

Thurrock Borough Council

# Homecare Reablement Team

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

This inspection took place over a number of days and included 1, 8, 17 and 29 November 2016. We had previously inspected the service in May 2016 and found a number of breaches of regulations. We also issued a Warning Notice to the service due to failing to assess, monitor and improve the quality and safety of the service. The provider submitted an action plan and this inspection was to establish whether the action plan had been implemented and what improvements had been made to the service.

We found that improvements had been made to the service since our last inspection and the breaches to the regulations and Warning Notice had been met. Systems were now in place to manage the safety and quality of the service, although further work was needed in regards to staffing levels. Although some improvements had been made to staffing levels of the service and management had been constantly recruiting new staff since our last inspection, feedback gained from people showed that there were still insufficient numbers of staff available to help meet the needs of the people who used the service within an acceptable time frame. Further more, due to staffing issues people were not always receiving personalised care that were responsive to their care needs.

The Homecare Reablement Team (HRT) provides personal care and support to adults who live in their own homes in the geographical areas of Thurrock between the hours of 07:00 a.m. and 11:00 p.m. They provide care and support within people's homes and a reablement service for up to six weeks for people who have been discharged from hospital. The focus of their support is to rehabilitate people back to independence.

The service is also a 'provider of last resorts (POLR).' This means when Thurrock Borough Council are unable to find another contracted service to provide care and HRT they will then assist with the care until another provider can be found. This is aimed to be a short term service. Also, management had been working to organise a separate domiciliary service that HRT could refer people who needed long term support.

The service has a registered manager in post, but they have been absent long term. 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. Since our last inspection the deputy manager with management support have been managing the service.

Staff had a good knowledge of safeguarding procedures and were clear about the actions they would take to help protect people. Risk assessments had been completed to help staff to support people with everyday risks and help to keep them safe.

Sufficient recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. Staff had been provided with regular supervision and training and stated they felt well supported to carry out their work. Effective communication was now in place between staff

and management.

Systems were now in place to assist people with the management of their medication and to help ensure people received their medication as prescribed.

Management had a good understanding of Mental Capacity Act 2005 and who to approach if they had any concerns and the appropriate government body if people were not able to make decisions for them. Most staff had now been provided with training for the MCA and further training courses had been organised.

People received the support they needed to eat and drink sufficient amounts to help meet their nutritional needs. Staff knew who to speak with if they had any concerns around people's nutrition.

People were supported by staff to maintain good healthcare and were assisted to gain access to healthcare providers where possible.

People had been asked how they would like their care provided and new assessments and care plans had been developed around each person's individual needs.

People said they had been treated with dignity and respect and that staff provided their care in a kind and caring manner.

People knew who to raise complaints or concerns to. The service had a clear complaints procedure in place and people had been provided with this information as part of the assessment process. This included information on the process and also any timespan for response. We saw that complaints had been appropriately investigated and recorded.

The service now had an effective quality assurance system. The quality assurance systems had been improved and were now effective and provided information about the service and also provided feedback from people regarding their experience of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

There were not enough staff available to help meet the needs of the people who used the service within an acceptable time frame.

People could be sure that they would receive the assistance they needed when being supported with medication.

The provider had systems in place to manage risks, which included safeguarding matters and this helped to ensure people's safety.

**Requires Improvement** ●

### Is the service effective?

This service was effective.

Training was being provided to staff to ensure they had knowledge of the Mental Capacity Act (2005) how to keep people's rights protected and gained consent to care.

People were cared for by staff that were well trained and supported.

People had gained assistance regarding their health and support when needed.

**Good** ●

### Is the service caring?

This service was caring.

People were provided with care and support and their privacy and dignity were respected.

Staff had a good understanding of people's care needs and were caring.

**Good** ●

### Is the service responsive?

The service was not consistently responsive

**Requires Improvement** ●

People did not always receive personalised care that was responsive to their needs.

