

City of Wolverhampton Council

Wolverhampton City

Council HARP Team (Home Assisted Reablement Programme)

Inspection report

Lord Street
Bradley
Bilston
West Midlands
WV14 8SD

Tel: 01902553452

Date of inspection visit:
29 June 2017
30 June 2017

Date of publication:
19 July 2017

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

The inspection was announced and took place on 29 June 2017. Wolverhampton City Council Home Assisted Reablement Programme (HARP) team provides a short term reablement programme to people in their own homes. At the time of our inspection there were 48 people receiving support from the service.

There was a registered manager in post at the time of our inspection. 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.

People and their relatives were positive about the care provided by the service and said that they felt safe with the staff who supported them. Staff knew how to recognise the signs of potential abuse and knew the reporting system to keep people safe. Risks to people were assessed and reviewed regularly to ensure care remained appropriate for people's needs. There were sufficient numbers of trained staff to meet people's needs. People received their medicines as prescribed by staff who had been assessed as competent to give people's medicines safely.

A thorough recruitment and induction process was in place to ensure people were supported by staff who had the skills and knowledge to care for them. People were involved in decisions about how they wanted their support needs met. Staff sought people's consent before providing support. Staff respected people's choices. People were supported to have sufficient to eat and drink and to access further healthcare support when required.

People said staff were kind and caring. Staff respected people's privacy and dignity. People were encouraged to give their feedback and views about the quality of the service they received. Care was regularly reviewed to ensure it was reflective of people's needs. There was a system in place to record and investigate complaints and we saw any concerns were dealt with appropriately.

People felt the service was very well run and the management team approachable. Staff were confident in their roles and were aware of their responsibilities. Quality audit processes were in place and completed regularly to monitor and improve the quality of the service provided. People were happy to recommend the service to family and friends based on their own experiences.

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 told us they felt safe. Staff knew how to recognise signs of potential abuse or harm and how to report these. Risks to people were assessed and managed by staff. People received support from sufficient numbers of staff. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills to meet their needs. Staff received training relevant to their role. People's consent was sought before care was provided. Where required people were supported to access healthcare appointments and support.

Is the service caring?

Good ●

The service was caring.

People described staff as kind. People's choices were respected. People's independence was promoted and care was respectful of people's dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning and review of their care and support. People received care that was specific to their individual needs. People and their relatives knew how to complain and the provider had a process in place to manage and investigate complaints.

Is the service well-led?

Good ●

The service was well-led.

People were happy with the care they received and thought the service was well managed. Staff understood their roles and responsibilities. Systems were in place to monitor the quality of

the service which included obtaining feedback from people.

Wolverhampton City Council HARP Team (Home Assisted Reablement Programme)

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 checked 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 June 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection was undertaken by one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as allegations of abuse or harm.

During the inspection we spoke with 19 people who use the service and nine relatives. We spoke with five members of staff and the registered manager of the service. We also spoke with one social care professional. We reviewed a range of records about how people received their care and how the service was managed.

These included five people's care records, four staff files and records relating to the management of the service, including quality audits.

Is the service safe?

Our findings

All the people we spoke with told us they thought the service they received was safe. One person said, "They help to keep me safe. They lock the door when they go and will check my windows are closed on the evening call." Another person said, "I definitely feel safe. I wondered what was happening at first but they have all made me feel at ease." Staff had a clear understanding of how they would recognise potential harm or abuse. One member of staff said, "If someone was at risk of harm for example unexplained bruising I would report it straight away to the senior [member of staff]." All the staff we spoke with were confident the registered manager would take action if they were made aware of any concerns about people's safety. Another member of staff told us, "If I had any concerns I would speak to the senior on duty or the registered manager. They would raise a safeguarding." Conversations we had with the registered manager demonstrated they understood their responsibility to refer any allegations of harm or abuse, or incidents or events that might constitute abuse to the local authority safeguarding team. Records we looked at confirmed this. This demonstrated that people were protected from the risk of harm or abuse as the provider had appropriate systems in place.

All the staff we spoke with had a clear understanding of how to support the people they cared for. One member of staff said, "I am provided with all the information I need to support the person. I know what they can do and I support them where needed to gain back their independence." A relative told us, "They help [person] with walking. They have explained things clearly and shown [person] the best way to do things." Staff told us they considered people's safety when they were providing care or support. For example, ensuring people had the appropriate aids available to them. We looked at people's care records and found risks to people had been identified; risk assessments were in place to support staff to manage risks to people's care and support. Where incidents or accidents had occurred these had been recorded and included any action taken to reduce the likelihood of them happening again. This showed the provider had systems in place to ensure people's risks were effectively managed.

