# London Borough of Ealing

# 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

This inspection was announced and took place on the 22 and 24 January 2018.

The Reablement Service is run by the London Borough of Ealing. It provides short term packages of support to adults of all ages, usually following discharge from hospital, and also where a concern to someone's welfare had been identified. It is registered for the regulated activity of personal care. At the time of inspection 80 people were using the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People felt safe, were safeguarded from the risk of abuse and staff knew the action to take if they had any concerns. There were enough staff to meet people's needs and recruitment procedures were followed to ensure only suitable staff were employed. Risks were assessed and identified so action could be taken to minimise them. Infection control protocols were being followed. Staff received training so they could support people to manage their medicines safely. The provider was open to learning from events to improve practice.

People were assessed and a plan put in place to meet their needs and promote and regain their independence. Staff undertook recognised training in health and social care and received ongoing training to provide them with the skills and knowledge to care for people effectively. People received any support they required with food and drink and they were also supported to access healthcare services if required. 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 and relatives were happy with the care and support people received. Staff were friendly and respectful, maintaining people's privacy and dignity. Staff understood people's individual care and support needs and worked with them to meet these. People's religious and cultural needs were identified so they could be respected.

Care records were clear and person centred and people were reviewed at two weekly intervals to monitor their progress and review the care and support they required accordingly. People were given copies of the complaints procedure and said they would feel able to raise a concern if they had one. There had been no complaints since the last inspection and the service received many compliments from people who had used the service.

The manager was experienced and with the team leaders followed processes to ensure the service was being managed effectively. The provider was actively recruiting for a permanent manager to register with the Care Quality Commission. Monitoring processes were in place and being followed to maintain a good standard of service provision.

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?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# Reablement Service

**Detailed findings**

## Background to this inspection

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

This was a comprehensive inspection that took place on 22 and 24 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure the manager would be available to speak with us.

The inspection visits were carried out by one inspector. On 23 January 2018 an expert by experience undertook telephone calls to gain feedback about the service from people using the service and relatives of people using the service. 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, the provider completed a Provider Information Return (PIR). 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. Before the inspection we reviewed the information we held about the service including the PIR and notifications. Notifications are for certain changes, events and incidents affecting their service or the people who use it that providers are required to notify us about.

During the inspection we viewed a variety of records including care records and individual risk assessments for seven people, the medicines administration record charts for one person and three staff recruitment records. We also viewed safeguarding records, audit and monitoring records and sampled the provider's policies and procedures.

We spoke with eight people using the service, two relatives, the nominated individual, the head of service for older adults and adult support, the manager, two team leaders and eight care workers. We also received written feedback from one relative.

Good

# Is the service safe?

## Our findings

People confirmed they felt safe with their care workers. One person said, "Of course, definitely, they are all very kind and are very good to me. And they would do anything that I would ask. No problem whatsoever." A relative said, "Yes she trusts them. They have developed a good rapport with them. They are a safe and welcomed presence in her home." Staff received training in safeguarding and were able to describe the different types of abuse and knew to report any concerns to the team leaders. They said safeguarding was also discussed in their supervision sessions and was a regular agenda item for the monthly group staff meetings. Staff said if they felt a concern was not being addressed they would then contact the local authority safeguarding team or the Care Quality Commission.

The team leaders carried out risk assessments for people in their own homes so they could assess any risks including those associated with mobilising, falls and the environment so action could be taken to minimise them. The risk assessments were clear and where a risk was identified the action to mitigate it was also recorded. People confirmed that the team leaders carried out safety assessments of their homes. Staff undertook training in health and safety topics including first aid and knew the action to take if someone was unwell or had an accident, including contacting the emergency services. One person told us, "I was a little bit unwell on Saturday. I did not want the carer to call the doctor, they called my [relative] and she sorted it out."