People's needs were assessed and their care and support needs were routinely reviewed and updated.

People were provided with information to encourage them to raise concerns and share their experiences.

### **Is the service well-led?**

This service was well-led.

Management understood their responsibilities and demonstrated good management and leadership skills.

Staff understood their roles and were seen to be confident in questioning practice and reporting any concerns.

Effective quality assurance systems were now in place to monitor the service and identify any areas that needed further improvement.

**Good** ●

# Homecare 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.

The inspection was unannounced and took place on the 1, 8, 17 and 29 November 2016. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection. The provider also 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 used this information to plan what we were going to focus on during our inspection.

During our inspection we visited five people within their own homes. We also spoke with the service manager, deputy manager and integrated director of care. The Expert by Experience made 13 telephone calls to gain the views of people who received a service. Two relatives also provided feedback. As part of the inspection we contacted 12 staff and five chose to contact us to give their views about working for the service. People's comments and feedback have been added to the report where possible.

As part of the inspection we reviewed five people's care records and five care plan folders within people's own homes. This included their care plans and risk assessments. We also looked at the files of three staff members and their induction and staff support records. We reviewed the service's policies, their audits, staff work sheets, complaint and compliment records, medication records and training and supervision records.

## Is the service safe?

### Our findings

At our comprehensive inspection of the service on the 18 May 2016, we found breaches in the regulations. This was due to the provider not having safe medication procedures in connection to the safe administration and recording of people's medication. They also did not have enough trained and qualified staff available to provide the care people require and within an acceptable time frame. An action plan was submitted by the provider to show how they were going to meet the breach in regulations. We completed a return inspection and confirmed that overall improvements had been made and the service now had a safe system for the management of people's medication, but further improvements were needed in relation to staffing levels.

At our last inspection we found that the service was providing both rehabilitation and general domiciliary care, due to the service also being a provider of last resorts (POLR). A number of domiciliary care providers had ceased to provide services within their geographical area and due to this the HRT had needed to provide services to these people until other services could be found. This had a large impact on the service and people did not receive regular times for calls or continuity of care staff. They had also not been able to provide people with a rehabilitation service due to the care staff being too busy covering essential care. Many people had not been receiving their morning call until after 11:00 am and their lunch call soon after.

During this inspection people told us that the service had got better, but they still did not feel the service had sufficient staff to provide the care they needed. People advised us that they did not have regular care workers and the times they received their care was still "very adhoc." Feedback we received included, "I have asked for 7:00 – 9:00 am, but sometimes it can be any time up to 11:00 am. It can be a problem because I need my socks on or my legs swell." Another person explained how the time of attendance had caused them concern as their AM call was usually after 10:00 am, but they get up at 7:00 am. They added that they realised that someone had to be first and someone last, but they had received a morning call as late as 11:45 am.

This is still an area that needs further development and when speaking with management they had found that the timings of calls had improved, but had identified they still needed to be better. Feedback they had received from their own quality monitoring confirmed that the timing of calls and the lack of regular staff was still an issue. Comments they had received included, "Such a shame there was not a time rota for visits. Calls between 7:00 am and 11:00 am and 7:00 pm and 11:00 pm is not ideal," "Set times would be better rather than turning up whenever. Had to cancel sometimes as waiting until 11:00 am for a visit" and, "The timing of visits is sometimes wrong. One carer leaves as another one arrives."

Management were aware they needed more staff to assist with people's care and now had a system in place to help monitor staffing levels. They had found that missed visits and late calls had decreased, which showed they were making progress. Furthermore, care staff were presently looking at the timings of their calls and if these are found to be too late they had been contacting the office to have these changed. The service were also looking at the consistency of care staff and the allocation of work to try and ensure that people received calls from the same small group of care staff and provided better continuity of care. They presently have a system that allocates work, but they were looking to update this so that it could be more

efficient and in line with what people and the care staff required.

