Oldham Care and Support Ltd

The Reablement Team

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

We undertook an announced inspection of the service on 29 and 30 September 2016. The inspection was announced to ensure that the registered manager or other responsible person was available to assist with our inspection.

We last inspected this service in June 2014 where we found it was meeting all the regulations we inspected.

The Reablement Team and Helpline/Response Service provide personal care and crisis support through domiciliary care services to adults. The Reablement Team offers a seven-day service, operating between 07.00 and 23.00, and provides planned short-term intensive reablement support in order to promote independence, and avoid admission to hospital or residential care. The Helpline and Response team provides a seven day, 24 hour emergency response service. These services are part of Oldham Care and Support Ltd; the parent company being MioCare Group, a care and support provider owned by Oldham Council.

When we visited the service a registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had a good understanding of the procedures needed to keep people safe and what action to take to protect vulnerable people in their care. Risk assessments, both environmental and personal had been completed and were reviewed regularly. The safety of staff was taken seriously and staff whereabouts was monitored through an electronic call monitoring system. The primary purpose of this monitoring system is to ensure people are visited on time. However it also enables office staff to have oversight of where carers working in the community are at any one time. People working at night for the Helpline and Response service worked in pairs to maintain their personal safety.

People we spoke with felt there were sufficient, appropriately trained staff to support them and care visits were on time and of a suitable length to provide high quality care. No one had had any missed calls. People who had called the Helpline and Response service told us they received assistance promptly.

Appropriate recruitment checks had been carried out on all staff to ensure they were suitable to work with vulnerable people.

Staff had undertaken a variety of training which supported them to carry out their roles effectively. Staff received regular supervision which provided them with opportunity to voice any concerns and plan their professional development.

People we spoke with were very complimentary about the standard of care they received and about the

caring nature of the staff. People were spoken with politely, treated with dignity and respect and their independence encouraged and promoted.

Assessments and care plans were thorough and were reviewed frequently to ensure that the number of visits people required were appropriate to their current level of need.

The registered manager showed good leadership skills and staff told us they worked well together as a team. Quality assurance processes, such as regular audits were carried out to ensure that the service delivered high quality care.

Feedback was sought from people who used the service through questionnaires. All the feedback comments we saw were positive.

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.

There were recruitment procedures and checks in place to ensure that staff were suitable to care for vulnerable adults.

Staffing levels were sufficient to meet the needs of the people using the service.

Arrangements were in place to safeguard people from harm and abuse.

People were supported to receive their medicines safely.

Is the service effective?

Good

The service was effective.

Staff had received training in a variety of subjects which enabled them to carry out their roles effectively.

Staff received regular supervision.

Staff worked within the principles of the Mental Capacity Act and received training on this subject.

Is the service caring?

Good

The service was caring.

People we spoke with were complimentary about the staff and said they were kind and caring.

Staff understood how to respect people's privacy and dignity and how to put this into practice.

Staff worked with people to help them regain their independence.

Is the service responsive?

Good

The service was responsive.

Care was provided in a way that was responsive to the changing needs of individuals using the services.

Care plans and risk assessments were detailed and were reviewed regularly.

People who used the service knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well led.

The service had a registered manager who showed strong leadership skills and staff worked well together as a team.

Quality assurance processes such as audits ensured that standards were monitored regularly.

Feedback was sought from people who used the service through questionnaires.

Statutory notifications to the Care Quality Commission had been made appropriately.

The Reablement Team

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 inspection took place on 29 and 30 September 2016 and was announced. The provider was given 72 hours' notice of our inspection because the location provides a domiciliary care service and we needed to ensure that a person in charge would be available in the office to speak with us and support the inspection process. The inspection was carried out by one adult social care inspector. On the two days following our inspection we also contacted nine people who used the service and relatives by telephone.

