

North Yorkshire County Council

Hambleton South

Reablement Service

Inspection report

Easingwold Business Park
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Easingwold
North Yorkshire
YO61 3FB

Tel: 01609533630

Date of inspection visit:
26 February 2020
06 March 2020

Date of publication:
16 April 2020

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Hambleton South Reablement Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats to predominantly older people through a short-term assessment and reablement program. This offers short-term support to help people regain their independence after an accident or ill health, or to help those with a disability remain independent. At the time of this inspection, 12 people were using the service.

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

People felt safe and described the staff as kind and caring in their approach. The registered manager followed robust recruitment checks, to employ suitable staff, and there were sufficient staff employed. Staff had the skills and knowledge needed to provide the appropriate support to people.

Where required people received support from staff to manage their medicines and prepare meals. The level of support required was recorded.

People had choice and control of their lives and the staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service focused on enabling people to regain their independence. Care records in place were person-centred and focused on progress people were making towards independence.

Staff worked collaboratively with other professionals to ensure people had access to mobility aid, support and guidance they needed.

Systems were in place to monitor the quality and safety of the service provided. Staff felt valued, supported and included in discussions about how to further develop the service. Feedback was requested to ensure people were satisfied with the service provided.

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

Rating at last inspection

The last rating for this service was good (published 6 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Hambleton South 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 February 2020 and ended on 6 March 2020. We visited the office location on 26 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from local authorities and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service. We spoke with the registered manager, two team manager and two care staff.

We looked at a range of documents and records related to people's care and the management of the service. We viewed two people's care records, medication records, one staff recruitment file, two induction and training file and a selection of records used to monitor the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 avoidable harm and abuse.
- Systems were in place to identify, respond and accurately record any allegations of abuse.
- People told us they felt safe. Comments includes, "Yes I feel safe. I am in my own home and that is what matters to me."

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

- Risks to people were assessed, recorded and regularly reviewed to ensure they remained up to date and relevant.
- Staff had sufficient guidance to be able to manage risks safely.
- A process was in place to record any accidents and incidents that occurred.
- When near miss incidents occurred, lessons learnt were shared with all staff and senior management to promote continuous learning.

Staffing and recruitment.

- Staff were recruited safely.
- There was enough staff on duty to support people and meet their needs.
- People were visited by a consistent team at a time that they preferred. One person said, "I see the same staff and I have settled with them very well. I know what time they are coming and I have never had any problems. They (staff) are very punctual."

Using medicines safely

- Medicines were managed safely.
- The level of support people required with medicines were accurately recorded. People were encouraged to manage their own medicines where possible.
- Audits were in place to ensure staff followed the providers policy and procedure. Any concerns identified were addressed appropriately.

Preventing and controlling infection

- Personal protective equipment was available to all staff. Staff used aprons, gloves and hand sanitiser to help prevent the spread of infection.
- Observations of staff practice were used to ensure staff followed infection and prevention control guidance.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs were assessed prior to them receiving a service. This ensured the service was suitable.
- Expected outcomes to help people regain their independence was discussed, agreed and clearly recorded. These were regularly reviewed to ensure progress was being made.
- People were involved in making every day decisions and choices about how they wanted to live their lives.

Staff support: induction, training, skills and experience

- Staff received appropriate and regular support. A thorough induction for new staff was in place.
- Training was provided to ensure staff had the relevant skills and knowledge to carry out their role.
- Staff felt supported in their role. Comments included, "We all work as a team. The support we get from management is very good. Any problems or issues are addressed straightaway."

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

- Where required people were supported with their meals, in a way which ensured people used and developed their skills as much as possible to improve independence.
- Aids, such as adapted cutlery, to help people remain independent were promoted.
- Staff promoted healthy balanced meals and encouraged fluid intake.

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

- People's healthcare needs were met in a timely way. Staff worked closely with other professionals to promote person-centred support.
- Details of other professionals involved in people's care and support was recorded in people's care plans.
- People had been supported to arrange health appointments when required.

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 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.

- The registered manager was clear of the process to follow if they had concerns about a person's capacity.
- Where people had lasting power of attorneys in place, this was recorded in people's care plans.
- People signed to show they had consented to the support provided.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively of the staff and their kind, caring approach. Comments included, "They are a lovely bunch (staff)" and "Staff really have been very kind and caring. I would have been lost without them to be honest."
- People were supported by a consistent team of staff to enable positive relationships to develop.
- Staff applied their equality and diversity training to their role and the support they provided to people.

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

- People were actively involved in making decisions. Outcome were agreed with people during an initial assessment and reviewed on a regular basis; signed consent was in place.
- People had support from their families or advocates if they needed help with making decisions. An advocate is an independent person who supports someone so that their views are heard, and their rights are upheld.
- Staff respected decisions people made. One person said, "Staff advise me, but it is always my decision. I know the advice they are giving is to help me stay safe."

Respecting and promoting people's privacy, dignity and independence

- Staff worked hard to achieve people's goals and encouraged people to be as independent as possible. One person said, "I didn't ever think I would get back fully independent but I am well on my way now thanks to the staff."
- People were supported to maintain their dignity; staff helped people meet their personal care needs and personal preferences.
- The provider and staff showed genuine concern for people; they were keen to ensure people's rights were upheld and they were not discriminated against.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; End of life care and support

- People's needs were assessed, and plans developed to help people regain independence.
- Person-centred outcomes were reviewed on a regular basis to ensure progress was being made. Where outcomes were not being reached, changes in the support being provided were made.
- Additional support had been sourced when people were unwell, or their care and support needs increased which meant they could not regain their independence.
- Feedback from people who used the service indicated staff were responsive to their needs and preferences. Comments included, "I requested a specific time and they tried their best to accommodate it."
- The service did not provide end of life care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Information was presented to people in a way they could understand.
- Care plans contained details of people's preferred communication methods and how these needs were to be met.

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

- People's social interests and hobbies were discussed and recorded.
- People were kept informed of events happening in the local community that may be of interest A newsletter was produced and circulated which provided this information.

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns. One person said, "If I had any concerns I would tell the staff or ring the office."
- A complaints policy and procedure were in place and provided to people when the service commenced.
- The registered manager was aware of the process to follow should any complaints or concerns be raised.

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 the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes were in place to ensure the service was assessed or monitored for risk, quality and safety. Action was taken when shortfalls were found.
- Weekly staff meeting ensured effective communication about key issues and made sure staff were clear about their tasks and responsibilities.
- The registered manager was aware of their role and responsibilities and kept up to date with best practice. They had submitted notifications to CQC as required.
- Processes were in place to ensure concerns, such as accidents and incidents or safeguarding issues were shared with the staff team to promote continuous learning.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a positive culture that was person-centred, open and inclusive.
- The service focused on each individual and their expected outcomes. The management team closely monitored progress people were making. They worked collaboratively with people, staff and other professionals to ensure any obstacles were overcome. For example, they sourced adaptive cutlery or requested occupational therapist assessments to ensure people had the aids they needed.
- Staff told us they felt listened to and respected by the management team. Staff valued the opportunities they were given to progress their learning and skills.
- Meetings, satisfaction surveys and one to one discussion were used to gather feedback and was used to continuously improve the service. Prompt action had been taken when areas of improvement were identified.

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 provider and registered manager were responsive to issues and concerns; they understood their responsibility to be open, honest, and apologise to people if things went wrong.

Working in partnership with others

- The service had good links with other professionals to ensure people received the care and support they needed.

- The registered manager welcomed working in partnerships. Professionals and other services had delivered training and guidance to the staff team so learning could be shared.