To try and employ more staff the service had recently organised a recruitment day and had 74 people attend. They were in the process of interviewing people and hoped that this would assist in ensuring they had sufficient staff to provide the care required. The service presently has 17 vacancies within the rehabilitation service which they hoped to fill. The service had also recently recruited two physiotherapists, two occupational therapists and a nurse to the team to assist with the rehabilitation of people.

Further improvements were still needed to ensure the service has enough trained and qualified care staff available to provide the care people require and within an acceptable time scale.

During our last inspection we found that the standard of medicines management in the service was variable and some people did not receive their medicines safely or as prescribed. The service did not have an up to date medication policy and many of the care staff had not received refresher training for medication. When visiting people we found documentation in their houses had not been correct and prescribed intervals between medication had not been adhered to.

Since our last inspection the service have worked hard and introduced systems and procedures to ensure people receive their medication safely and as prescribed. A medication policy had been produced and all care staff had now received updated training. Memos had been sent out to advise staff of the importance of ensuring the correct time between each prescribed medication and time specific calls. A new medication risk assessment had been introduced and this included information on who would be responsible for the ordering of medication, details on the storage of medication, possible side effects and a list of medication the person had been prescribed. A second form also recorded the amount of assistance each person required and included details of what they would be able to do for themselves. This form included any issues that may make the medication 'time critical,' such as people who may be diabetic or have Parkinson's disease. The introduction of these systems and the completion of these forms would help ensure the administration of medication was safer for people. Comments from staff included, "I think the medication is a lot better now. They now make sure that all medication calls are rostered for early mornings and then make sure that there are four hours between calls" and, "I think the recording of the medication has become a lot better and people are getting their medication when they are supposed to now."

Safer audits had also been introduced and medication record sheets were now collected within 28 days and audited. The service had also employed a medication administrator whose main role would be to ensure the safe storage and administration of medication. They also had access to a qualified nurse who would be available to assist with a queries or concerns. Medication record sheets had been produced in different colours so that care staff could easily identify how much assistance each person required and whether they had capacity to administer their own medication. The service had also introduced a body chart to help clearly identify where each person required their creams to be administered and this provided a clear record for the next staff member calling. It was clear from the documentation and systems seen that the service provider now ensured medicines were managed safely and people received their medicines as prescribed. This included the storage, dispensing, administration and the recording of medication.

People felt safe whilst receiving a service and were able to tell us who they would go to if they had concerns. Their comments included, "I feel very safe. If not I would ring the office and tell them," "I am definitely safe with them, if not I would tell my family" and, "I feel very safe with them. I am in good hands." Staff knew how to protect people from abuse and avoidable harm and had completed relevant training and received updates. Staff spoken with stated they would be confident in raising safeguarding concerns they may have and found the management supportive when they had raised issues in the past. Feedback from staff

included, "If I had any concerns I would phone the manager. They are very approachable and in the past they have always listened." Staff were also aware of the whistle blowing procedure and described who they would speak to if they needed to report anything. This showed that staff were aware of the systems in place and these would help to protect the people receiving a service.

Staff training records showed that all care staff had now completed safeguarding training. Staff were able to explain how they would recognise abuse and who they would report any concerns to. The service had policies and procedures in relation to safeguarding people and these helped to guide staff's practice and helped to give them a better understanding. The service had systems in place to protect people and management monitored safeguarding's to ensure staff had followed the correct procedures and to ensure people were helped to be kept safe. People had been provided with information when they first started with the service to advise them on who they could contact if they had any concerns around either their or someone else's safety.

The service had a number of systems and processes in place to help keep staff and people using the service safe. Risks to people's safety had been routinely assessed at the start of a service and these related to the environment and people's mobility needs. The assessments provided some instructions to staff on how risks were to be managed to help minimise the risk of harm. Copies of this documentation could be found in people's homes and helped to ensure staff had relevant information and were kept safe. The service manager was presently looking at ways of improving the content of these forms to ensure they covered all the areas relevant to providing care safely.

