

Central Bedfordshire Council

Reablement - Urgent Homecare and Falls Response Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Reablement – Urgent Homecare and Falls Response Service is a domiciliary service providing personal care to 32 people at the time of the inspection.

Not everyone using Reablement – Urgent Homecare and Falls Response Service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People were happy with the care staff who supported them in the community however communication with office staff and good planning of care was less effective.

People did not feel that complaints were managed well and that they were not listened to by office staff. People told us the service was at times very disorganised due to incorrect rotas and problems related to planning of services. People did not receive a consistent service as the nature of the reablement service is to visit on a day but not at a specific time.

We found that peoples risk assessments were not always sufficiently recorded and information for staff on how to manage risks. People had not come to harm as a result of the concerns around risk management.

People told us they felt safe and thought staff were very kind and caring and did a good job. One person said, "The actual carers themselves were very good they came and stayed as long as I wanted them to and gave suggestions that helped me with what I needed."

For the people who required it, they were supported well with medicines and food and drink.

People told us staff understood what care and support they required and were well trained. We found staff records in relation to recruitment processes incomplete due to the change from paper to electronic record keeping. People had not been harmed as a result of these incomplete records. The registered manager and human resources team will ensure these records are available and complete in the future.

People told us the care was provided in ways that met their personal preferences and needs.

The service worked with other health professionals such as physiotherapists to enable people to become as independent as possible.

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

We have made a recommendation about ensuring records show clear assessment and guidance of managing people's risks. We have also made a recommendation in relation to recording recruitment documentation.

Rating at last inspection:

At the last inspection the service was rated Good (published 01 September 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Reablement - Urgent Homecare and Falls Response Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides short term personal care and support to people living in their own houses and flats. Reablement – Urgent Homecare and Falls Response Service offers people typically up to six weeks of support to recover their independence after an injury or illness.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 14 May 2019 and ended on 03 June 2019. We visited the office location on 14 May 2019. We visited the site again on the 28 May 2019 for follow up information unable to be viewed on the first visit. We made calls to people on the 03 June 2019.

What we did before inspection

We reviewed information we had received about the service from the provider since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, senior care staff, care co-ordinators, care assessors and care administration staff.

We reviewed a range of records. This included three people's care records and their medication records. We looked at three staff files. A variety of records relating to the management of the service, including policies and procedures, were reviewed. We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance documents.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Risk assessments were in place but only for falls and did not include how staff should safely support people. Staff had written in the risk assessment document a person's ankles have pain suddenly identifying the hazard but the column for action was not completed to guide staff as to how to support the person to reduce and manage the risk.

We recommend the provider consider current guidance on systems to ensure clear assessment and safe management of all risks. The provider should take action to update their practice accordingly.

- People were not found to have come to harm as a result of these incomplete assessments. The management team responded immediately to reduce the risk and stated they will ensure risks are fully assessed and support documented.
- Staff received training on how to keep people safe. Staff were aware of how to report any concerns and were very knowledgeable about people's needs.

Staffing and recruitment

- We were unable to view staff records at the time of the site visit due to access difficulties. We arranged to return to the service to review the relevant documents with the support of a human resources staff member.
- The provider used a thorough system for the recruitment of new staff. This included making all appropriate recruitment checks. However, due to the service being in the process of changing from paper to electronic record keeping, some records to evidence checks on staff's employment history were not available.

We recommend the provider consider current guidance on records to be maintained in relation to the recruitment of staff. The provider should take action to update their practice accordingly.

Using medicines safely

- For people who received support to administer their medicines, systems were safe and their care plans documented consent for staff to support them.
- Staff received training in medicines administration and had their competency checked to ensure their practice was safe.