There were enough staff to meet the needs of the people using the service. One person said, "[Care worker] was here before 9am, this morning, it was really good to sort me out and give me my breakfast." Another told us, "They always arrive on time. I don't know how long she has to stay. She does what she has to do." The manager confirmed they only took on new reablement packages if they had the staff to provide the care and support people required. The service had a telephone logging system and this was 'live' on the computer system, so office staff could see if anyone had not logged in on time and could then follow this up to ensure the person was receiving their visit. There were satisfactory explanations if a care worker had not logged in, such as the telephone was in use when the care worker arrived or a telephone was not available so written timesheets were used to evidence attendance. One relative confirmed, "They have to clock in and out on the telephone." All staff wore identity badges and people confirmed staff showed these to them so they knew they were from the service and it was safe to let them into their homes.

Recruitment processes were followed and checks carried out to ensure the provider only employed suitable staff. The local authority recruitment policy was robust and covered all the employment checks required to work with vulnerable people. Application forms were completed and once candidates were interviewed, pre-employment checks including two references with one being from the previous employer, health questionnaires, a photograph, proof of identity including copies of passports, evidence of people's right to work in the UK and a Disclosure and Barring Service (DBS) enhanced check were completed. Any gaps in employment were explored so reasons for these were identified.

At the time of the inspection we were informed that there were no people using the service for whom staff were administering medicines. Some of the people needed to be reminded to take their medicines and

confirmed this. One person said, "Well they always ask if I take it." Information about people's medicines was contained in the care records. When staff reminded or prompted people with their medicines they wrote in the daily records to confirm the person had taken them. Staff received medicines training and described the support they could provide to people, demonstrating their understanding of medicine procedures. We saw one medicine administration chart for someone who had previously used the service and this had been correctly completed by staff. Policies and procedures were in place for the management of medicines and alongside the training staff received, provided them with the information they required to manage medicines safely.

People and relatives all confirmed that staff used personal protective equipment (PPE) including gloves and aprons when providing personal care. Staff understood the importance of infection control and said the service provided them with PPE including gloves, aprons and shoe covers, so they had these to use when attending to people's care.

The provider had systems in place to review events and learn from them. For example, an incident had been followed up with discussion in staff meetings and learning around lone working and staying safe when at work. Staff had read the lone working policy and they carried personal alarms. National incidents such as terrorist attacks and acid attacks had been discussed at staff meetings and staff confirmed they also shared experiences at meetings so that they could learn from each other and personal safety was something the senior staff took seriously and advised on regularly.

Good

# Is the service effective?

## Our findings

People confirmed their needs had been assessed and were asked about their care and support needs. One relative told us, "The manager was very thorough when she came to the home to complete the forms." People were referred to the service after an initial assessment by the referrer and once accepted for reablement then a team leader carried out a more in-depth assessment of the person's needs. The assessments and care plans we viewed were comprehensive and identified the care and support each person required. Staff confirmed they used the care plans to guide them with the care and support people required. One care worker said, "I always check the care plan to see what they require." If someone was referred inappropriately to the service, the team leaders picked this up and would inform the referrer, for example, if someone was clear they did not want the service or if their needs were assessed as being too high for the service to meet. This meant that the people who received the service were suitable for a reablement service.

Staff received training to provide them with the skills and knowledge to care for people effectively and people and relatives confirmed this. One person said, "Oh yes, [staff are] very well trained." A relative told us, "My [relative] tells me that they are very efficient and knowledgeable and present themselves professionally." The provider had a 12 week induction training programme, which gave new staff time to complete all the required training and to shadow and gain hands on experience prior to working alone with people, and staff were very positive about this. All new care workers completed the 15 workbooks for the Care Certificate. Long service staff completed three workbooks each year as part of their appraisal process, to update their knowledge. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. New staff shadowed experienced care workers to learn about providing the practical care and support people required.

Staff training records included training undertaken in effective communication, lone worker safety, person-centred support, first aid, load management, food safety, nutrition and hydration, dementia care and mental capacity. Staff had also completed 'motivational interviewing' training in 2017. Staff said this had improved their understanding about motivating people, recognising any setbacks that may occur and helping them to continue with moving forward to regain their independence. Staff also learnt from colleagues' experiences. One care worker said, "There is a wealth of experience. We meet in the rest area [breakout area] and can ask for advice and they are helpful. We know each other and interact."