People were provided with written information about the service which included a reminder that they had a responsibility to ensure that any equipment in their home that was being used relating to their care must be kept safe and regularly serviced. The service also has procedures in place to help protect care staff when dealing with people's monies.

The service was run from a self-contained office, which has access for those people who may have a disability. Appropriate risk assessments were in place and the service had appropriate insurance in place.

The service had a recruitment process which included relevant checks to help keep people safe. This included gaining a full employment history, two references, a completed health declaration and a disclosure and baring check; which establishes if the applicant has any cautions or convictions which would exclude them from working in this setting. The employment records of three recently recruited staff files were inspected. Both files were well set out and information was easy to find. These contained evidence that the required checks had been completed and included a full employment history, a Disclosure and Baring check, two references and details of any gaps in employment. The service had a job description in place and this included details of what the role included and also who they were responsible to. This provided new staff with clear guidance on what they would be required to do as a care worker. One staff member who had recently been employed confirmed that full checks had been carried out before they started work within the community.

Since our last inspection the service had audited the staff files to ensure they had the correct information on them. They had also made changes to the recruitment process to ensure it was in line with the regulations and more streamlined to improve the time required to recruit new staff. The service manager has produced an audit in line with CQC requirements and this is completed with each staff member and signed off by management to ensure all the correct checks have been completed.

The service had a disciplinary procedure in place, which could be used when there were concerns around

staff practice and helped in keeping people safe.

## Is the service effective?

### Our findings

At our comprehensive inspection of the service on the 18 May 2016, we found a number of breaches in the regulations. These included staff not receiving appropriate training and supervision in their role as a care worker. Furthermore, the service did not routinely ensure that consent to care had been gained and that care staff had been provided with knowledge and understanding of the Mental Capacity Act. People had also not always received nutrition and hydration as assessed and within acceptable time scales. An action plan was submitted by the provider to show how they were going to meet the breach in regulations. We completed a return inspection and confirmed that overall improvements had been made and staff had now received the support and training required to enable them in their role as a carer. Mental Capacity training had been organised for some staff and others had been booked on future courses.

During this inspection we found the provider had been proactive in ensuring the action plan had been fully implemented. Since our last inspection the induction of new staff had been developed and extra courses organised to ensure all new staff were able to complete their mandatory training as soon as possible. Furthermore, the care certificate is now completed with all new staff and they receive a three day induction to complete their mandatory training. All new care staff complete shifts with a more experienced staff member and 'shadowed' them until they felt confident. New forms have been introduced to record these visits which helped management to assess whether the new care worker was considered competent in providing care and assisting with medication. Once completed these forms are signed off by the service manager or registered manager to confirm that the new staff member is able to start work within the community.

New staff confirmed they had completed their induction training and this had included a corporate induction and the Care Certificate training; which is a recognised induction qualification for people working in the care sector. It was clear from the information gathered that improvements had been made since our last inspection and care staff now received the knowledge and skills they required in their role as a care worker before they started work within the community.

When we last inspected in May 2016 due to work pressure the service had not organised training courses and many staff needed refresher courses organised. Training records showed a number of gaps in some areas of training and this included the service's mandatory training. At this inspection we found that training had been organised for care staff and the list of updated training required for staff had significantly reduced. The service manager had arranged for mandatory courses to be continually provided to ensure new care staff were trained as soon as possible. This would also enable those staff who required updates to attend these within an acceptable timespan and ensure the work force continued to be well trained and up to date. Looking at the training records this showed that most staff were up to date with mandatory training and there were only a few that required updates on infection control (7) and food hygiene (13). Documentation seen showed that dates had already been booked for staff to attend these courses. Since our last inspection all staff had also attended training for eye and ear drops. People stated they felt staff had the skills to provide the care they needed and a large number of staff (23) working for the service had achieved a recognised qualification in care. Feedback from care staff included, "I think we have plenty of training for our

jobs."

