

SCC Adult Social Care

North West Surrey Area Reablement Service

Inspection report

Civic Offices
Gloucester Square
Woking
Surrey
GU21 6YL

Tel: 01483517919

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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

About the service:

North West Surrey Area Reablement Service provides short-term support and personal care to people with the aim of enabling them to live independently in their own homes. The service also supports a hospital discharge assessment programme. The service provides reablement and personal care to older and disabled people living in their own houses and flats in the community. At the time of the inspection there were 57 people receiving the service.

People's experience of using this service:

People and their relatives told us they felt supported and safe with staff. There were many success stories of people returning back to independent life after receiving support and care from the staff at this service. The organisation of this service achieved its aim and purpose of reablement for people who were receiving ongoing treatment or care.

People's needs were consistently met and assessed to enable improvements and progress in their lives. Risks to people were assessed and managed to balance people's safety and right to lead a non-restricted life. There were enough well trained staff to ensure people were supported safely at all times.

People, relatives and staff were engaged via meetings so that everyone could contribute to the development of the service. There was a credible strategy in place with plans for service improvements. This was being implemented by the registered manager who was pro-active in considering how the service could be improved.

People were protected from the risk of abuse by staff who understood how to safeguard people. People told us that they were supported by kind, caring and attentive staff who always promoted independence and respected people's privacy.

People's care was person centred and staff communicated with each other effectively to ensure consistency. Where required, staff provided end of life care which was personalised and responsive.

Rating at last inspection:

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

Why we inspected:

This was a scheduled comprehensive inspection. We inspect all services rated as 'Good' within 30 months to ensure that we regularly monitor and review the quality and safety of the service people receive.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

North West Surrey Area Reablement 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

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:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 22 May 2019 and ended on 3 June 2019. We visited the office location on 22 May 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed the information we held about the service. This included the previous inspection report, notifications since the last inspection and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about. We reviewed information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we reviewed four people's care records, three staff files around staff recruitment, training and supervision. Records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were also reviewed.

After the inspection we conducted telephone interviews with three people, five relatives and seven staff members.

Is the service safe?

Our findings

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

At our last inspection in September 2016, we rated this Key Question as 'Good'. At this inspection we found that people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by knowledgeable staff. One relative told us, "My father was very happy. He felt very safe."
- Staff and the registered manager were aware of their responsibility to safeguard people. One person had required staff to work with social services and a day centre directly to ensure they were not at risk. Staff had worked hard with other professionals to monitor this person in their own home so that they could be sure they were safeguarded.
- Where necessary, the registered manager had correctly escalated cases to safeguarding and/or to the CQC.

Assessing risk, safety monitoring and management

- Risk assessments were followed by staff to ensure people's known risks were managed and monitored safely. Risk assessments were also reviewed and updated every two weeks to ensure development and accuracy for each person receiving support. For example, one person had a medicinal cream which posed a fire hazard. Staff consulted the local fire brigade and carried out detailed risk assessments to ensure staff knew exactly how to ensure the person was safe.
- People told us that staff supported them and their risks well. One staff member said, "I follow the risk assessments that are completed by me and other staff. I see what the risk assessments highlight."
- There were contingency plans in place to ensure the service could continue to run in the event of severe weather or any other crisis.

Staffing and recruitment

- People were cared for by a sufficient number of staff. One relative told us, "They were always there for the time they should be there. They didn't cut short any visits."
- One staff member said, "I think we have enough staff. We have our staff capacity. This ensures we have a safe service."
- The provider ensured appropriate recruitment checks were followed to help ensure staff were safe to work with people who used care and support services.

Using medicines safely

- People were supported to take their medicines as prescribed. Given the nature of this fast paced service, staff were required to learn new people's requirements frequently. When an audit in March 2019 found medicine errors, the registered manager had been quick to respond to this with new policies and guidelines for staff following a review of the errors. Since the review there had not been another error.

- People and relatives told us that staff helped them with their medicines well when it was required.

Preventing and controlling infection

- People were protected against the risk of the spread of infection. People told us that when staff visited their homes they wore protective equipment to prevent the spread of infection. One person said, "They wore uniform, aprons and gloves when they came."
- One staff member told us, "I wear my gloves and aprons. I also wash my hands at each visit and before each task."

