

Derbyshire County Council

South East Division Re-ablement Service (Erewash)

Inspection report

Derbyshire County Council
Mercian Close
Ilkeston
Derbyshire
DE7 8HG

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12 October 2016
13 October 2016

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01 November 2016

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

We inspected this service on 12 and 13 October 2016. This was an announced inspection and we telephoned the week prior to our inspection in order to arrange home visits and telephone interviews with people. The service provides care in people's homes for up to six weeks. This service focuses on supporting people to regain their independence. The service is available in the Erewash area of Derbyshire. At the time of the inspection 30 people were being supported by the service.

This was the first inspection visit since the service registered with us in October 2014.

There was a registered manager in post. 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.

Staff knew how to raise any concerns to protect people from harm and people felt safe when they received support from the service. Risk assessments had been completed and provide guidance to reduce any risks and keep people safe. There was enough staff to enable people to receive a flexible approach to their care needs in promoting their independence. The service ensured there was a thorough recruitment check undertaken before staff commenced their employment. Medicine administration was provided when required to meet individual's level of support.

Staff were trained to support people's needs and had the opportunity to access specific training for their roles. Staff had received training in the mental capacity act and had an understanding of how to support people to make decisions. When required best interest decisions had been made with the relevant professional or relatives involvement. People were encouraged to maintain their independence with meal preparation, when the staff supported them they ensured they had a choice available. People were supported to maintain their health and wellbeing with ongoing healthcare.

People had established caring relationships with the staff within the short support period offered by the service. The support people received met their needs and encouraged them to maintain their independence. People told us they felt their privacy and dignity was respected.

People's needs had been assessed and appropriate care plans were in place to support the person to regain their independence. People had an input into the care they received and this was flexible to meet their changing needs. The provider had a complaints procedure and we saw that any concerns had been responded to.

Management were approachable and had clear values that were understood by staff. People who used the service and their relatives had been enabled to routinely share their experiences of the service. Monitoring of areas of the service through a range of audits had been completed regularly and these were used effectively to reflect on the quality being provided or to support ongoing funding of the re-ablement ethos.

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.

Staff knew how to raise any concerns to protect people from harm and people felt safe when they received support from the service. Any risks had been considered and measures put in place along with guidance to reduce any risks and keep people safe. There was enough staff to enable people to receive a flexible approach to their care needs in promoting their independence. The service ensured there was a thorough recruitment check undertaken before staff commenced their employment. Medicine administration was provided when required to meet individual's level of support.

Is the service effective?

Good ●

The service was effective

Staff were trained to support people's needs and accessed specific training for their roles.

Staff had received training and supported people to make decisions. The service understood their responsibilities to support people with decisions and people received the relevant support when required. People were encouraged to maintain their independence with meal preparation. People were supported to maintain their health and wellbeing with ongoing healthcare.

Is the service caring?

Good ●

The service was caring

People had established caring relationships with the staff within the short support period. The support people received met their needs and encouraged them to maintain their independence. People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive

People's needs had been assessed and appropriate care plans were in place to support the person to regain their independence. The provider had a complaints procedure and we saw that any concerns had been responded to.

Is the service well-led?

Good 

The service was well led.

Management were approachable and had clear values that were understood by staff. People who used the service had an opportunity to reflect on the service they had received.

Monitoring was completed across service areas to evaluate the quality of the service.

South East Division Re-ablement Service (Erewash)

Detailed findings

Background to this inspection

We carried out this inspection visit 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 inspection visit took place on 12 and 13 October 2016 and was announced. The provider was given seven days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

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.

We used a range of different methods to help us understand people's experiences. We visited six people in their homes and made telephone calls to a further five people. We spoke with three relatives. We sent out questionnaires to people who used the service and used this information to make a judgement about the service.

We spoke with three care staff, three domiciliary service organisers and the registered manager. We looked at care records for three people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks

Is the service safe?

Our findings

People told us they felt safe when they received care. One person told us, "They help me start my day. It gives me confidence, it's so friendly and we do things together." A relative told us, "I feel secure in the knowledge if I had to leave [name]."