At our last inspection it was found that there were gaps in some areas of specialism training or training for specific conditions, such as Parkinson's, diabetes etc. Only 11 staff had attended training to help care for people living with dementia, but the service provided support and assistance to people who had dementia related illnesses. Limited specialist training had been organised but this was an area that management was aware that needed to be developed further. One staff member reported that they considered training on dementia was essential and would like to see this developed to include more information and guidance for staff to give them a better understanding.

Since our last inspection the service have started to ensure all staff receive regular supervision and documents seen showed that staff had been seen either once (21), twice (13), or three times (2) since we inspected. The service had organised for care staff to attend peer group supervisions, one to ones with management and meetings. Newsletters had also been sent out to help keep staff update on news, good practice and what was happening within the service. Supervision observations had been completed and these were very informative and covered appearance, how care staff used the information in care plans, whether person centred care was provided, written records and the general attitude of the staff member.

Two staff meetings had been organised since our last inspection and these were now being scheduled quarterly. Memos had been sent to care staff to help keep them up to date and they advised care staff of any issues that may have been identified, plus ensured everyone worked within the service's policies and procedures. A care worker 'contact form' had been introduced and this recorded all contact with care staff to enable management to have a clear record of any issues or concerns. New spot check forms had also been implemented and these will be used for both planned and unannounced supervisions. Part of the form looked at issues around privacy and dignity to help ensure that this is being adhered to whilst assisting with care. Feedback from staff was positive and included, "Yes I have supervisions regularly. I find them all very supportive and if I need to meet with them I can go and see them" and, "They are all very helpful and supportive to me. If I have any problems I know they will help."

From the information received and documentation seen it was clear that the service had made progress in ensuring staff were receiving appropriate training and supervision in their role as a care worker.

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.

At our last inspection it was highlighted that not all staff had attended MCA training and they had limited understanding of this subject. We also found that the service had not routinely been empowering people to be part of the decision making process when organising their care. The service were now promoting signatures of people when completing assessments and care planning, but this is an area that still needed to be developed further. Ten staff had now completed MCA training and further training had been arranged.

During our last inspection in May 2016 some concerns were raised by staff that people often receive their calls too close together which could have an effect on food provision, especially if people were diabetic. People reported that they received their meals late and could not be sure that their meals would be appropriately spaced and flexible to their needs or that they would be supported to have sufficient to eat, drink or maintain a balanced diet.

At this inspection we found the timing of calls had been looked where meal preparation was needed and those who required 'time specific' calls were now receiving these. People received assistance with meals, which was usually in the form of snacks or heating frozen meals in a microwave. Staff told us that they would ensure that people had access to their food and drink before they left the person's home. They added that if they had any concerns that someone was not eating properly they would speak with their manager so that they could speak with other health care professionals and get help and advice if needed. The service had food charts which staff could complete to assist with monitoring food intake if any concerns had been raised regarding nutrition. No concerns were raised by people we visited regarding meal preparation.

From the information given and documentation seen it was clear the service had taken appropriate action and people were now receiving nutrition and hydration as assessed and within acceptable time scales.

People had been supported to access healthcare services and receive ongoing support. The service worked in partnership with other agencies and they also had a number of health care professionals who were employed by the service which included a physiotherapist, social worker, occupational therapist and a qualified nurse. The service were also in the process of recruiting more professionals so that staff would have easier access to advice and support when needed. Staff confirmed that they would approach the office if it was identified that people needed additional equipment or support with their care needs. They added that when they noticed a change in someone's health or if their needs changed they reported it to the office or called an emergency service.

## Is the service caring?

### Our findings

The service had developed their assessment and care planning documentation to ensure it provided care staff with sufficient information to provide their care. They were also looking at ensuring people had been routinely involved in the decision making process with regard to their care and had processes to confirm they had been part of this process. People could be assured that information about them would be treated confidentially and respected by staff. Staff spoken with had an awareness of the day to day care needs of the people they visited and this included any care needs due to people's mobility, health or diverse needs.