Learning lessons when things go wrong

- Staff responded appropriately to accidents or incidents to ensure people were kept safe and the records supported this. Each care plan contained a record of every person's accidents and incidents for the past year. Incidents where staff missed visits to people were recorded and analysed by the registered manager. Each time this happened, a thorough investigation was carried out to assess the reasons for it.
- There was an over view and analysis to look for trends in the accidents or incidents that occurred. This was reviewed by the management team and the data was used to look for patterns.

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

At our last inspection in September 2016, we rated this Key Question as 'Good'. At this inspection we found that 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

- People told us they received care and support which was in line with their needs. There were full assessments carried out by the hospitals before people came to the reablement service. These included necessary, relevant and useful information for staff about each person such as communication, mobility, personal care, family, meals/food preferences, mental health and routine.
- Each person's needs were constantly updated and adapted by staff as people regained their independence. This meant that needs assessments were flexible to encourage recovery and progress.

Staff support: induction, training, skills and experience

- Staff were adequately supported and trained to ensure they had the knowledge and skills to deliver care. One relative told us, "They were experienced and knew what they were doing." If an error was made by any staff member, the registered manager was quick to arrange refresher training and updated guidance for the team.
- Staff were well supported by the management team who provided regular supervision and checks on their competency. Spot checks were completed with staff to ensure they were following guidance and correct procedures.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink as they required it. One person told us, "When I required it, they would cut my toast in the morning. They prepared the food I wanted them to."
- Staff encouraged people to prepare and cook as much as they could themselves so that they could go back to living independently. This was the core goal of the service and staff all understood the importance of this. One staff member said, "We get them to choose their foods. We also encourage them to make what they can themselves."
- Not many people received complete support with their food and drinks as most people using this service were able to do a lot of the preparation themselves or with help from their family.

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

- People were proactively supported by staff to maintain good health and had access to external healthcare support as necessary. Staff had strong links and connections with other departments and professionals within the local authority such as occupational health and safeguarding.
- Staff worked alongside hospitals effectively by keeping and recording the assessments completed by them. Where necessary, staff were quick to arrange for new equipment or assessments to be completed for

people by physiotherapists or occupational therapists. One staff member told us, "We either get hospital discharges which are trusted assessments or we get an initial support plan from the council."

- People were supported to receive visits from rehabilitation services or any other professionals by staff.
- Daily updates and changes were communicated amongst the team by emails from the team leaders. This means that all staff are consistently updated with the newest information about each person they are supporting.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People's legal rights were protected because staff followed the principles of the MCA. We spoke to staff who were able to explain and describe essential parts of the MCA and its application. One staff member said, "We report people who appear to have fluctuating capacity to the Team Leaders to see if they need an assessment completed."
- Consent to care forms had been signed by people where they had capacity to do so. If not, their next of kin or representative had signed on their behalf where they had the legal authority to do so. The local authority had completed the necessary mental capacity assessments prior to the service starting to deliver care, but any subsequent best interest decisions were recorded in people's care files.

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

At our last inspection in September 2016, we rated this Key Question as 'Good'. At this inspection we found that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that they were supported by kind and caring staff. One person told us, "They were very kind and caring." A relative said, "I have been very happy with the service. They looked after her very well. They were very caring. They talk to her and engage her well."

A second relative told us, "They were always good at listening and helping her."

- If people weren't ready to leave the reablement service or needed a bit longer with staff then the service accommodated them. Staff were eager to ensure people were ready to be independent and not left too early. One staff member told us, "My colleagues are absolutely fantastic. They all really care."

- Care records included information about people's sexual, religious or cultural wishes. The majority of people had decided not to provide information other than their religious preferences.

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

- People were involved in their care and supported to express their views. People and relatives told us that they were involved in the regular reviews that took place. These reviews helped to identify what the person needed to be fully independent and able again.

- One staff member said, "We give people the option of whether they want us there or if they don't want us there. If they want to have a shower, we make sure they are safe but that they still have their privacy."

Another staff member said, "We complete two weekly reviews. After two weeks we do recommendations." The recommendations could be for new equipment or to reduce the number of visits a person needed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People told us that staff were respectful. One person told us, "They were respectful of my space and privacy." Staff knew how to ensure people retained their privacy.

- Staff always considered how they could make people more independent. One staff member said, "Our aim is to get them to do things for themselves. When they come out of hospital we will talk with them and guide them as to how to do basic things like use the microwave or shower themselves." Another staff member said, "We also try to get equipment so that they are safe and can do things themselves."

Is the service responsive?