Prior to the inspection we reviewed information we held about the service, including the notifications the Care Quality Commission (CQC) had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to notify us of without delay. We also reviewed the inspection report from the previous inspection and contacted the Local Authority Safeguarding Team to ask if they had any concerns about the service, which they did not. We reviewed information submitted to us by the provider in the 'provider information return' (PIR). This document asks the provider to give us some key information about the service, what the service does well and any improvement they are planning to make.

During our inspection we spoke with the registered manager and four members of staff. We visited three people in their home and spoke with nine people on the telephone to gather their opinions about the standard of care they received from the service.

As part of the inspection we reviewed the care records of three people. The records included their support plans and risk assessments. We looked at five staff files to check that the recruitment process had been carried out correctly. We also reviewed other information about the service, such as the training and supervision programme, quality assurance processes and complaints.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said ''Yes, I feel safe with them''. The service had an up-to-date safeguarding vulnerable adults policy and whistleblowing policy and staff had undertaken training in this area. Staff we spoke with were able to describe what constituted abuse, what they would do and who they would speak to if they were concerned about the treatment of a person in their care. Whistleblowing is where staff report their concerns about abuse to an outside organisation, such as the Care Quality Commission; if they feel appropriate action is not being taken by the management of their service. One staff member told us, when discussing how they would identify signs of abuse (looking out for signs of abuse) "Comes as second nature''.

We looked at five staff files to check that the recruitment and selection process had been carried out correctly. The files were well organised and contained all the relevant documentation, including reference checks and confirmation of identification. All staff had Disclosure and Barring Service (DBS) criminal record checks in place. These checks help the provider to make an informed decision about the person's suitability to work with vulnerable people, as they identify if a person has had any criminal convictions or cautions. Staff were expected to renew their DBS every three years, although this is not a legal requirement. This provided evidence that they continued to be suitable to work with and support vulnerable people.

We saw evidence that staff had undertaken training in infection prevention and control, and staff we spoke to understood the importance of using personal protective equipment (PPE) such as disposable plastic aprons and gloves when carrying out personal care, as a means of protecting people who used the service and themselves from the risk of cross infection. Staff carried PPE with them at all times and people we spoke with confirmed that staff always washed their hands and wore gloves before they supported them. One person said ''Yes, they're very keen with (wearing) gloves''.

Through talking to people who used the service and staff members we concluded that there were sufficient staff employed by the service to provide safe and effective care. Although staff on the Reablement Team and the Helpline and Response service were rostered as two separate teams, the registered manager told us that where necessary staff crossed over between services to cover sickness and absence. The service did not use agency staff, which meant that people where supported by a regular team of carers who were familiar with their needs. We saw evidence that the response time for the Helpline and Response service was monitored and the registered manager told us that it was approximately 20 minutes. People we spoke with who used the service confirmed that their call for assistance was dealt with promptly.

The majority of people we spoke with who were receiving care from the Reablement Team felt that staff had sufficient time to support them during their visit, although one person we spoke with said they are ''Always quite pushed for time''. No one we spoke with had had any of their visits missed and where staff were running late people told us they were always telephoned by the office staff to keep them informed. Where people's visits were at a specific time in order to assist with the administration of medication, if their first visit was late the office staff were informed, so that subsequent visits could also be undertaken at a later time to ensure the appropriate time gap between medication doses to be maintained. We saw evidence

from the care records that this was recorded correctly.

All care staff who supported people with medication had received training in this subject and had been assessed as competent before they were allowed to administer medicines to people who used the service. People receiving support from the Reablement Team received a medicines risk assessment as part of the initial assessment process and if they required help with medication an appropriate care plan was put in place. We asked the registered manager how she managed medication errors. She told us she felt confident that all staff were open and honest and would report any if they occurred, although they had not had any medication errors for some time. There was a process in place to investigate errors and a plan of action which depended on the severity of the error. Medicines Administration Records (MARs) were returned to the office at the end of each month and audited by the registered manager to check that they had been completed correctly. The MARs we checked during our inspection had been completed fully. There was an up-to-date medicines policy which staff had signed to say they had read and understood.