Staff we spoke with understood about safeguarding and how to report any concerns. One staff member said, "We need to be alert and read between the lines. People often open up to us. You note things when you are visiting a lot." They told us they would report to their line manager and felt assured they would respond. We saw the service had introduced a new system and that any safeguarding concerns which had been raised were followed through and the actions taken recorded to protect people from harm.

We saw that risks to people's safety had been assessed. The assessments covered all aspects of the person's care and environment. Staff told us they have all the equipment they need to support them. For example we saw that when required equipment had been ordered to support the person to be independent in their bathroom or kitchen. One staff member said, "We want people and ourselves to be safe while supporting them." We saw records which confirmed equipment had been ordered when the need had been identified.

There were sufficient staff to support people's needs. People told us they had a regular group of staff. One person told us, "They are a team of professionals, they have a good attitude." The re-ablement team offered people a flexible approach to promote their independence. One staff member told us, "We have time allocated on the paper, but we encourage people to do things themselves so there is flexibility." The registered manager told us they use the system to regulate the staffing they need to support people. They said, "We take on packages and we adjust the calls as needed by the individual. Staff had flexible contracts to enable this to happen."

We saw that when staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. This included a DBS check and references. A DBS provides a check relating to any previous criminal records. Records we looked at confirmed these checks had been completed.

When required people were supported to take their medicines and have creams applied. People on the re-ablement programme were encouraged to be independent with their medicine. When they required support options were considered. For example one person had contacted the pharmacy to arrange for their medicine to be placed in a blister pack. This system enables the person to manage their medicine independently. When support was required staff had undertaken medicine training and had their competence checked to ensure they supported people safely. We saw the provider carried out checks on the medicines administration records (MAR) any concerns identified following these checks had been addressed with the individual staff member or through team meetings as a reminder in relation to the policy.

Is the service effective?

Our findings

People told us they felt confident in the support they received. One person said, "Staff are confident with the equipment and I feel comfortable staff are competent with the transfers."

We spoke to the registered manager about the options to provide training on specific areas in addition to the mandatory courses. They told us they have been able to access other training as required through their partnership links and their training section. Staff we spoke with said they had received additional training following their request. For example staff had requested training on end of life and dementia. We saw these courses had been attended. The staff member told us, "This training has helped me to care for people better, as I have more understanding."

The provider had a structured induction for new employees which involved training, shadowing experienced staff and observations by senior staff to check their progress. We saw these checks had been completed. The manager was aware of the new national care certificate which sets out common induction standards for social care staff and was introducing it for new employees. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

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.□

We checked whether the provider was working within the principles of the MCA. Staff knew about people's individual capacity to make decisions and understood their responsibilities to support people to make their own decisions. Staff told us they had a weekly meeting and this enabled them to discuss any concerns. One staff member told us, "Everyone is different, and sometimes they present differently to the staff going in so it is helpful to discuss any concerns or any changes in people's behaviour." We saw when required people had been supported to make decisions and when required they were supported by the relevant people. This showed the staff and manager understood their responsibilities to comply with the Act.

Some people required support with their meal preparation. We saw when this was provided people received a choice. Staff told us they encouraged people to prepare some of the meal or to assist them in the kitchen. This encouraged people with their independence. One person told us, "I like doing my own, but glad if there is someone around if needed." We saw that records were kept to ensure people maintained their nutritional needs.

People retained responsibility for managing their health care, but staff told us they had provided support when requested by people. We saw that one person felt unwell and the staff suggested a contact with the GP. The person discussed the situation and then said they would reflect on a decision later in the day. Staff respected this decision, however recorded the concern in the daily logs.

Is the service caring?

Our findings

Everyone we spoke with told us they were involved in discussing their care needs with staff. One person said, "I could not cope sufficiently. I still like to be independent when I can, nice to have someone around to help." Another person said, "I like to do my own care, but glad someone is around to support my independence." People and relatives told us how the re-ablement service promotes them to remain independent. A relative said, "They are very encouraging to help gain their independence." This meant that people were fully involved in making decisions about the care and support and staff listened to what they wanted.