Staff had received training on the importance of privacy and dignity as part of their induction programme. Management were also looking to promote care staff to be 'dignity champions.' These would be staff who could advise newer staff on the importance of this issue and also provide guidance and advice to other staff when needed. People told us that the care staff treated them with kindness and compassion and they enjoyed the visits they received. Comments received included, "They have made me more independent and I am now able to do more for myself," "I look forward to them coming in. They are so very kind and I have never had any trouble from any of the people" and, "I don't know what I would do without them. I look forward to them coming in."

People told us that the staff were, 'caring and respectful.' They added that staff listened to them and helped them with their care. Comments received included, "They are all lovely. Very polite," "All the girls are extremely nice" and, "They are all caring. Very nice ladies" Also, people were generally happy with the quality of care and support they received and stated that the staff treated them with dignity and respect. Even though most had issues around the time of the calls and not receiving regular care workers they were complimentary about the staff. Comments included, "Yes they are very good. They help me dress and make sure I'm covered," "Absolutely, they are very respectful with her" and, "They respect my privacy when washing and let me do as much as possible for myself."

Management told us that they want to get back to providing 'good care' and concentrate on providing rehabilitation services to people. They had looked at ways to gain feedback from both staff and people who received a service and had introduced a written questionnaire which new staff were required to complete during interview and asked questions on dignity and what this meant to them and the people who received care. This also assisted the service to identify whether new staff would be suitable to work within the care setting.

Feedback in response to the service's quality assurance had included, "I am very grateful for what you have done in the past and present, it has helped me to get back to normal life," "They could not have been more helpful and caring. I benefited greatly from their help and care" and "I found them to be very caring and friendly, even when all I needed was a bit of a chat with somebody. Even that made me feel better on the days I was in pain." As part of the service's own quality assurance people had been asked whether they felt the service had helped them to be more independent in their own homes; 84% stated it had.

For people who needed extra support to make decisions about their care and support, the service had

information about advocacy services. Advocacy services help support and enable people to express their views and concerns and provide independent advice and assistance where needed. They also had access to The Silver Line, which was a lottery funded help line to offer information, friendship and advice.

## Is the service responsive?

### Our findings

At our comprehensive inspection of the service on the 18 May 2016, we found a breach in the regulations. This was due to the provider not being person centred and care not being provided around each person's individual needs and situation. People had not been actively involved in their care through assessments or received regular reviews. An action plan was submitted by the provider to show how they were going to meet the breach in regulations. We completed a return inspection and confirmed that overall improvements had been made to ensure people were made part of the assessment and care planning process but further work was needed in regards to staffing levels and people receiving a responsive service and continuity of care. People could not be sure they would receive the care and support at the time they needed it and that they would see the same group of carers.

During our last inspection we found that the service had received a large influx of work around November/December 2015 due to a domiciliary care service closing down very quickly. As HRT are a 'provider of last resorts' they had to take the extra work on, but their staffing levels had not increased sufficiently. We found that clear goals had not been set with each person during the assessment process, and people had not had their service regularly reviewed to assess their progress. People had not always been visited around the 6 week timespan and they did not have other domiciliary providers to refer people who needed long term care to. This had had an impact on the ethos of the service and staff were now providing long term care rather than rehabilitation as stated in their aims and objectives.

Since our last inspection management had been working to organise a separate domiciliary service that HRT could refer people who needed long term support. It is hoped this will reduce the number of people presently receiving a service and they can start to re-focus on providing rehabilitation to people. Management were also in the process of organising refresher training on rehabilitation for care staff to ensure they had the skills and knowledge required. Management recognised that they needed more care staff to ensure people received the support and assistance identified on their care plan and that further work needed to be done to ensure the changes they had made were embedded. Due to staffing numbers this had an impact on the times of calls, responsiveness of the service and lack of continuity of care people received.