We asked the registered manager how staff gained access to the properties of people they visited if they were unable to answer the door themselves. She told us that in most cases a key was left outside the property in a key safe, which was discreetly situated out of the main view of the public. Where the property was assessed as being in an unsafe area and there was a risk that the key safe might be broken into, the service held a key to the property in the office. If staff were unable to gain access to a property they followed a specific procedure which involved first contacting the person's next of kin to establish their well-being. If there was no reply then local hospitals, the person's General Practitioner (GP) and finally the police were contacted. This ensured that people's safety was taken seriously and minimised the risk that any harm they might have sustained would go unnoticed.

The service followed guidance from Oldham Council on 'lone working'. This provided staff with information on ways in which they could ensure their personal safety while working in the community. The whereabouts of staff was monitored as part of the electronic call monitoring system, which logged the arrival and departure times of staff in people's homes and enabled the office staff to monitor the whereabouts of care staff at any one time, as well as monitoring the length of visits. Staff working for the Helpline and Response service during the night worked in pairs to minimise risks to their personal safety.

Environmental risk assessments of properties visited by staff were carried out as part of the initial assessment process and included evaluating hazards such as pets, limited space, smoking and fire safety. For example, we saw that one risk assessment had identified a lack of safe electric plug sockets in a particular home and this person had been referred to the fire service to gain appropriate advice. Risks to people's health, such as risk of neglect and moving and handling risks had been assessed and information to help staff manage the risks had been written in the care plans.

All staff working for the service wore identification badges and people we spoke with confirmed that staff showed them their identification badge when they visited. All staff carried mobile phones which enabled them to summon assistance for themselves or the person they were visiting in an emergency.

All accidents and incidents were reported to the Health and Safety department of Oldham Council, who provided analysis and recommendations.

The helpline and response team used portable lifting equipment for lifting people who had fallen, off the floor. We saw details showing that equipment had been regularly serviced to ensure that it was working correctly.

Good

Is the service effective?

Our findings

People spoke very highly of the service provided. One person told us ''I've been impressed by their level of professionalism''.

We discussed with the registered manager how she would support new staff and what induction they would undertake. She told us that they had not had any new members of staff for a number of years but there was a thorough induction programme available. This included a variety of training, such as dementia awareness, health and safety, anti-discriminatory practice, first aid and food hygiene and information about the role and workings of the Reablement Team. All new staff undertook a period of shadowing, where they worked alongside experienced staff until they were assessed as being competent enough to work independently. All staff who were new to working in the caring profession were enrolled on the 'Care Certificate', a nationally recognised qualification for carers.

We saw evidence that staff had undergone a variety of mandatory training, such as infection prevention and control, safeguarding vulnerable adults, mental capacity act, medicines management and moving and handling. This training provided them with the skills to carry out their roles effectively. Training was provided by the local authority staff development centre and through computer based e-learning packages. One staff member told us '' I like it that I get a lot of training''. People we spoke with who were supported by the Reablement Team told us they were confident in the skills and ability of all their carers.

Staff were supported to improve the quality of care they delivered to people through face-to-face supervision sessions, annual appraisals and through 'spot check's, where senior staff made an unannounced visit during service delivery and observed care being given to a person. All staff we spoke with felt that supervision was beneficial, as it enabled them to discuss their performance and identify any learning and development needs. One person said ''We can request more (supervision) if we have issues''.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. The registered manager told us that all people who used the service would need to have capacity. The service was not suitable for people living with advanced dementia as they could not benefit from the reablement nature of the service provided. Staff received training in the MCA in order to help them gain an understanding around issues of capacity, choice and consent.

People's consent was always sought before any care or support was given. One person told us ''They always ask my consent and tell my why and what they are doing''. We saw from the care files we reviewed that support plans were discussed with people and that they had signed to agree with them. One person

commented ''I was asked how do you want things to be''?