People received support from HARP for a maximum period of six weeks. During this time the service provided to people reduces as the person becomes more independent. People told us there were enough staff to meet people's needs. One person said, "There seems to be a small team and they rotate around the shifts. The carer who is here will usually say who is coming next." Staff we spoke with told us there were enough staff to provide the necessary support to people. One member of staff said, "There are enough staff we work in small teams and we will cover each other's leave or sickness." We saw there were sufficient staff available to meet people's care and support needs.

We saw the provider's recruitment process was thorough. We looked at four staff member's records and saw relevant checks had been completed by the provider such as reference and Disclosure and Barring Service (DBS) checks before staff started to work with people. DBS checks help the provider reduce the risk of employing unsuitable staff to work with vulnerable people. This meant people were supported by staff with the appropriate experience and character.

People received their medicines as prescribed. One person said, "I take them myself but they check I have

had them." Another person said, "They have to help me get the tablets out of the pack. They pop [tablets] straight onto my hand. They then give me a sheet to sign to say I have had them." We looked at the systems used to manage medicines and saw the provider completed regular competency checks of staff and reviewed people's medicine records. We looked at records such as Medicine Administration Records (MAR) and saw they were completed correctly. This meant people were receiving their medicines as prescribed and in a safe way; by staff who were competent in this procedure.

Is the service effective?

Our findings

All the people we spoke with said staff had the skills and knowledge to support their needs. One person said, "I think they are very well trained, all of them." A relative commented, "They seem to know what they are doing." Staff told us they undertook an induction when they were recruited to their job. This included training relevant to their role. For example, the Care Certificate. This is a set of national minimum standards that new care staff must cover as part of their induction process. Staff also explained they shadowed experienced members of staff to build their confidence in the role. The registered manager told us staff had access to a variety of training for example, moving and handling and the Mental Capacity Act. This demonstrated staff were supported by the provider to gain the skills and knowledge required to support people's individual needs. Staff confirmed they felt supported in their roles and one member of staff said, "Senior staff are always on duty and available to answer any questions. I definitely feel supported in my role."

People told us they were asked for their consent before staff provided them with care and support. Staff we spoke with understood the importance of gaining people's consent. One member of staff said, "I always get people's agreement before I do something."

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack 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 may lack 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. Any applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA and found that it was. The registered manager and staff were aware of the legislation and demonstrated knowledge of issues in respect of people's ability to make their own decisions. They said they had also received training in the Mental Capacity Act [MCA]. The registered manager demonstrated knowledge and understanding around the law about people's rights and knew what steps to take if it appeared that someone's ability to make decisions was changing. The registered manager told us they had not made any applications to the legal body to deprive someone of their liberty because the people who received support from the service all had capacity to make decisions and no one was deprived of their liberty. This meant that people's rights and freedoms were supported by the service.

People told us staff supported them to prepare and cook food when this was needed. One person said, "I have microwave meals and at first just needed them to help with the oven and getting it to the plate but as I have got better I can do that for myself now." Another person said, "The carers get me tea and toast in the morning." Staff told us they were aware of people's individual preferences in relation to food and drink and said they encouraged people as far as possible to have a balanced diet. Although there was no one currently using the service whose dietary intake was being monitored; staff told us if they saw people were struggling to maintain a healthy diet, they would tell the registered manager and where required seek additional

advice to help maintain a person's health.

People told us staff were observant to any changes in their health needs. One person said, "They picked up that my feet and ankles have swollen and have suggested I sit with them up when I can. They have also suggested that if the swelling doesn't go down I will need to contact my doctor." A relative commented, "Staff have been very supportive. [Person] required the district nurse. The staff from HARP assisted [person] in getting hold of the surgery and sorting out district nurse visits." Staff we spoke with were knowledgeable about people's individual health needs. Care records we looked at showed people were effectively supported to maintain their health and where required additional input from health and social care professionals was sought. This showed people were supported to access healthcare services when required.

Is the service caring?

Our findings

People said the staff were kind and caring. One person said, "They have all been very nice. I have become friends with them all. We have had some laughs along the way." Another person told us, "They treat me very well, they are fantastic people."

People were involved in making decisions about their own care and support. One person said, "One of the people from HARP came when I came out of hospital and checked what I already had and we talked about the level of care I needed." People we spoke with said they were able to make choices regarding their daily lives. One person said, "They check I am ready to do something and do what I need." Staff said that they enjoyed supporting the people they cared for and were able to explain different people's care needs. One member of staff said, "As people become more independent they make more choices about what support they need with their care." Another person told us their preference to have female staff to support them was respected by the provider. This demonstrated the provider involved people in planning and making decisions about their care.

