

Buckinghamshire County Council

Buckinghamshire 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 took place on 13, 14, 15, 16 and 20 March 2018. It was an announced visit to the service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to people over the age of eighteen. Buckinghamshire Reablement Service provides time limited support to people. The duration of the support provided can vary from one to two days or up to a maximum of six weeks. At the time of inspection an average of 130 people were being supported.

This is the first inspection since the service was registered with The Care Quality Commission (CQC) to provide personal care.

The service had a registered manager in post. A registered manager is a person who has registered with 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.

We received positive feedback from people who used the service. Comments included "The people that come are very good and very helpful," "The carers were lovely and always helped me in any way they could" and "They're all very happy, very friendly people."

People were supported by staff who had been recruited in a safe way to ensure they had the right skills and values. Staff were supported and they had access to continued learning to help them develop their skills.

People were encouraged to be independent. Staff supported people to make decisions about their care. People told us "I'm 90 and try to be as independent as possible. They come to help me with anything that I struggle with, getting dressed and things like that. They're very good" and "I'm very happy with the service they provide, they've helped me tremendously."

People were supported by staff who knew how to promote dignity and respect. One person told us "The carers are very good and they're always very respectful towards me."

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 support this practice. Staff had a good understanding of the core principles of the Mental Capacity Act 2005.

Systems were in place to ensure feedback was sought from people to help improve the service. The provider and registered manager had a clear vision to continuously learn and develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were aware of their roles and responsibilities.

People were referred to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People's needs were reviewed on a regular basis to ensure the right support was provided.

Is the service well-led?

Good ●

The service was well-led.

People's needs were appropriately met because the service had an experienced and skilled registered manager to provide effective leadership and support.

People could be certain any serious occurrences or incidents were reported to the Care Quality Commission. This meant we could see what action the service had taken in response to these events, to protect people from the risk of harm.

Buckinghamshire 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 the first time the service had been inspected since it had registered with the Care Quality Commission (CQC).

Inspection site visit activity started on 13 March 2018 and ended on 20 March 2018. It included telephone calls to people who used the service. An expert by experience made telephone calls on 13, 14, 15 and 16 March 2018. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We visited the office location on 14 and 20 March 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We gave the registered manager 48 hours' notice of our intention to visit the office to ensure that they were available.

Before the inspection the provider completed a Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. 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. We reviewed notifications and any other information we had received. A notification is information about important events which the service is required to send us by law.

We spoke with 13 people who were receiving care and support and one relative. Whilst at the office we spoke with the registered manager, service manager, and four members of the referral and planning team. We also spoke with three reablement workers who provided hands on care and support to people. We

reviewed five staff recruitment files and 11 care plans and associated medicine records. We cross referenced practice against the provider's own policies and procedures. Prior to visiting the office we sent a questionnaire to eighteen staff.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care.

Our findings

People gave us positive feedback about how they were supported to maintain their safety. One relative told us "They [staff] deal with all her medication and she always gets it at the right time."

People were supported by staff with the appropriate experience and character to work with people. The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. The registered manager told us systems were in place to monitor how many staff were required each day. This was supported by what a member of staff told us. Reablement workers rota was continually reviewed. Staff were responsible for planning care visits to people. We observed changes to rotas being made while at the office. For instance one lunchtime call was cancelled as it was not required. The office staff recorded the reason why the visit was not required and ensured this was communicated to the reablement worker.

Due to the nature of the service, people were not given a specific time for a care call. People were given a time range. However this was clearly communicated to people at the assessment visit. The registered manager told us where a specific time was required due to a health need it would be accommodated. People we spoke with told us "They come in a morning and evening and they always arrive on time," "It's a pretty flexible arrangement. They just fit us in with their routine and we're happy with that" and "Sometimes they're a little bit later than usual, not hours though so they don't need to ring to let me know and they do always come."

We received mixed responses from staff about staffing levels. The registered manager was aware of the challenges they faced about covering specific areas in the county. One member of staff told us "I am always doing extra, I don't mind." Another member of staff told us "We don't currently have enough staff, reablement workers, or assessors, we are advertising to recruit more staff. We use agency staff and we rely on our own staff to cover the calls, some staff will do overtime at busy times." We discussed staffing levels with the registered manager. They told us recruitment of new staff was on-going and an advert had been placed on social media.

