service was well-led.

People benefitted from a service that had a registered manager and a culture that was open, friendly and welcoming.

Staff enjoyed their work and told us the management were always available for guidance and support.

Systems were effective in assessing and monitoring the quality of care provided to people. The service encouraged feedback and used this to drive improvements.

Social Care Reablement - Estuary House

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 was 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 inspection took place on 3 and 4 November 2016 and was announced. It was carried out by one adult social care inspector. This was the first inspection of the service under their current registration.

Prior to the inspection the registered manager had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed the information we held about the service. This included previous contact about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During our inspection we spoke with the registered manager and four staff. We also spoke with a social worker who worked closely with the service when planning people's discharge from hospital and their subsequent support. We visited three people who received support from the service and spoke with a relative.

We looked at records relevant to the running of the service. These included the risk assessments and goal planning for those people we visited, staff recruitment and training files and those relating to the running and the quality of the service.

Is the service safe?

Our findings

People told us they felt safe when receiving assistance from staff with their care needs. People receiving a service had, prior to a period of illness or injury, been independent with their care needs. Since then some of the activities of daily living they had been able to manage alone now required support. The aim of the service was to support people to regain their confidence and abilities to undertake their care needs independently and safely.

Prior to people receiving support, the service received information from the hospital discharge teams and the social workers involved in identifying people's care needs. This provided the service with information about the support each person required to meet their personal care needs and to stay safe. Included in this was important information about people's health conditions and whether they had any allergies.

The service also undertook assessments to identify potential risks to people's safety and plans were developed to minimise these risks. For example, one person became tired very easily and was at risk of falls. Staff were guided to assist the person with part of a care task, for example, washing, and to allow them to rest before dressing. Where necessary, health and social care specialists were involved, such as occupational and physiotherapists. People were provided with equipment to promote their independence and safety. For example, one person told us they had been provided with a raised 'perching' stool so they could sit at the kitchen worktop when preparing meals. Another person told us they had received a raised toilet seat and a bath seat. The service also undertook assessments in relation to environmental considerations to ensure risks to people and staff were minimised. People were advised to consider the position and use of their kitchen equipment and the placement of furniture to make it easier for them to use their kitchen and to move around their home. Throughout the time people received a service, the risk assessments were kept under review. As people's abilities increased the assessments were amended to reflect their current needs. For example, some people had been initially unable to get in and out of a bath or shower without staff support. Over time they had gained strength and were able to do so independently but still required staff to be on hand should they need them. The risk assessments reflected these changes and ensured staff knew when and how people required support.

We looked at the risk assessments for the three people we visited. The information identified in the assessments had been incorporated in to the goal planning documents. This provided staff with clear guidance about how people wished to be supported and how to reduce any identified risks.

Should an accident occur in a person's home, staff were instructed to stay with the person until they were safe, to call for medical advice or the emergency services, and to inform the office as soon as possible. A report providing details about the accident was completed by staff and reviewed by the registered manager. These reviews identified how the accident had come about and whether any action was necessary to reduce the risk of a repeat. The registered manager confirmed they notified the local authority, GP or the community nursing service when someone had a fall or whose needs appeared to be changing.

People benefited from a safe service where staff had received training in safeguarding adults and

understood their safeguarding responsibilities. They knew to report any concerns they may have over people's safety and well-being to the registered manager who they were confident would take the concerns seriously. Staff saw assessing people's safety as an important part of their role. If people were struggling to regain their independence and were unsafe at home, staff knew to report this to ensure follow-up services could be provided.

The service did not support people with the administration of their medicines as the aim of the service was for people to be independent with this. However, the service did prompt people and assess whether they were safe to administer their own medicines. The service's medicine management policy stated people were "in control of the process at all times". In the Provider Information Return (PIR) the registered manager said people were supported to have their medicines dispensed in blister packs to make managing these easier. The staff did assist with the application of topical creams but only under the direct instruction of people. Staff also assisted people with putting on compression stockings for those at risk from poor circulation and records showed staff had received training in how to do this safely.

Staff recruitment practices were safe. Records showed the relevant pre-employment checks had been completed, including proof of identity, previous employment references and a disclosure and barring service (police) check. This helped reduce the risk of the provider employing a member of staff who may be unsuitable to work with people requiring care and support.