Systems were in place to review staff performance and provide them with the support they needed to continue to carry out their jobs effectively. Staff received two monthly individual supervision sessions and also had annual direct observation, where the team leader would observe the care and support the care worker gave to a person using the service to monitor the standard of care being provided. The monitoring form was comprehensive and covered all aspects of the care provision. We saw three examples of these assessments and they were thorough and identified the care workers were knowledgeable and met people's needs. Annual appraisals also took place for all staff. These included discussions about work and training and development needs so these could be planned for and incorporated into the training programme. There were monthly team meetings and an area in the service for staff to meet together to discuss any work

issues and staff could come into the service at any time to meet with colleagues and discuss any issues they may have and experiences could be shared and learnt from.

People confirmed the care workers supported them with meals. One said, "Yes, my breakfast and supper time. They make a sandwich for supper if I want it. They make me a drink and anything I want in the bedroom they take it up." A relative told us, "One of them [care workers] ensured that his diet was always varied, instead of him having soup every day. One time, she even boiled some eggs and made him a sandwich, which he really enjoyed, and would look inside the fridge to see if she could add anything or let him try something different." Care workers assisted people with mealtimes and encouraged them to become independent again with this as part of their reablement programme.

Staff were able to access healthcare input for people if required, so their needs could be met. GP contact details were recorded for everyone using the service, plus if people had regular input from other healthcare professionals such as the community nursing team. If care workers had concerns about people's health then this was reported to the team leaders who would contact the next of kin or a healthcare professional, whichever was most appropriate, to discuss and arrange input. Staff said they could be flexible to ensure people were able to attend any healthcare appointments. One relative told us, "They changed their times when my [relative] has had to go for tests at hospital. They have come early to make sure she is early and ready for the appointment."

The provider worked with other health and social care professionals to ensure people's needs were being met. For example, if someone needed equipment to be provided such as walking aids, then the provider would contact the occupational health department to access this. A relative confirmed this and said, "We wanted a further assessment for OT equipment, and they signed posted us in the right direction." The provider also worked with the local hospital referral team and the local authority teams to discuss and identify any ongoing needs people had so they could receive the care and support they required.

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.

People's rights to make decisions for themselves were respected. One care worker said, "It is important to give respect to people and for them to do what they want. Give them time and get their consent also." The provider explained that if concerns were raised by staff about a person's ability to make decisions, then an assessment would be arranged and an independent mental capacity advocate's input would be sought if required. Care workers confirmed they received training in mental capacity and acting in people's best interests. They said they would report any deterioration in a person's mental ability to the team leaders, so they could reassess the person and where necessary access further support and input for them. The provider confirmed there was no one using the service who lacked capacity at the time of our inspection.

Good

# Is the service caring?

## Our findings

People were happy with the care and support they received. Their comments included, "I think they are very good. I couldn't do without them. They are always polite", "They are marvellous, I will be sad when I get better and they stop coming" and "I think it's very good. It's the first time I have used it and I think it's wonderful." A relative said, "We think it's excellent, we think it's really good. No complaints at all."

People and relatives all confirmed that the care workers were caring and kind. Comments from people included, "Yes, very much so, I can't say a bad word; really pleased, really nice" and "Very polite, very good" A relative told us, "They are very kind, compassionate and kind people." Staff demonstrated a caring approach to their work and were enthusiastic about the good relationships they developed with people using the service. Comments from staff included, "To make a difference in someone's life. I always try to leave things better", "I love meeting people, they bring joy to my life" and "People are amazing, I learn a lot from my customers." People said staff introduced themselves and were friendly and helpful. One person said, "Oh yes, and a big smile and hello, it makes me feel happy and good." A relative told us, "Yes, they have told her their name they are very friendly. They are very friendly and forthcoming."