People were protected from the risk of abuse. The service had safeguarding procedures in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. One member of staff told us "The signs that an adult may be being abused is they become withdrawn, neglecting themselves by not washing or dressing, or physical evidence, bruising, cuts

or burns on the skin." Staff had access to the local safeguarding team contact details. Staff informed us that they would contact that team or the Care Quality Commission (CQC) if management did not report safeguarding concerns. One member of staff told us "If I had concerns I would raise it with my manager, or if I couldn't discuss with my manager then escalate it to their manager or report the incident directly to the safeguarding team." People we spoke with stated they knew who to speak with if they had any concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority and also their requirement to report this to CQC.

Where people required support with taking their prescribed medicine, this was detailed in their care plan. A risk assessment was carried out to identify how to support people safely with their medicines. Staff who supported people were provided with training and were required to demonstrate competency prior to the administration of medicines. The service had identified improvements were required in how they managed the administration and management of medicines. The registered manager told us they had facilitated workshops with staff to ensure safe medicine practices were embedded. Staff we spoke with told us "Medicines have improved" and "Huge improvements have been made in paper work, we now have a sticker on the front of the folder so we immediately know if we need to give meds. All the meds forms are on yellow paper... you cannot miss that." People told us they were supported with their medicines and had no concerns about it. Comments from people included, "They apply cream on my back and there's no problems at all, they're very gentle" and "I only take an iron tablet, but they always check I've taken it."

Risks posed to people as a result of their medical condition had been assessed and systems were in place to reduce the likelihood of harm. The risks associated with supporting people to reposition had been assessed. Where the assessment identified two staff were required, this was detailed in their care plan. Environmental risks were assessed to ensure people and staff were kept safe while the regulated activity was carried out. This included a check on lighting, access to a person's home and the state of repair of the home as examples. Where on-going risks were identified they were clearly documented.

The provider had an infection control and a uniform policy which made reference to good practice on preventing the spread of infections. We noted the provider made available personal protective equipment (PPE) to staff. This included gloves and aprons. Staff told us "PPE is provided for us and we have enough as we make sure we have plenty in stock" and "We do have enough personal protective equipment, gloves, and aprons." Staff who supported people with meal preparation had received food hygiene training.

The registered manager and staff told us they had a commitment to learning and improving the service. Staff told us they had confidence to raise concerns about unsafe practice to their line manager. One member of staff told us "Most errors are normally communicated via e-mail to the team so the team as a collective can be made aware of an incident or error and this method seems to work best in ensuring the error does not happen again." Another member of staff told us "We discuss things in our 1-1 and walk through possible scenarios. We do relevant training and also e-learning. We learn from our mistakes."

Our findings

Prior to a person receiving support from a reablement worker a full assessment of their needs was carried out. One person told us "I had my initial assessment last Friday and they were very professional. They had a pretty comprehensive questionnaire and I was very happy with it." Another person told us "My son made all the arrangements, but we were all present at the first meeting when everything was discussed."

Staff had received training on promoting dignity and equality. Staff were aware of their responsibilities to ensure they did not discriminate against people with protected characteristics as described in the Equality Act, for instance, sexual orientation and gender reassignment. A member of staff told us how they had ensured a person was addressed by their preferred name and gender.

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. Staff we spoke with were aware of how to support people with decision making and how to encourage people in making daily decisions about their care.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person who is supported in their own home need to be made to the Court of Protection (COP). The registered manager had good working knowledge of the MCA. Staff received training on the MCA. At the time of the inspection no-one supported by the service had been referred to the COP.

Where people required support with eating and drinking this was detailed in their care plan. Where needed the service referred people to their GP if concerns were noted about their diet or weight. Staff we spoke with were knowledgeable about people's nutritional needs and how to monitor people. Staff had good knowledge of additional services available to support people with their meals. For instance meal delivery services. A staff member told us "Dietary and religious requirements are also taken into account and any allergies that we are made aware of are noted on the care plans." One person told us "They come in a morning to make sure I'm up and around and that my dog is fed and watered. They check that I've got food in the house; they will do the shopping if I need them to because I can't drive at the moment. In an evening, they just look around to make sure I'm eating OK and that I've got things in and they always ask what I've had for lunch. They're always very helpful; they will do anything I need them to do, depending on the day."

People were supported by staff who had received training and support to understand their role and responsibilities. The provider had recently commissioned training from an external company. Staff told us the training was good. Staff we spoke with were enthusiastic about the training they had undertaken. One member of staff told us "Yes, we have a lot of training, and it is relevant to my job role." Another member of staff told us "We are given training to safely perform in our given job roles and this is tailored to suit the role. We can ask for additional training opportunities in our supervisions (1-1's) and managers do make an effort to arrange such training if it be in a classroom environment or via e-learning."

