

Middlesbrough Borough Council

Middlesbrough Community Reablement Service

Inspection report

Cavendish House
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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

Middlesbrough Community Reablement Service supports people who have recently been discharged from hospital or a care home, or who have a health condition which is making it hard to cope at home. The team provides short-term support to help people learn, or re-learn, daily living skills.

At the time of our inspection there were 14 people using the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People and their relatives told us they were happy with the care and support they received from the service. One person told us, "Staff supervise me doing things myself. It has most definitely enabled me and had a positive impact. It was essential to me because I needed more to encourage me."

A robust recruitment process was in place. The service ensured staff had the right training, skills and experience to support people safely.

The provider had systems in place to ensure people were protected from abuse and harm. Staff had completed safeguarding training. Individual and environmental risks were identified and reduced. Systems were in place to ensure people would continue to receive support in the event of an emergency.

People were treated with respect and dignity. People were involved in reviews of their care and support. The service supported people with their communication needs and offered information in a format they could understand.

Care plans were task orientated and lacked detail about how to support people in line with their preferences. Staff were responsive to changes in people's needs. People and relatives told us they had no complaints about the service.

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.

The provider had quality assurance processes to monitor the service provided. Information was gathered but was not always analysed to identify trends either positive or negative. The registered manager and staff team were passionate about ensuring people received the best care possible. The provider and registered manager had plans to improve and expand the service.

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

Rating at last inspection

This service was registered with us on 25 March 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Middlesbrough Community 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

An inspector and an Expert by Experience completed the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, a performance co-ordinator, a case manager and eight reablement officers.

We reviewed a range of records. This included five people's care records and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had systems in place to report safeguarding matters to the relevant authorities.
- Staff had completed safeguarding training and were aware of how to raise a concern if they had concerns about people's safety.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Individual and environmental risks had been identified and managed. Risk assessments were in place to support staff to keep people safe.
- The provider had contingency plans in place to support people in the event of an emergency.
- Information was gathered from a range of sources following incidents or accidents. It was reviewed on an individual basis but not analysed to identify trends or patterns. The registered manager had recognised that improvements were needed in this area and had set about making changes.

Staffing and recruitment

- The provider operated a robust recruitment process. Detailed checks were conducted prior to applicants supporting people.
- People were supported by a consistent staff team. Where possible the case manager deployed the same staff team to support people. They recognised the importance of continuity for both the person and the reablement officer.

Using medicines safely

- Medicines were managed safely. Staff had completed medicines training and competency reviews were regularly conducted.
- People were promoted to be independent with their medicines. The service assessed people's ability to manage their own medicines. Guidance was in place to support staff to offer the correct level of support.

Preventing and controlling infection

- The service had effective infection, prevention and control (IPC) measures to keep people safe. Staff had completed IPC training and observations were regularly conducted to ensure staff maintained the provider's standards.
- Relatives and people told us staff always used PPE to support people.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- An initial assessment of people's support and care needs was completed prior to them using the service. The assessment did not ask questions relating to mental capacity and to support all the protected characteristics of the Equality Act. The registered manager advised the service has access to such information but advised that care documentation was currently being reassessed.
- Weekly reviews of people's care and support needs were conducted. Care plans were adapted to reflect people's changing ability to carry out certain tasks and support people in achieving improved independence.

Staff support: induction, training, skills and experience

- People were supported by a well-trained and experienced staff team. Training was monitored by the registered manager. Due to the COVID pandemic face to face training had not taken place. Staff had completed e-learning during this period and a schedule of training was in place.
- New staff completed an in-depth induction and a period of shadowing with an experienced reablement officer. Once deemed competent they were allowed to work independently.
- Staff had regular supervisions to review any performance or learning needs. The provider had stopped yearly appraisals and instead concentrated on effective supervisions.

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

- The initial assessment included support with eating and drinking. Plans were created to support the person to regain their confidence and independence.
- Staff offered encouragement and advice. One person told us, "They suggest how to lift things certain ways, for example just putting enough water in the kettle for one drink, so it wasn't too heavy."

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had completed MCA training.
- The service was not supporting anyone who lacked mental capacity. Staff were responsive when they recognised changes in people's cognitive ability and information was shared with healthcare professionals.