HARP provides people with a reablement service to enable them to continue living at home. HARP work with prevention services to ensure people have access to adapted equipment and tele-care technology which supports people to retain their independence. People told us they were supported by staff to maximise their independence. A person told us, "They are not really carers they are coming to support my return to independence. We started off with three visits a day and now it is only once. I have nearly completed my three weeks of care." Another person said, "I do as much as I can for myself, they help me wash and dress." A third person said, "They have helped me to get mobile. They have talked me through how to do things again like walking. They get me to walk up and down the hall. I was on crutches but now I am using a stick. They know what they are doing." Staff said they encouraged people to do things for themselves as much as possible. For example with personal care and only offer support when it is needed." One member of staff said, "It's about supporting people and giving them their confidence back to be as independent as possible." People were supported to maintain their independence.

People said their care was delivered in a respectful way. One person said, "I am very happy, absolutely thrilled. They don't cause me any embarrassment. They do what I can't manage." Another person said, "They have all treated me well even when having a wash they turn their back so to help save my modesty. A relative commented, "I have noticed they spend time setting things up like the bathroom. They make sure the curtains are closed and there are plenty of towels. They always close the door when [person] is in there." Staff we spoke with gave examples of how they ensured people's dignity and privacy was maintained. For example, covering people when providing personal care; talking to people to make sure they were happy with how care was being provided and allowing people enough time to complete tasks or explain what they wanted. This showed people's dignity and privacy was respected by staff.

Is the service responsive?

Our findings

People told us they received support that met their individual needs. Our conversations with people confirmed they had been involved in the planning of their care. One person said, "We have talked about the level of care I need." Another person told us, "Staff came out and assessed my house and my needs." People told us they had a care plan in place which reflected their needs. People told us this was regularly reviewed. One relative commented, "Someone is coming on Friday. To see how [person] is getting on and if we will need continuing care." Another relative said, "They set up the level of care which is reviewed after a fortnight." Relatives and people told us care plans were kept in people's homes and they could look at them at any time. A relative said, "There is a file in my relative's house which is full of information as well as the care plan."

Care records we looked at confirmed what people had said and reflected people's current support and health needs. Staff we spoke with said that any changes in a person's needs or health would be reported to the senior on duty in order for the person's needs to be re-assessed or referred to other health or social care professionals. People said the service was reliable and they did not have any concerns. People said that the staff were able to spend sufficient time with them so that they received the support they required. This showed the provider had systems in place to ensure they were responsive to a person's needs.

People and their relatives were encouraged to give their views and raise any issues or concerns. One person said, "If I needed to complain there is information in the folder." A relative commented, "We would know to contact the manager and the procedure is laid out in the file. We have no complaints at all." People and their relatives we spoke with were confident their concerns would be listened to, acted upon and resolved. Staff we spoke with were able to clearly explain what they would do if a person was not happy about something. One member of staff said, "If anyone raised a concern with me I would contact the senior on duty or the registered manager." Staff we spoke with felt the registered manager would investigate and respond appropriately to any issues. We saw concerns that were raised with the service were dealt with in a timely manner. Any investigations into complaints were thorough with the outcomes communicated to all parties involved. This showed that people's complaints would be listened to, and addressed by the provider.

Is the service well-led?

Our findings

People and relatives we spoke with thought the service was well run. One person said, "I do think it is well managed." People told us they were happy with the care they received and said the staff were friendly and provided a good service. One relative commented, "I am happy with the care [person] is getting. I would recommend them with no concerns." People told us although the service provided by HARP was time limited they were happy with the support they received. The reablement package of care was for a maximum of six weeks. During this period of time people's needs were regularly reviewed and where longer term care was identified, the management team referred people on to other resources. The provider also ensured people had access to specialised equipment to support their independence and referred people to tele-care or mobility services. One person said, "They got me some extra bits and pieces like a chair in the kitchen we also discussed my medication and if I need any help."

The provider had systems in place to ensure the effective running of the service and to monitor the quality of service provision. We saw checks were completed by the management team to ensure staff were providing care as directed in the care plans and also to check staff competencies, for example medicines. People and their relatives were given opportunities to feedback on the quality of the service received. One person said, "One of the carers brought me a form to fill in." The information was analysed regularly to improve the quality of care people received. We saw other audits were completed regularly, for example, of compliments, complaints and medicines. Where improvements were found to be required, action plans were developed by the provider. This meant people were able to share their views about the service they received and the provider had systems in place to monitor and continuously improve the quality of service.

The registered manager understood the requirements of their registration with CQC. We found the provider had met their legal obligations around submitting notifications. For example, notifying CQC of important events and any allegation of abuse when they occurred. Staff told us they felt supported by the registered manager and were aware of their roles and responsibilities. Staff said the registered manager communicated well and listened to their views. They said they received regular opportunities to discuss their individual performance, training and any matter which might affect people who used the service. Staff felt confident any concerns would be listened to and issues dealt with appropriately. Staff were aware of the provider's whistle-blowing policy, including raising concerns to external agencies such as CQC if required. Whistle-blowing means raising a concern about a potential wrong doing within an organisation. They also said they were able to contact a senior member of staff at any time should they need to. This demonstrated the provider had processes in place to support staff to be effective in their role.