Information about people's life history was available and staff confirmed this helped them when speaking with and caring for people. People enjoyed the time the care workers spent with them and having time to chat. One person told us, "They chat while they are buzzing around. I tell them things about my youth." A relative said, "When they finish their tasks they sit down and engage with her for the rest of the time. They are sociable." The care workers said they had enough time allocated to provide the care and support people needed and also sufficient travel time between visits.

With allowances for time off, care workers were allocated to a person to provide continuity of care for the period of time they were using the service and people confirmed this. One person said, "In rotation, weekends off sometimes. A lovely lady comes three mornings and three afternoons. They tell me who is coming." Another told us, "Yes except at the weekend when I have different carers who are just as nice." People confirmed the care workers arrived on time and stayed with them for the time they were supposed to. A relative said, "[Relative] seems the have the same girl during the week. All of the carers are really good. They speak to mum rather than me." Another told us, "Yes, she has tended to have the same couple of people Monday to Friday and regular carers at the weekends."

Everyone said the staff treated them with respect. One person said of their care worker's approach, "The height of respect." A relative told us, "They were punctual every morning, giving [relative] all the respect and dignity that anyone could want. Although we never close the bathroom door, they closed it whilst in there with him to maintain his dignity, etc. They took their time to waken him, if he was sleeping when they knocked the front door, and were not afraid to use the key safe when needed. They were more than willing to work with me when I explained routines/ food/ location of clothing, etc. We had two main workers, who (words cannot explain) were absolutely wonderful."

Staff understood the importance of treating people with dignity and respect. One care worker said, "Respect

and dignity is very important. I listen to them, I'm here to help them. My help makes a difference in their lives."  Another told us, "Always respect their home – it is their home. Give them choice in everything they do – their choice!" The majority of care workers were female and people we spoke with were happy with the gender of the care worker they had and the majority said they had been asked about their preference in this area. One person said, "I stated I don't want to a male.  It has always been a lady." A relative told us, "Yes, [relatives] preference has always been for a female carer and that has been respected."

Good

# Is the service responsive?

## Our findings

People confirmed staff provided the care that they required and helped them to become more independent. One person said, "Oh yes. I don't let them wait on me hand on foot, I do what I can." Another said, "Yes definitely, she washes me and she does my feet and legs which I can't do." People confirmed that their care workers always carried out all the care and support they needed.

Care plans were completed for each person and these were comprehensive, person-centred and provided a good picture of the person and the assistance they required. People knew these were in place and staff confirmed they always read the care plans so they knew the care and support people required. One person said, "I am happy with what I get, I have no problems whatsoever. I have a care plan." A relative told us, "The [care worker] is a lovely talkative girl. The [care worker] knows [relative] is deaf and makes sure she has her hearing aid in and her lifeline [emergency call pendant] on before she leaves."

Staff involved people with their care and support and provided this in the way each person wanted. If staff identified a change was needed to someone's care plan then they spoke with the team leader to arrange this. For example, someone who had time allocated for their personal care in the morning and expressed a preference for an evening shower, then the timings of their visits were adjusted to meet this.

The provider had a process for reviewing people's reablement programmes to ensure they received the care and support they required to regain their independence. A progress call was carried out by the team leaders after the first two weeks to ensure the person was happy receiving the care they needed. After four weeks a review was carried out to evaluate the person's progress. These reviews also involved speaking with the care worker to take their views into account. The reviews were recorded and we saw that as time went on and people regained their independence, the number of daily visits reduced accordingly. A relative told us, "They are helping [relative] to be more independent, it is very likely that she will not need to continue with personal care." The team leaders also explained that if it was identified that a person required long term care and support, then they would refer them back to the original referrer so that an ongoing package of care from a care agency could be arranged.

Staff said they encouraged people to start to go back out into the community again and, where possible, to continue with any activities they previously took part in. Staff said it was important to "Let people know they can get out and about" and could provide information on community transport services available to them. The purpose of the service was reablement and responding to people's needs and supporting them to regain their independence and staff understood the importance of allowing people to learn and adapt so they could care for themselves.