Peoples' dietary needs and preferences were recorded as part of the initial assessment process. Where people were assessed as requiring support with cooking and meal preparation this was recorded in their care plans. Staff were allowed to cook simple meals, although they were not permitted to use a deep fat fryer, as this was deemed a fire hazard. We saw evidence from the care files that people chose what food they wanted preparing and that staff ensured people had sufficient drinks and snacks available between visits. Staff had received training in basic food hygiene, and one person we spoke with told us that staff always wore gloves when they prepared her meals.

The registered manager told us they worked closely with other healthcare professionals and outside agencies to support the person during the reablement process. For example, where a person was at risk of social isolation they were referred to Age UK befriending service. Staff we spoke with were knowledgeable about the people they supported, the reablement process and people's individual needs.

Good

Is the service caring?

Our findings

People we spoke with were very complimentary about the caring nature of the staff. One person said "They have got a lovely manner'' and another person commented "They made me feel comfortable and at ease''. People we spoke with commented that even in the short time that they had been supported by staff they felt they had become friends. One person said "I'll miss them''. A 'Thank you' card we saw said "Every team member I met was amazing. They showed great compassion and empathy to my parents'' and a comment made on the Helpline and Response Customer questionnaire said "All the staff who attended me in an emergency were 100% in every way''.

The people we spoke with all confirmed they were treated with dignity and respect and that the carers spoke kindly and politely to them. One person said "They always speak politely''. We asked staff how they maintained the dignity and privacy of the person they were supporting. One person said "I would chat with them and make them feel at ease'' and another person told us that they would take precautions, such as closing curtains and blinds and covering people up when providing personal care. We looked at the questionnaires people were given when their support from the Reablement Team was finished and in response to the question 'When staff visited did they respect your privacy and dignity' we saw that there was a 100% response of 'Yes'.

Although the majority of staff working for the service were female there were several male carers. People we spoke with told us that during the initial assessment process they were asked if they were happy for a male carer to support them and where they declined, this was always respected.

We listened to the way staff in the office responded to people who had contacted the Helpline service and heard them speak patiently and politely, encouraging people to provide them with enough information to enable the team to help them appropriately. We also listened to staff making the weekly 'safety check' phone calls to people who had a helpline installed and heard that they introduced themselves, asked them if they were well and reminded them to press their alarm bell if they needed any help in the future. They did this in a calm and unhurried manner.

The aim of the Reablement Team is to promote peoples' independence and help them regain the skills they previously had before they were referred to the service. Staff we spoke with understood the importance of this aspect of their work and could describe to us ways in which they helped people work towards regaining their independence. One carer said "I get them to do a little bit more each time''. People we spoke with were complimentary about the way in which staff helped support them while at the same time encouraging their independence. One person said "They help to build your confidence''. Another person described how staff had helped them learn new ways to try and dress themselves when they were no longer able to do this for themselves and had given them a brochure showing different 'dressing aid's they could purchase. We saw in this person's care records that there was a section 'What you wish us to know about the way we support you with your reablement', which gave a detailed description of how staff could support the person, at the same time as promoting their independence. They told us ''Yes, they have helped with my reablement''.

People were given information about what they could expect from the service. The registered manager told us this could be translated into a variety of languages by Oldham Council, if required.

Good

Is the service responsive?

Our findings

Peoples' needs were initially assessed by a local authority care manager to ensure their assessed needs could be met by the service. Following this assessment the care manager referred the person to the Reablement Team and an assessment visit was carried out by senior staff so that the person's care package could be planned. From the records we reviewed we saw that the assessment was very thorough and included a range of information including eating and drinking, personal care, communication, likes and dislikes, risk assessments and what the person hoped to gain from using the service. The assessment was used to create a personal care plan, which was signed by the person to show that they had been involved with the care planning process.