During this inspection we found that new paperwork has been introduced for care plans with the aim of making it clearer and easier for care staff to read. A new support plan is in the process of being distributed and this will include a reablement plan with goal setting and objectives. These had been written in a more person centred way and provided further details to staff on how people would like their care provided and what they were able to do for themselves. We were advised the care plans were to be developed further to ensure they were in line with what information was needed for rehabilitation and setting clear goals. Fifteen staff had also attended training on personal centred care and remaining staff were also to attend.

People we visited stated they had been visited by the service to find out what care and assistance they needed and that they had been involved in the planning of their care. People confirmed they had care plans within their homes which advised staff of what care they needed assistance with. During our visits to people's homes people told us that 'the office' had recently visited and their care plan had been changed

and included more information. They also had information on who to contact if there was any change to their care needs and other helpful information.

The introduction of phone applications which provided staff access to their rotas on their mobile phones had helped to keep care staff up to date and included details of the person to be visited and any special instructions such as time specific calls around food preparation and medication. When speaking with care staff they told us they now received enough information about the people they were visiting and what help they needed. They advised that they also received important information around time specific calls for medication and nutrition via this device which assisted them in being more responsive.

Systems had also been introduced to help staff identify within two weeks whether the person they were assisting were suitable for the rehabilitation service or whether they needed long term assistance. Specific goals would be set with each person and staff would work towards these and monitor and evaluate any progress within the first two weeks, professional assistance would be gained and if the rehabilitation service was not appropriate another domiciliary service would be arranged. This helped the service to be more responsive to people's needs and ensure they received the support they needed.

Management were also in the process of organising refresher training for staff on 'how to assist with rehabilitation,' due to many of the people who received a service required this assistance and it was also the ethos of the service and part of their aims and objectives.

During our previous inspection we found the service was not person centred and care had not been arranged around each person's individual needs and situation. People had not been actively involved in their care or received regular reviews to ensure they received care in line with their changing needs. We found at this inspection that work had been done to involve people in producing their care plans and assessments; paperwork seen was more person centred focussed. The new paperwork also included goal planning and guidance on how this was to be achieved. More regular reviews had been taking place to ensure the paperwork was correct and to also monitor people's improvement. People confirmed they had been part of their care planning process and that they had been part of the reviews.

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them. This information could be found in the care folders in people's homes. Where complaints had been received there were records that these had been investigated and action taken. Senior management in the organisation monitored complaints through the weekly quality assurance system, so that lessons could be learned from these, and action taken to help prevent them from reoccurring. The service also had systems in place that documented missed visits, complaints, safeguarding etc., so they could look at trends in the service.

People confirmed they knew who to contact if they had a concern and they all knew where to find this information in the folder in their home. Staff spoken with said they knew about the service's complaints procedure and that if anyone complained to them they would advise them what to do, or would notify the manager. Compliments the service had received included, 'Just wanted to thank you for the support and encouragement you have given me since last July. All the carers have been enthusiastic and cheerful, even though they are often tired through exhausting jobs (May 2016)' and 'All the nurses were brilliant, very clean, smart and kind...proud of them all. (March 2016).'

## Is the service well-led?

### Our findings

At our comprehensive inspection of the service on the 18 May 2016, we found a breach in the regulations and a Warning Notice was issued to the service. This was due to the provider not having effective systems and processes established to assess, monitor and improve the quality and safety of the service. An action plan was submitted by the provider to show how they were going to meet the breach in regulations and the Warning Notice. We completed a return inspection and confirmed that overall improvements had been made and the Warning Notice and breaches in regulations had now been met.

During this inspection we were advised that the service had recently changed the management structure of the service to ensure there are clearer lines of accountability. The registered manager had been on long term sick and the deputy manager had been managing the service. The service was also overseen by a service manager and upper management team that had extensive knowledge of providing services to people within the community and also the regulations. During our inspection we were provided with relevant information and documents to show that the service is heading in the right direction and the team are working together to ensure people receive the service they require and it is safe. Feedback from people included, "When you ring the office, nothing is too much trouble for them" and, "It seems to be well managed, although I have never met them."