The provider took account of people religious and cultural needs when planning their care, for example if a person needed a care worker who spoke their language, then the service worked to meet this. One care worker said, "I am very happy, I can speak different languages and I listen and help them." We also saw evidence of this in the records of a spot check, where the team leader had noted the care worker speaking with the person in their first language as well as in English. Staff also cited other examples of respecting

people's religious and cultural needs, such as wearing shoe covers or not going into the person's prayer room.

The service had a complaints procedure and copies were supplied to people when they started using the service. Staff were clear to refer people to contact the team leaders if they had any concerns and encouraged people to express any worries. People confirmed they would raise concerns if necessary. One person said, "There is a book with a list of things" and another told us, "Well I have the numbers of that." A relative said, "Yes there is a sheet in the book. I would have got straight in touch with [team leader] but it's not been necessary." The service had not received any complaints since the last inspection and people were very complimentary about the service. Where people or relatives had raised an issue, for example confirming that staff would remind someone to take their medicines, they confirmed these had been dealt with promptly.

The nature of the service meant that it is not geared up to provide end of life care. The provider said if someone was found to be in need of end of life care then they would liaise with the relevant health and social care services to ensure the person received the care and support they required.

Good

# Is the service well-led?

## Our findings

All the people using the service and relatives we spoke with said they were happy with the service and would recommend it to others. Comments from people included, "I can only say good things about every one of them", "Only what I can say is good. I am very happy to see them every time they call to see me" and "As long as they keep on recruiting people like they have now they will carry on being good." A relative told us, "To me it's been a godsend since [relative] has been out of hospital." The service had an on-call system so people, relatives and staff could access a team leader for support and guidance at all times should the need arise, so they were supported.

The service was required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 previous registered manager had left in May 2017 and the provider had been actively recruiting to the position since this time and work was ongoing on this. There was an experienced interim manager and the team leaders had worked for the service for several years. The service was being well managed at the time of our inspection and the provider said they would keep CQC informed of their progress with recruiting a permanent manager to put forward to CQC for registration.

Care workers were positive about the support they received from the team leaders and other senior staff. Their comments included, "I like the service. I am well supported, I can ask for help. I love coming in and getting a smile back", "They are very approachable, very helpful" and "It is enjoyable, we are well treated." All the staff we spoke with enjoyed working for the service and understood the importance of providing people with the care and support they needed to successfully regain their independence. One team leader told us, "The reward we get? It makes my day when I see the outcome someone achieves." From our discussions with the staff it was clear they all enjoyed working for the service and the welfare and improvement of people using the service was paramount.

There were processes in place for monitoring the quality of the service provision and gaining feedback from people using the service. Satisfaction questionnaires were given to everyone who used the service and feedback was encouraged. People confirmed they received these and one person said, "One lady left a questionnaire in the folder. I will fill it in after 6 weeks." People also said they had been visited to review their progress. The log-in system for visits to people was used to monitor visits and ensure any lateness was addressed promptly so people's needs were met. Team leaders had a tablet computer with 24 hour access to the records for people including staff rotas so they could respond to any changes in people's needs and staff availability, ensuring cover was arranged. Staff had smart phones and received secure information about new people using the service so they could read and understand their assessed needs at their first visit to the person. They could also receive updates and other information relevant to their roles to keep them up to date.

The team leaders confirmed they checked records received back from people's homes, so they could ensure

they were being completed correctly and any issues could be discussed with the staff concerned as part of their learning and development. We discussed finding a way of identifying when a record had been reviewed and the provider said they would look at this in order to evidence the checks that were being done. The provider said an external agency reviewed all the local authority services periodically to assess for compliance, and an action plan was drawn up to address any issues identified.

The service worked closely with the NHS Clinical Commissioning Group (CCG) and the hospital assessment team. They also liaised with other care providers for people who they identified as needing care to continue past the six weeks they could provide, so there was a transition to a longer term service for the person. They also identified services that could support people within their own communities, for example, through local churches. There was also a 'floating support team' who carry out practical tasks, for example, ensuring heating was switched on and food essentials in the home before someone was discharged from hospital and going in at the point of discharge to support the 'through the door' process prior to the service taking over the care.