As the aim of the reablement service is to support people to regain a level of independence over a period of up to six weeks, care plans were reviewed very frequently and the number of visits provided by carers and the level of support offered was adjusted accordingly as the person gained a greater level of independence. This was done in collaboration with the person receiving the care. For example, one person we spoke with had been receiving support for four weeks following a hip replacement operation. Their initial care package had involved receiving help from carers four times a day, to assist with personal care and meal preparation but as their health improved and they had been able to manage more of their own personal care, their visits from the Reablement Team had decreased.

Care plans we reviewed were person-centred and detailed. Carers recorded the care and support they had provided in a daily record which was kept in the care file in the person's home. We saw that these had been completed correctly and detailed the progress the person was making towards becoming independent again.

The helpline and response service operated a different system for recording information about people who used the service and the support they received. Basic information about the person was kept in the office and when staff responded to a request for assistance a 'call out' log sheet was completed, which detailed the action taken by the responder, equipment used, risks identified and if medical assistance was required. A carbon copy of the sheet was then left at the person's home. The service was in the process of finalising a re-design of this recording process in order to incorporate more detailed information, such as recording consent.

We asked the registered manager how she ensured that any follow up care required after the end of the reablement period of six weeks was arranged and that gaps in service provision were prevented. She told us that the person's discharge from the service was planned from the moment the care package was commenced, as for most people it was possible to see at an early stage if they would need further assistance after their six week reablement package had ended. This advance planning helped to provide a safe handover of care between services.

The service had close ties with outside agencies. For example, where an initial assessment identified that a person needed a smoke alarm they were referred to the fire service.

People were given information about how to make a complaint when their service first started. Complaints were handled by Oldham Council and those we reviewed had been responded to promptly. Following an investigation a letter of response was sent to the complainant detailing what action had been taken. People we spoke with knew how to make a complaint although they felt it was unlikely that they would need to do so, as they were happy with the service provided. One person said "nothing can be improved upon''.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post who had registered with the Care Quality Commission (CQC) in October 2013. Through our discussions with her and our observations during the inspection process we saw that the registered manager had strong leadership qualities, such as good communication skills, a thorough knowledge of the service and abilities of staff and a desire to maintain and improve standards. She received supervision from an associate director every six weeks, attended MioCare Group operational leadership meetings and Reablement North West Forum meetings. This helped her to keep her knowledge up-to-date and to keep abreast of changes in the social care sector. She told us "I get good support from the other managers''.

Staff we spoke with told us everyone worked well together as a team and that the registered manager was approachable. One person commented that she felt her job was sometimes stressful, due to the amount of time allocated for each visit, which also contained the travel time between visits. However, she said the registered manager was always helpful, non-judgemental and willing to find ways to assist them if they had problems with their visits. People receiving support from the service were very complimentary about the staff. We saw that one person had commented on a survey "You are a wonderful team!''.

The Reablement Team sought regular feedback from people through an 'exit questionnaire', which people completed at the conclusion of their reablement programme. This included questions such as 'How would you rate the quality of the service' and 'What could we improve'. From the questionnaires we reviewed we saw that comments were extremely positive. For example, one comment said ''Very grateful for the service. Would highly recommend it'' and another said '' How can you improve on excellence''. Feedback about the Helpline and Response service was obtained through a Customer Questionnaire.

Staff meetings were held on a regular basis and those who were unable to attend were given the opportunity to read the meeting minutes. This ensured that important information was communicated to all members of the teams.

We saw that there were quality assurance processes in place, such as audits, which helped the service review and monitor its standards. Where audits had identified issues, we saw that actions had been taken to rectify them. For example where one audit had identified gaps in the recording of information in a person's care files, the carer had been contacted and informed in order to prevent this happening in the future. All calls made to the Helpline and Response service were recorded.

The service had recently conducted a staff survey and was in the process of analysing the results.