Our findings

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

At our last inspection in September 2016, we rated this Key Question as 'Good'. At this inspection we found that people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs. Each care plan was orientated around goals and aims for that specific person. This was in line with the service's core aim to enable people to become independent. One relative told us, "They know what she is like. They are very friendly. They are chatty. They really perk her up." A second relative told us, "Everything that we asked for was done."
- There were clear case study examples where staff had succeeded in achieving people's goals. For instance, one person was sociable and liked to attend activities such as day centres. Due to personal circumstances their attendance to day centres had become limited and rare. Staff took the time at each visit to gain the person's and their family's trust so that eventually they were able to support the person to visit the day centre regularly.
- Staff were person centred in their approach to support. One staff member said, "We always try to cater to each person. There is no average of typical client. They are all completely different and it's our job to speak to them and ensure we can provide person-centred care." A second staff member told us, "I took one service user to a court appearance once in order to really assist them in their return to independent life."

Improving care quality in response to complaints or concerns

- There was a clear complaints policy and people told us that they were aware of how to raise a complaint if they had any concerns. There had been one complaint since the last inspection which had been recorded and responded to in line with the company policy.
- There had been a number of compliments sent in via feedback, emails and letters. One stated, "The service is excellent, all the carers were kind and truthful. It was a pleasure to have them since I came out of hospital." Another stated, "Everything I have received from this service has been more than expected. Kindness and sense of humour. Well done all of you and thanks for being where I needed you." A third compliment stated, "After three weeks of pain and infections, you helped to cheer my day up and helped me with things I couldn't do myself."

End of life care and support

- People were supported and cared for at the end of their lives where necessary. This service was not designed for end of life care because of its purpose to enable people to be independent. However, where it became necessary, staff were able to provide person-centred end of life care. One person told us, "My mother is end of life. They are providing good care for her at the end of her life. It's hard for them to move her about but they're getting equipment to help move her."
- Staff ensured people had support and care in place even when their contracted care ended with this service. Normally, this service only provided support for six weeks. One person's support was outside of the six week period yet staff continued to ensure they received continuity in their end of life care.

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

At our last inspection in September 2016, we rated this Key Question as 'Good'. At this inspection we found that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives spoke positively of the management of this service. Given the fast paced nature of the work, it was rare for the registered manager to meet people receiving support.
- Staff were led by a hands on registered manager. One staff member said, "Our service is well managed. Our manager is a very proactive champion of re-ablement and of our service." Another staff member said, "Our first port of call is our team leaders and they are always here for us. I think the service is managed well."
- The registered manager was aware of their responsibilities about reporting significant events to the Care Quality Commission and other outside agencies and ensured these were done in a timely way.

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

- Quality assurance was effective at checking quality and driving improvements at the service. There was accurate and contemporaneous record keeping which provided a clear audit trail in respect of all aspects of care and service delivery. There were comprehensive audits being completed regularly to monitor the overall quality of services provided.
- The audits were robust and effective in finding issues or areas for improvement at the service. For example, the audits had picked up on the need for medicine refresher training. Where necessary, focussed audits had also been completed in areas such as safeguarding referrals.
- The registered manager attended quarterly accountability meetings with other senior managers to check information and data about the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics ;Continuous learning and improving care

- People, staff and the local community were engaged by the management of the service. The registered manager completed annual surveys and feedback questionnaires to assess how happy people were. One staff member said, "I have completed surveys and information for questionnaires. I have also helped people/clients to do the same."
- One staff member said, "I am proud of the service we have. I have been really well supported in coming into this job." Another staff member said, "Staff meetings are very good. We get through a lot. They give us time to talk."
- The quality assurance manager kept abreast of updates in best practice and guidance. For example, when new pharmacy guidance became available, a local pharmacist was brought into the service to speak about

this area. When CQC released new information this had been cascaded down to staff through emails. One staff member said, "There is always support and consideration for improvement."

- The registered manager had recently introduced a new role for senior staff member who could develop their skills further and take on more responsibility. This was done with the aim of developing how staff could consider what improvements could be made for each person being supported and what their strengths were.
- A new IT system was in the process of being implemented which would enable easier and quicker communication between staff. This would also speed up shift updates and allow easier access to care plans and daily notes.

Working in partnership with others

- The registered manager and team leaders worked alongside other agencies and organisations to encourage collaborative working. One of the teams had organised a tea party with the local authority in order to develop professional relationships with the staff.
- The registered manager had close ties with the social care institute for excellence which was contributing to the new approach of working and focussing on people's strengths. This new approach was a useful strategy to take forward for reablement because of its commitment to people's independence.