The service employed enough staff to meet their commitments to people. The registered manager explained that the service was not time specific or time limited as staff were responsive to people's needs at each visit. This meant some visits might take longer than others. People told us they had never had a missed call, and if the staff were going to be much later than expected they always received a phone call to notify them. As people's abilities to meet their own care needs increased, the number of visits they required decreased and people were discharged from the service when they became independent. This meant the service's ability to respond to new referrals fluctuated week from week. The registered manager told us new referrals would only be accepted if they were sure the service could provide consistent support. They said they kept the service's ability to respond to new referrals under regular review. They knew how many people were receiving a service, when they were likely to be discharged and how many referrals had been made. If the service was not able to respond immediately to a request, the names and details of all new referrals were held in a 'queue' for 72 hours. After that time period, if the service was not able to accept the referral, the commissioning authority would be notified to assess whether the service was still required. In the PIR, the registered manager said the service was recruiting more staff as they anticipated an increase demand with the changes being made to adult social care, such as discharging people from hospital earlier.

There was an on call system for staff and people to ring in the event of an emergency outside of office hours. Staff told us this system worked well and there was always someone to seek advice from.

Is the service effective?

Our findings

People received a service from well trained and competent staff. People told us they thought the staff were knowledgeable and skilful. One person said, "They [the staff] are competent with everything." In a questionnaire recently received by the service one person wrote, "They gave support, advice and information to me to be able to look after myself."

A training matrix and certificates held in staff files showed staff had received training in a variety of care related and health and safety topics. These included caring for people who may have nutritional needs, assisting people with their mobility, as well as first aid and infection control. Staff told us they had a "good" level of training which was provided in a range of different training methods to suit different learning needs. Staff had access to eLearning through their work mobile phones, workbooks and group classroom based training. One member of staff told us, "We have ample training. They cover everything we need." The registered manager told us team leaders were to be provided with training to enable them to train staff in catheter care and stoma care. This would mean the service was able to provide training as and when it was needed and be more responsive to people's needs.

New staff were provided with an induction programme at the start of their employment that gave them information about how to provide safe care and support. They also worked alongside experienced staff until they were competent to work with people unsupervised. One newly recruited member of staff said they had received an "excellent" induction and had felt very well supported by the other staff, the team leader and the registered manager. They said, "I worked with the team leader and experienced staff. Their support was brilliant." Staff who had not worked in care before were enrolled to undertake The Care Certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Staff said they felt very well supported in their role. The service employed a number of team leaders who assisted the registered manager with the running of the service. They were each responsible for a number of staff and oversaw the support these staff provided to people. Their role included reviewing people's care needs and progress as well as supervising staff. One member of staff told us, "They are very good. We're listened to and we can talk to them about anything." Staff told us, and records confirmed, that they received supervision every two months as well as an annual appraisal. This enabled staff to review their work performance and any training and development needs they may have. Where the service had received compliments about a staff member's performance, this was discussed with them at their supervision and a record held on the staff member's file. The team leaders received supervision and appraisal from the registered manager. In the PIR the registered manager said reflective practice was used at supervisions to consider how the service supports people and how to promote improvement and best practice. They also told us staff had access to employee assistance and welfare at work programmes which offered support to staff in relation not only to their work but also to their personal life.

The team leaders undertook regular spot checks to directly observe staff practice. The people and staff we spoke with confirmed these checks took place regularly. In the PIR the registered manager said the spot

checks are used to ensure staff are working in a non-discriminatory way, were person-centred, maintained people's dignity and promoted independence and choice.

Staff worked closely with health and social care professionals, such as the community nursing service, physiotherapists and occupational therapists, to ensure people received the necessary support to regain their independence. The service employed an occupational therapist who was able to provide immediate guidance and advice for people and continually assess their needs and progress. One social care professional, who was involved in people's care prior to and since receiving the service, told us the service was "excellent" in its support of people. Records held in people's home showed when people had received support from these professionals as well as the outcomes of these visits.

Some people were receiving support to regain their independence with preparing and cooking meals. Staff said they advised people about maintaining a well-balanced diet. They said, should they have concerns over whether people were eating and drinking enough to maintain their health, they would discuss this with them and seek advice from the person's GP.