The ethos of the service is to provide short term care for people to enable them to regain their independence or if this is not possible to refer them to services who provide long term care. This had not been taking place at our last inspection and systems were not in place to support this process. This lack of information and organisation of staff support and deployment further caused problems for people's continuity of care. Management were aware that people were not receiving regular times for care and did not know who would be visiting and had taken steps to try and rectify this. They were in the process of recruiting more staff and some were presently going through their induction programme. Changes had also been made to staff's rotas to try and give them regular people to call on and help towards providing continuity of care. The phone application had also assisted with time specific calls. Since our last inspection it was clear that management, the office staff, and staff working within the community had been working hard to try and resolve some of the issues around the times and continuity of service that people had been experiencing. Time is now required to ensure that continuity of improved leadership is embedded.

Staff morale had improved since our last inspection and care staff stated they had seen recent improvements in the service and felt it was heading in the right direction. Comments included, "I think lots have improved. I really believe that everything that came out of the last inspection has been listened to and acted upon. The work load seems to be much easier and everyone is not so stressed." Staff we spoke with said that they were able to gain support from the office and management and had started to receive regular supervision and staff meetings had been organised. They added that they now felt 'listened to' and that management had been keeping them up to date with the recent changes within the organisation and new ways of working. They added that management had an 'open door' and they could call in at any time. Staff had recently been sent a questionnaire to complete which asked questions about their work, communication within the service, training opportunities and supervision. Where low scores had been given,

management were in the process of developing an action plan to address these areas. They hoped to do another questionnaire in the near future to see what improvements had been made.

The service had a number of systems in place to help monitor the standard of care people received and these had been developed further to ensure the whole service was monitored. These included quality surveys, postal customer satisfaction surveys and end of service questionnaires. Co-ordinators also completed a bi-monthly questionnaire over the phone to gain people's views. Audits and checks were available for staff recruitment, service user files, care reviews, staff training and supervision and issues relating to the quality of care people received. They also had a system which enabled them to monitor missed visits, complaints, safeguarding's, referrals etc. and a monthly report could be printed off and analysed. The service also had an internal audit report completed which provided an independent overview of the service.

Since our last inspection the service had also audited the staff files to ensure they had the correct information on them. They had also made changes to the recruitment process to ensure it was in line with the regulations and more streamlined to improve the time required to recruit new staff. The service have been auditing their service to identify where it is not meeting people's needs or the regulations and putting actions plans in place. These were seen and showed that they had been updated weekly with the input of the Director and upper management. On speaking with management they advised that through this process they had been able to identify what was working and what was not and added that it 'provided a clear plan of the progress that had been made and that the service was moving in the right direction.'

The service have introduced a questionnaire that will be completed by any new care staff that work within the rehabilitation service. It is aimed that this will provide 6 month feedback from new staff on their experience of the induction, support they have received, training and any issues they may have had with coordination of work. The service manager explained that they hoped this would help identify what they are doing well and what may need to be improved as well as identifying any patterns of concerns they can then rectify. Anonymous staff questionnaires are also to be sent out every six months to help gain feedback from care staff on what it is like to work for the company. Feedback from staff included, "I think we have a brilliant team" and, "Everything seems to be going really well now and everyone works well as a team."

The service manager has introduced a monthly audit that is to be completed by the registered manager and covers the areas that would be looked at during a CQC inspection. The service manager advised that this audit would assist them in knowing what they had in place and what needed to be done. By completing the monthly audit it would enable them to monitor the service and identify any trends and any action that needed to be taken. There is now a log in place to log any missed calls so the registered manager is able to deal with these quickly. Colour coded report sheets had been introduced for care staff to complete, which help identify when issues had occurred.