Preventing and controlling infection

- Staff received training on infection prevention and control and had a good understanding of the topic.
- Staff were able to explain infection control methods and the use of personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- The registered manager shared information with the staff team through staff meetings and supervisions when things had gone wrong and discussed the concerns and ways of reducing the likelihood of reoccurrence. This included learning new methods for managing some clinical care needs and supporting people with memory loss.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager had systems in place for conducting initial assessments of people's needs. These were then written up electronically and shared with the relevant staff members. Staff spoke about how this had improved access to information as the updates were immediate.
- People had identified their preferences which were clearly documented throughout their care records. This better-informed staff how to deliver person centred care. One person told us, "I was involved [in my initial assessment] as someone came out and that's when we discussed what I needed."

Staff support: induction, training, skills and experience

- The registered manager provided staff training and support in all areas needed for their role which ensured staff had the right skills and knowledge to meet people's needs. This included support in supervision and annual appraisals. One person told us, "The staff did seem to know what they were doing and be well trained."
- The provider used a structured induction program for inexperienced staff and observations of practice to check staffs practice. Staff told us they felt the training was good and they were supported to gain the required skills. Staff shadowed more experienced staff for between two and three months while training.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals as required. The registered manager acted as a liaison with health professionals to ensure that the correct assessments took place.
- Staff worked with other health professionals to ensure care needs were co-ordinated and effective. The service used joined up working with health professionals, and therapists on the same team to ensure a 'one stop shop' to make the delivery of care more seamless for people.
- People had achieved good outcomes from being supported with the right therapists and active support to regain and maintain their independence through improved mobility. This had enabled people to remain living safely in their own homes.

Supporting people to eat and drink enough with choice in a balanced diet

- People received the support they required with food and drink. One person told us, "Staff assist with what I would do [if I were well], get my breakfast, lunch and dinner, make me a cup of tea and care."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection. We checked whether the service was working within the principles of the MCA.

- Staff had received training in MCA and understood the principles and how to apply them in practice.
- People had signed consent forms for sharing information as well as agreement for care to be provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff received training on equality and diversity. The registered manager tested staff knowledge periodically through supervision and spot checks of practice to ensure they were treating with respect and dignity.
- People said they were treated with kindness. One person said, "Staff are caring, they speak to me respectfully." A relative told us, "From a family point of view, it was such a relief to have the staff helping us as we knew that our family member was safe. I don't know what we would have done without them."

Supporting people to express their views and be involved in making decisions about their care

- Most people told us they were involved in the decision making about their care and told us they were involved in reviews. One person said, "The actual [care] staff were very good and friendly, they were kind. They listened to me and did things that I asked." However, care records did not show evidence of people's involvement in reviews. They were unsigned and people's views undocumented.
- Records showed the registered manager and staff had regular conversations with people and health professionals about the care and any changes or extra support needed. What had been achieved and discussed during each care visit was recorded in detail by staff and showed a compassionate and supportive approach to building up people's skills and confidence.

Respecting and promoting people's privacy, dignity and independence

- Most people were very happy with the support they received and told us how it had enabled them to become more independent by improving their mobility and confidence.
- There were lots of positive compliment's in feedback forms completed by people. One person had commented, "I found it helped me a great deal with my confidence and building up my strength." And, "As well as being very kind and very helpful it was nice to be greeted by friendly happy people, their smiles are very welcome. Thank you for all the help we had from your service."
- Staff told us about how they have used technology such as electronic pill reminders and various mobility equipment to enable people to regain their independence and no longer require staff support.
- Staff had training on how to keep information and records safe and confidential. All paper and electronic records were securely stored.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The care plans showed an element of person centred care such as basic goals and learning about what was important to a person. For example, having a pet. People told us the care they received met their personal preferences. One person said, "Staff do what I like and haven't done anything that I disapprove of, they are very good."
- However, the care plans and risk assessments did not support a good person-centred approach. The documents had statements such as 'assist with lunch', 'uses a stick' or 'vision impaired' but no further information as to what degree this impacted people's ability for daily living and what approaches should be used by staff when supporting people. We discussed this with a member of the assessment team and senior staff who was able to show further detail on a computer but this was not reflected in the care file.
- People's views were mixed about the care they received. People felt there was a lot of poor planning and communication between the office staff and care staff. People told us this meant staff sometimes arrived at the wrong time of day or the wrong day entirely. This caused frustration as people were unsure of times of care visits but had been able to manage with family support and no one was harmed as a result.
- However, other people told us they received a very good service with regular reviews of what they wanted. One person said, "I had staff come out every day and then I talked to someone on the phone to discuss how much longer [I needed care]. We decided as I had got on so well I didn't need more than a week."
- The registered manager ensured information was given in a way suited to people's individual needs. For example, large print or text for people who were partially blind or deaf.