Staff received training on the Mental Capacity Act (2005) (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. The registered manager told us that due to the short-term nature of the service, they were not able to support people who lacked capacity to consent to the care and support provided. Prior to people being referred to the service, their capacity to consent to receiving support was assessed by the hospital staff or the social workers involved in their care. Staff demonstrated an understanding of the MCA and people's rights to consent to or to refuse support.

Is the service caring?

Our findings

People and the relative we spoke with told us the staff were very kind, caring and respectful. One person said, "Lovely staff, very chatty and very helpful." Another person said, "They made our day with their cheerful personalities."

People felt they were treated with dignity and respect and said staff always respected the fact that they were guests in their homes. A relative told us, "They consider me as well." People were able to choose whether they were supported by male or female carers. One person said, "I always have female carers. They've always made sure I do." In the PIR the registered manager said Devon County Council, the registered providers, have a strong equality and diversity policy and culture, with this ethos embedded into all of the training provided to staff and within all of its practices. They said people were encouraged to consider their aspirations and culture in their goal planning.

People were involved in planning the support they required. They identified their own goals and reviewed their progress with the staff and the team leaders. Support plans were reviewed and modified as people's needs changed and they made progress in achieving their goals. For example, when a person became independent with their personal care, the support the staff provided would concentrate on their other goals such as meal preparation.

Staff spoke fondly about people they cared for and said they enjoyed working for the service. One member of staff said, "It's good to see people progress" and another said, "You get back 10 fold what you give." They told us they had time to spend with people to achieve the identified task and weren't rushed to go to their next visit. Staff were knowledgeable and understood how important it was for people to be able to remain at home. They said they had time to talk to people and listen to any concerns they might have about managing at home and to explore how to overcome these.

Staff encouraged people to do as much as possible for themselves as possible. They told us they knew their role was not to automatically take over. They said they watched how people were managing and anticipated their needs and always asked before offering support. People said staff were patient with them.

The service had received many compliments. We looked at a selection of those received in September and October 2016. The comments included, "A very good service. All the carers were polite, kind and considerate" and "Thank you to all your staff for their kindness and help."

Is the service responsive?

Our findings

Due to the nature of the service, to support people to regain skills and independence, people received support that was personalised to their specific needs and abilities. People were supported to identify what areas of their care they most required support with. This was to ensure they were confident and sufficiently independent to remain safe at home. People told us the service was flexible. They said although the service was not time specific, they could request an earlier or later visit to be able to attend appointments. One person told us they had numerous hospital appointments which the service was always willing to work around. Another person said, "They will do anything I need."

Through discussions with staff and the team leaders, people set themselves goals they wished to achieve for the period of time they were being supported. These goals varied from person to person, and included being able to have a shower, prepare a meal, or undertake shopping. This information was used to develop reablement goal plans. These provided staff with information about what the person was able to do before they became ill or injured and what they hoped to achieve. At each visit staff recorded how much people had been able to do for themselves and when and how staff had provided support. These records were completed for each goal and from these records it was possible to identify people's progress or any other areas of care where they might require support.

Staff regularly photographed and emailed these progress records to the service's office using their secure mobile phones. This information was stored on each person's file held in the office and team leaders, the registered manager and other health and social care professionals were able to easily monitor people's progress.

Staff recognised that after a period of illness, or if someone had been injured following a fall, they would have lost confidence to be able to undertake tasks they had previously managed. Staff told us that following a hospital stay people needed time to resetttle back into their home. One member of staff said, "People have to relearn being back home." They said they used the first few days of support to get to know people, to identify what they wished to achieve and to talk to them about any concerns they may have. One person told us, "I'm very well supported, and very much improved as a result." The service used a goal review tool called a 'confidence ladder' to help people identify their confidence level and to record progress. For example, the tool rated people's confidence level from one: 'I can't even consider doing this task on my own', to five: 'back to my normal self and I have no concerns about doing the task by myself'. One person told us the staff "gave me confidence to make good progress".

The registered manager told us the service was flexible and responsive to people's needs as each person varied in the support they required. They said it wasn't just about helping people with their personal care. They gave us examples of the support they provided and of how successful the service had been in supporting people to regain confidence and skills. For example, one person not only wanted to be able to prepare their meals, they also wanted to be able to go for a daily walk. The staff walked with them to the local shop to ensure they were safe and to support them to become confident again with being outside. They said this person had told them how much they appreciated being able to return to their previous level

of independence. Where people were unlikely to regain their independence, the service referred people to Devon County Council for ongoing support, such as from a domiciliary care agency.