Relatives we spoke to felt able to speak with staff. One relative said, "They are always there to speak with and are reliable." Another relative said, "The care has returned my relationship back with [name], as I am here to be a support, but not to do all the personal aspects."

People told us their privacy and dignity was respected. One person said, "All staff are very respectful. When you're vulnerable, it's so important." Staff we spoke with told us, "It's important to take time and not rush people."

We saw that the service had achieved the local authority dignity award. Within the examples and information provided was the following compliment, 'Care was provided to me with the most understanding respect and dignity at all times.' Staff told us that dignity was an agenda item at all the team meetings and reflected in their competency assessments. This showed that people were respected and the service had used the dignity award to embed the values.

Is the service responsive?

Our findings

The service was responsive to people's changing needs. The ethos of the re-ablement service is to support people to return to a level of independence. People told us they had received a service which changed as their needs or independence levels changed. One person told us, "I started with three calls a day, but as I have improved it has been reduced to two. The morning call has moved from early to later." They added, "This has been good, it supports me to be independent, they are here if I need them."

We saw that the care plans reflected people's needs as identified by the person during their assessment. This information was available in each care folder within the home. Staff told us they used the folders to support the care people needed. A staff member said, "With re-ablement things can change quite quickly so it's important to check the notes and the last few days of logs."

When it was identified people required a service to extend beyond the re-ablement remit, we saw that the needs were discussed and transferred to another service. One person told us, "It was a pretty seamless transfer from the re-ablement." This shows the service supported people to receive the care they needed.

People told us they received a copy of their care rota each week which detailed the staff who would be providing their care. One person said, "It's important for me to know who is coming." People told us they felt able to raise any concerns. One person said, "I would feel comfortable raising any concerns." The service had a complaints procedure, a leaflet relating to how to raise a complaint was available in the care folder within the home. We saw that any complaints which had been raised had been investigated and any resolution had been communicated to the people involved. This showed the provider addressed any concerns.

The service had received several compliments, 'Caring and professional, very happy with the care I received' and 'Most helpful and treated me kindly.' We saw that when compliments were received by the senior manager they were cascaded to the team with a further note of appreciation.

Is the service well-led?

Our findings

People and relatives told us they found the support they received reassuring. One relative said, "It's a friendly service and we felt guided through the transition." They added, "We can see they are very professional and listen to us and supported us to access what we needed."

Staff told us they felt supported by the service. One staff member said, "I like the work and they take your lifestyle into consideration." We saw that staff received supervision and in addition to this they had a weekly meeting. One staff member said, "We are a small team and all go to the people, so the meeting is a good opportunity to discuss people and at what stage they are at with their support." Another member of the team confirmed they had supervision and found it useful for their training and support needs. The registered manager worked part time so we asked staff how they received their support when their manager was not around. One staff member said, "The managers and DSO's communicate well, when one is not in, another manager is available. You can go to them about anything."

The registered manager also received the level of support they required for their role. They told us, "I have regular supervision monthly and I have support from colleagues." They added, "There are opportunities for training and we have senior managers meetings where we can share our learning." We saw how the manager of the mainstream service and this service worked together. The registered manager said, "We work well together, we don't write the book twice, we share ideas."

The provider used the internal database system to evaluate the service being provided by the re-ablement team. For example the system looks at the people who have used the service and if they are still independent after six and twelve months. It also reflects on the number of people who required support and at what level. The registered manager told us this information was used to support the continued funding of the service. The registered manager told us they use a range of methods to check the quality of the service. These included monitoring completed by the DSO's, feedback from people and the overarching data on the service. We saw that audits for areas of the service had been completed including medicines, safeguarding and health and safety.

We saw that people were asked about the quality of the service they received after their six week period using the service. We spoke to the registered manager who told us they were piloting an anonymous style survey to seek further feedback on the service, however to date there had been a limited response. The manager understood their responsibility of registration with us and notified us of important events that occurred. This meant we could check appropriate action had been taken.