Staff told us they felt supported. We saw staff members were provided with one to one meetings and an annual appraisal of their performance. We received positive feedback from staff on how they were supported by their line manager. A line manager carried out regular checks on reablement workers' competency. This involved the line manager shadowing the worker. We noted where gaps in skills was identified additional training was arranged.

We observed there was good communication across the service and with external organisations to ensure people received consistent and co-ordinated care. For instance where a person had been admitted to hospital, care calls were suspended until they were required again. Where staff identified deterioration in a person's health, appropriate and timely referrals were made to a GP or other healthcare professionals. The service worked with occupational therapy staff to ensure people had the right equipment. For instance if a person required a raised toilet seat to enable them to use the toilet independently, this was provided.

Our findings

People told us they were supported by staff who were kind and caring. Comments from people included "The carers are very nice and look after me well," "They're all very good and very friendly" and "The carers were lovely and always helped me in any way they could."

People were supported by staff who understood how to be respectful. Staff told us "We make sure doors are closed and curtains are closed so that the service user feels safe" and "Where possible we try to ensure the clients preference of gender of worker for their washing and dressing needs are in place." People told us they were treated with dignity and respect. Comments from people included "The carers are very good and they're always very respectful towards me," "All the carers are charming and lovely. I can't fault them. They're always very polite and respectful. I will miss their company when I don't need them anymore" and "The carers are very good, very polite and friendly."

People were supported to be as independent as they could be. One person told us "They come first thing in a morning and between 6 p.m. and 7p.m. in the evening. As well as applying my cream, they put my big leaded boot on, it's a Velcro fastening, and I can't manage it at all on my own. They put it on in a morning and take it off in the evening for me. They don't need to help me wash, I have a perching stool, so I can manage by myself in front of the basin. They're a great help to me, I didn't know how I was going to manage." Another person told us "They come in to see if I'm alright and if I need anything doing. It's mainly personal care and they're always very respectful towards me. Slowly but surely I'm improving, I managed to wash and dress myself yesterday before they came." A member of staff told us "When you see a person come out of hospital and they are so low and by the of the six weeks they can make a cup of tea again, and they say to you 'I didn't know I would ever be able to do that again', It makes me so happy to see the smile of their face."

Staff we spoke with were passionate about the work they did. They spoke about how much they enjoyed working with people to help them to regain their independence. A member of staff told us "We encourage people to do as many things for themselves as safely and practically possible. When assisting with personal care I ask permission to do tasks, and leave the room at the client's request especially while they are going to the toilet for example."

People were encouraged to be involved in decisions about their care. Following the initial assessment where the care plan was agreed, follow up visits were made to ensure people were involved in any changes. People were provided with information about other services available. For instance if on-going support was

required a person was referred to the local social services team for an on-going assessment of their need. If a person did not meet the requirements of state funded support, information was provided to people about informal support like support groups or charity run services. One member of staff told us how they had introduced a person they supported to 'Men in Sheds' (Men in Sheds, is a nationwide scheme to support men to have access to a space where they can meet other men and carry out projects). Another member of staff told us "Clients and their family members are kept informed (about the service) throughout the care input we offer. Their wishes and beliefs are taken into account at all times."

It was clear from the daily notes completed by reablement workers that people were asked how they wished to be supported. A member of staff told us "I always ask the person how they would like to be supported and what can I do for them or with them." One person told us "They come every morning seven days a week. They just come to help us have a wash. They're always very respectful and put us at ease."

The service received a lot of positive feedback from people and their relatives. Comments made to the service from people included "[Name of relative] phoned in to pass compliments to our assessor [Name of staff]. She said that she was absolutely phenomenal and the service brilliant," "I am writing to you thank you and your team for the care and support you have given to my father and our family. I believe that the service you have provided is of a very high quality and has been much valued by us. The professionalism of your staff and their compassion in dealing with my father has been exceptional. I highly commend this service and all staff involved in the delivery of care" and "The professionalism of your staff and their compassion in dealing with my father has been exceptional."



Our findings

People who were supported by the service were referred by social and healthcare professionals. Information about the type of service available was clearly communicated. Once the referral was accepted an arrangement was made for the person to be visited in their own home by an assessment officer. Information was gathered about the level of support required. For instance if a person wished to have a shower or if they needed support with meal provision.