People told us they knew how to make a complaint but had not needed to do so. They said they were confident and happy with the support provided. One person said, "They're very good, I can't complain" and another said, "They are kind, helpful people. I can't fault them." A copy of the service's complaints procedure was included in the information provided to people when they started to receive support. Also included were the contact details for an advocacy service, Devon County Council and the Care Quality Commission. The service had received numerous letters of thanks and no complaints.

Is the service well-led?

Our findings

People and staff told us the service was well-led. One person said, "It's very well led I think" and another person said, "I'm very pleased with them". The service had a registered manager who also managed another of Devon County Council's reablement services in the local area. They were supported by a group of administrative staff and team leaders. The team leaders managed a group of staff and oversaw the care and support provided to people by these staff. People said the team leaders were very approachable and always willing to come out to talk about their care needs. One person told us the team leader who undertook their assessments and reviews was "very thorough". They also said they had contacted the office on two occasions and had an immediate response. They said the staff dealt with their question promptly and professionally.

The service's vision and values were described by staff as enabling and supporting people to regain their confidence and skills, and respecting people's rights, choices, privacy and dignity. Throughout our inspection we saw staff had put these values into practice. Staff spoke respectfully about people and cared about their welfare. People told us they felt well supported and staff were respectful. The documentation used by the service promoted people's wellbeing and independence, by describing what people were able to do for themselves and giving staff clear guidance about what they wished to achieve. The service recognised staff's performance and good practice. Staff had been awarded Devon County Council's STAR award, three years in succession. The awards were based on the feedback the council received from people receiving support. The staff received a certificate and were given a prize such as a trip to the cinema.

Several of the staff had worked for the service for many years. They said they did so because they felt the service had high standards, was professional and they were very well supported. One member of staff said, "My team leader is very good and she knows people well." When we asked staff if there was anything that would make the service better they said the service was well managed and nothing needed changing. The registered manager said they found it useful to work alongside the team leaders as this gave them oversight of any issues faced by staff, how referrals were responded to, rota planning, remaining in contact with people and other health and social care professionals.

Regular meetings were held between each team leader and the staff they were responsible for, as well as the registered manager and the team leaders. This provided staff with the opportunity to discuss people's care needs, share information and identify any training needs. The registered manager told us staff were invited to add any items they wished to discuss to the agenda as they felt this supported their understanding of their role, their personal development and also morale. Staff told us the team leaders and the registered manager were keen to listen to their views and to improve the service. As a result of these meetings and discussions the registered manager told us they had implemented a number of the suggestions from staff. These included reviewing the rota planning in geographical areas, making changes to some of the paperwork, as well as sending the outcomes of people's assessments to staff on their secure mobile phones. In the PIR, the registered manager said they would also be introducing a translation application on staff's phones to enable them to better communicate with people whose first language is not English.

Audits were completed on a regular basis by the registered manager and Devon County Council quality team. For example, the registered manager undertook a monthly review of the service. This included reviewing a sample of people's goal plans and risk assessments; the timings of visits and whether any had been missed or particularly late; whether any accidents had occurred; staff supervision, observations and training, and whether any complaints or concerns had been received. A report of the findings was sent to the council's senior management team and the outcomes of the reviews were included in a service improvement plan if changes were necessary. Previous improvements had been identified in relation to how staff completed the daily progress sheets.

People were invited and encouraged to share their views about the service through conversations with the staff and through the reviews undertaken by the team leaders. In addition, questionnaires were provided for people to complete once the service had come to an end. We looked at those received in September and October 2016. These showed a high level of satisfaction in the service. All the comments received this year described the service as "excellent" and "good". All reported an improvement in their well-being and independence. One person commented, "I found every aspect of this service excellent in every way."

The registered manager had developed close links with other health and social care services. They had met with the local GPs, social work teams, hospital discharge teams and other community services to ensure people would have better access to the service. They were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of, harm. Systems were in place for the reporting of notifications to CQC and incidents that involved people had been reported to us as required.