Is the service caring?

Our findings

compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People and relatives were complimentary about the support provided by reablement officers. Comments included, "[Reablement officer] came about three or four times and she was the one who really got me back on my feet. She understood how nervous I felt and was very, very encouraging and listened to me when I voiced any concerns," and "I was a bit scared of going into the shower and one particular carer really did give me the courage to go in: after a couple of weeks, I was able to. She would say 'if you don't want to do it, it's fine.' She really did encourage me to regain my independence."
- People and relatives told us staff treated them with dignity. One person told us, "Yes. They sat in the living room while I had a shower, and all I had to do was shout, if I felt unsafe, and they'd come and help me. That was their suggestion."
- Staff could clearly explain how they respected people's right to have privacy and dignity. One staff member told us, "It is their home, so we must be respectful of that." Another staff member said, "We listen to the person, but we always keep them safe."

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

- Staff were kind and caring. One person told us, "Very kind and caring, and very encouraging as well." Another person said, "They are very kind. I can't complain, everything's perfect."
- Staff treated people with respect. Staff spoke compassionately about how they supported people. They recognised the importance of building a rapport with people and being respectful. One reablement officer told us, "We get to know the person and what works for them, we have to give them time and help build their confidence."

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

- People and relatives experienced different levels of involvement in decisions about their support. One person told us, "I had a meeting every Tuesday; [reablement officer] asked if I thought I was ready to do things on my own. They gradually withdrew, as I was able to do more." However, another person said, "We don't really have any input in meetings, face to face, just little reports that they put into the file each visit."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were task orientated. Care plans lacked detail about how people wished to be supported. The registered manager had recognised this and care plans were currently being reviewed.

We recommend the provider consider current guidance on the recording and providing of personalised care.

- People's support needs were reviewed weekly. Reablement officers recorded outcome scores, outlining when people have been able to carry out a task safely and the level of supported offered.
- The service supported people to have choice and control over do not attempt cardiopulmonary resuscitation (DNACPR) decisions. The service recognised that people were not always aware a DNACPR was in place following a hospital stay and advised people to have discussions with their GP.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service complied with the requirements of the Accessible Information Standard.
- People were offered documentation in a format they could understand. The service had produced a pictorial aid to support staff to communicate with a person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to maintain their social and cultural needs. Staff told us how a person's call times were changed so they could attend their place of worship.

Improving care quality in response to complaints or concerns

- The service had processes in place to respond to complaints. Information about how to raise a complaint was displayed in people's care file. No complaints had been received.

End of life care and support

- Due to the reablement nature of the service, they did not support anyone with 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team were passionate about providing great care and support. Reablement officers reflected on current practices and offered new ideas of working.
- The provider had systems to monitor the quality of the service. Whilst we had not identified any impacts on people, improvements could be made to how information was analysed. It was collected and reviewed on an individual basis; it was not used effectively to drive improvement.
- The registered manager had a plan in place to make improvements, including purchasing a new computer system to support in the allocation of staff and an increase in the staff team. An occupational therapist had recently joined the team and further consideration was being given for other healthcare professionals to be employed. Care documentation was also being currently reviewed.
- The provider ensured staff were supported to remain safe. Staff had access to lease vehicles, and each had a lone working device. The lone working device allows staff to log in and out of locations and have direct contact with an officer who monitors the system. One staff member told us how using the device made them feel safe.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had submitted the required statutory notifications to CQC following significant events at the service.
- The provider and registered manager understood their duty to be open and honest when something goes wrong.

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

- The service sought feedback from people. People were encouraged to complete an exit questionnaire when they stopped using the service. This information was not used to drive improvement. It was assessed on an individual basis and not across the whole service.
- Staff had opportunities to discuss the service during their supervisions and team meetings.

Working in partnership with others

- The service was part of Middlesbrough Independent Living Services. This included a range of services to

support people to remain in their own homes, safely and independently. Reablement officers were able to refer people to the handy man or sensory services.

- The registered manager was developing new partnerships. They were in consultation with health and social professionals involved with supporting people being discharged from hospital, a care home, or those finding it difficult to cope at home following an illness or deterioration in health.