Improving care quality in response to complaints or concerns

- Most people told us they had raised complaints about poor communication and information not being shared correctly between the office staff, care staff and other health professionals on the team such as the physiotherapists.
- For example, one person told us, "I think really the only problem was the office, they didn't seem to be very organised. They sent the staff in but on the wrong days." A relative said, "Sometimes the communication between the carers and office staff was a bit muddled. I waited for a call back but that could take 24 hours."
- The provider kept a book where all complaints and compliments responded to were recorded. These are now stored electronically. The registered manager showed records where action was taken and the outcomes fed back to the people involved.

End of life care and support

- End of life care is not provided due type of service offered. However, the registered manager told us they have in the past offered support for people receiving palliative care to help maintain their independence

and dignity in death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager welcomed feedback, acted to reduce risk and took action to ensure people received the right care and support when concerns were raised. They demonstrated values of integrity and caring in their practice and approach with a clear vision for the future of the service and how to make improvements with technology to aid the smooth running of the service.
- Staff felt valued and supported and gave positive feedback about the management team.
- Overall, people told us they really valued the support received and felt the care staff were very good and had positive outcomes which promoted their independence and confidence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team defined their roles and explained how they applied the values of good care in practice. The registered manager had a good knowledge of regulatory requirements in relation to their oversight of systems and processes.
- We did have a concern over accessibility of the new paperless, electronic system as the registered manager was unable to access a lot of information and documents once they had been uploaded. This meant the person legally accountable for the safety and wellbeing of staff and people could not have full oversight of the service.
- The registered manager confirmed they felt able to manage the service this way and had created in-house systems to work around the problem of access. We explored this further with the provider who has since ensured the registered manager has access to all necessary documentation on the new system.
- However, while the registered manager and staff team understood what was required we did not always see this applied in the assessments and documentation. Risk assessments were mainly checklists and did not identify hazards, care plans lacked sufficient information to understand how to support people using their preferred methods. Internal audits had not identified the concerns raised during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was regular telephone contact with people and staff to feedback on the service provided. We saw many very positive compliments that had been sent in by people about staff and the support people had received.

- Information was in formats suited to the individuals' communication needs.
- Staff engaged in meetings and individual sessions with the registered manager and senior staff members to share information and the registered manager encouraged them to also phone in with any concerns.

Continuous learning and improving care

- The registered manager used feedback from people and staff to develop and improve the service and relayed this to their staff team.
- Areas agreed at team meetings to keep learning from included, continuous learning while implementing new electronic systems and how this will help to improve communication among staff of people's changing needs. Staff also suggested refresher training in areas such as how to best support people with Parkinsons disease and people receiving end of life care. This has been booked for later this year.

Working in partnership with others

- The registered manager showed how they worked with others and external health professionals to help improve the quality of life for people. For example, they used joint working with hospital social workers to triage referrals ensuring people were placed with the most appropriate service for their needs. As a result, hospital discharges were safer and timelier.
- The registered manager attended local networking groups and liaised with other teams to share ideas and find innovative ways to improve the care they provide. They used an idea from a conference they attended to trial a 'wrap around service' called discharge to assess. This involved all relevant professionals leaving hospital with the person to conduct the assessments in their home and have care plans written up at the same time. This meant detailed planning in place before the first care visit. The trial was being analysed to assess if it was successful.