The level of care required was kept under regular review. Each person was asked what they wanted to achieve. We noted people had requested to be able to walk as they did before they were hospitalised. Other people who had had an operation wanted to get back to how they were managing previously. An assessment officer returned to the person at key times throughout the duration of the support to check on the person's progress and make any required changes. For instance to reduce the support or in the case of a deterioration in a person's condition to increase the support. We noted the changes were communicated with staff and the care plan updated.

At the end of the support the person was invited to comment on the support they had received. The results of the feedback were collated. The registered manager was able to use the feedback to look for any themes to help improve the service. We noted people were asked to rate the service out of five, the average feedback score was 4.47.

The service provided people with a resource pack. It contained useful information to people on how to keep safe. For instance they provided information to people about 'Top tips for staying steady', fire safety and had a list of useful equipment which could be purchased to promote independence.

Where a need for assistive technology was noted referrals were made to the local provider to carry out an assessment and provide the required equipment. For instance for some people a need for a pendant alarm was identified.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Where required the service had access to interpreters.

The registered manager told us occasionally people who were referred to the service quickly deteriorated and the reablement workers provided end of life care. However staff had not received bespoke end of life training. We discussed this with the registered manager. They told us, staff who had been working in the service a long time had received previous training. The registered manager told us they had already identified this as an area of training which was required.

The provider had a compliment and complaint policy. We noted there were systems in place to respond to compliments and complaints. A record was made of all complaints and they were monitored by the registered manager and provider to identify any trends. People were given information on how to make a comment, compliment or complaint. People told us they knew how to complain, comments included "I'm very happy with the service", "I've no complaints about anything at all," "We can't complain about the service at all," "Can't complain about the service at all" and "I've no complaints at all, none whatsoever."

Our findings

People told us they were happy with the service they were provided with. Comments from people included "The whole team is excellent," "It was a very good service, I've actually finished with them now, I'm back on my feet. They did check that I had been satisfied with everything" and "I'm very happy with the service they provide, they've helped me tremendously."

There was an experienced registered manager in post. Staff told us they felt supported by the registered manager and the management team. There was a clear management structure in place and staff were aware of their roles and responsibilities. We found all the office staff to be professional and helpful.

Staff were supported to develop. One reablement worker had been successful in their application for a more senior role. When we spoke with them they demonstrated a commitment to ensuring people received good care.

A number of staff meetings took place to cascade information to staff. Staff told us they found the meetings really useful. One member of staff told us "Team meetings are an opportunity for us to air our views, we discuss any problems we have with clients, and how we can support them." Staff told us they felt valued and any views they had were taken on board. Another staff member told us "I feel management are supportive and do listen to our concerns. Every realistic effort is made to improve difficult situations. Team meetings are used to communicate big changes."

There is a legal requirement for providers to be open and transparent. We call this duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. The registered manager was aware of the regulation and we saw they had apologised to people when the service fell below the expected level of quality. The registered manager advised us they had not always written to the person. They told us this had been identified and work was underway to ensure this happened in the future.

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. The registered manager was aware of the events they needed to notify us about. We checked our records and we had been notified of events when required.

The registered manager worked with the provider to make sure staff had access to policies and procedures to ensure safe care and treatment was provided to people. A monthly quality audit was carried out by an operational manager. The results from the audit were translated into an improvement plan. The registered manager reviewed the improvement plan on a regular basis.

The service worked with external social and healthcare professionals and had involved the public in the development of the service. One person had been invited to comment on a user guide. The service manager told us "It was a really useful exercise, as they came up with ideas we had not had." The service manager went on to tell us the person had supported with recruitment of new staff.

People were referred to external support organisations when a need was identified. One member of staff told us "We refer clients to Prevention Matters, the fire service and the befriending service. The registered manager had invited Bucks Fire and Rescue to a team meeting to provide advice to staff on how they could prevent fires. All staff were provided with a smoke detector testing gadget.

The registered manager told us how the service had developed by working with the Clinical Commissioning Group and primary medical services. They went on to tell us a group of key people had been invited to support further developments within the service. The aim of the work was to ensure people who required short term support to promote their independence received it in a timely way, by people with the right skills.

Throughout the inspection the registered manager, service manager and the staff we spoke with demonstrated a commitment to continuous learning and development of the service. The registered manager gave us examples of how they had reflected on what improvements could have been made when things went wrong. For instance, they had made changes to how information was cascaded to staff following an unexpected death. The registered manager was able to recognise when they needed additional resources to help the service improve. For instance they had joined the registered manager local network. They told us "Meeting with other registered managers has been really helpful."