

Stockton-on-Tees Borough Council

Reablement Service

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 inspected Reablement Service on 27 July 2017. We announced the inspection 48 hours before we visited to ensure that the registered manager was present on the day of the inspection. When we last inspected the service in May 2015 we found the provider was meeting the legal requirements in the areas that we looked at and rated the service as good. At this inspection we found the service remained 'Good'.

Reablement Service provides assessment and rehabilitation services for people in their own homes to promote their daily living skills and independence. In addition the service works in conjunction with health to provide a rapid response team and physiotherapy team. Nurses and care staff provide a rapid assessment service and care for people in crisis. The aim of the rapid response is to provide care and support to those people in their own homes whose informal care and support package has broken down unexpectedly and who may have had to go into a hospital or a care home because they were unable to manage at home. At the time of the inspection 60 people used the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

We identified that some staff had not received fire awareness training since 2012 and some staff had not received this at all. We noted there were gaps or long periods of time in between for other training not considered mandatory by the provider such as catheter care, diabetes, nutrition, strokes and end of life. The manager told us this training would only be refreshed if staff requested further updates or if they supported people who used the service who had these conditions and needs.

We have made a recommendation about staff training on the subject of fire safety.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people and the home environment were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place. Staff competencies around administering medication were regularly checked.

There were sufficient staff employed to meet the needs of people who used the service. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to prepare meals of their choice.

People received the support they needed to help with their reablement. People's care plans described the care, support and rehabilitation they needed. Care plans detailed people's needs and preferences. People told us they were involved in all aspects of their care and rehabilitation.

The provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views.

People received a consistently high standard of support and rehabilitation because staff were led by an experienced manager. The staff team were highly motivated, enthusiastic and committed to ensuring people regained their independence. There were systems in place to monitor the safety and drive the continuous improvement of the quality 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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well led.	Good ●

Reablement Service

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 was 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.

We inspected Reablement Service on 27 July 2017. We announced the inspection 48 hours before we visited to ensure the manager was present on the day of the inspection.

The inspection team consisted of one adult social care inspector 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. The expert by experience contacted people and relatives by telephone to seek their views on the care and service provided.

Before the inspection we reviewed all of the information we held about the service including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider completed a provider information return (PIR) which they returned to us before the inspection. 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.

During the inspection visit we spoke with the manager, service manager, a reablement assessment manager, a co-ordinator, a senior support worker, a support worker, an assistant co-ordinator, the clinical team lead, senior physiotherapist, a physiotherapist and a nurse.

We contacted health and social care professionals to gain their views of the service provided by Reablement Service.

During the inspection we reviewed a range of records. This included eight people's care records, including care planning documentation and medicine records. We also looked at four staff files, including training

records and records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

After the inspection we spoke with 11 people who used the service and one relative.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. One person said, "Oh, definitely. I have used them before over the years, on and off since 2004." Another person told us, "Yes, they have been really good." Another commented, "Yes, I do feel safe. Yes, I do."

Staff told us the provider had an open and accessible culture to help people to feel safe and to share any concerns in relation to their protection and safety. Staff told us of the different types of abuse and what would constitute poor practice. They had completed training in safeguarding and were able to describe how they would recognise any signs of abuse or issues of concern. We spoke with the manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. All staff demonstrated an understanding of their responsibilities to protect people and said they would have no hesitation in reporting safeguarding concerns. Since our last inspection of the service there hasn't been any reported safeguarding concerns.

Risks to people were assessed with control measures put into place to mitigate against any assessed risks. Risk assessments covered areas such as falls, moving and handling and the use of equipment. Risk assessments were reviewed on a regular basis and information was updated as needed. This usually involved risks reducing over the six week period as the person became more independent.

Before the service commenced a detailed environmental risk assessment of the person's home was undertaken to ensure the physical environment was safe. Other checks were made on the lighting, heating and electrics to ensure safety. Following the assessment equipment such as grab rails could be provided and fitted to walls. This meant the provider identified risks to people's safety and where needed took action to help to ensure the safety of the person.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The manager said that accidents and incidents were not common occurrences; however they had appropriate documentation in which to record an accident and incident should they occur.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, Disclosure and Barring Service checks. These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with people.

The manager monitored staffing levels to ensure there were enough staff to support people safely. People we spoke with said they were supported by a regular staff team. We asked people if staff were reliable and arrived on time. One person said, "Oh, yes, very much so. Sometimes right on the dot." Another person said, "They do. They are very reliable."

The provider had a robust system for monitoring staff attendance at calls. A log-in system was operated,

which flagged up on a computer system when staff arrived at the calls. The manager told us because of this there were never any missed calls but the occasional late calls.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records (MAR's) that we looked at were completed correctly with no gaps or anomalies.

Is the service effective?

Our findings

During the inspection we looked at the training chart, which identified that staff training was not up to date. The training chart indicated some staff had not received fire awareness training since 2012 and some staff had not received this at all. We noted there were gaps or long periods of time in between for other training not considered mandatory by the provider such as catheter care, diabetes, nutrition, strokes and end of life. The manager told us this training would only be refreshed if staff requested further updates or if they supported people who used the service who had these conditions and needs.

We recommend that the provider finds out more about training for staff based on the current best practice in relation to fire safety.

After the inspection the manager contacted us and told us they had sourced fire training and this would be provided to staff in the next few weeks.

Records showed newly appointed staff undertook a comprehensive induction and shadowed other experienced care staff to ensure a consistent high quality approach was established. Records showed staff had received training in a variety of topics. These included emergency aid, infection control, moving and handling, food hygiene and safeguarding. Staff told us the provider supported staff in the development of their career. One staff member said, "I was lucky enough to be trained up to assistant co-ordinator. I have been supported to develop my career and achieve what I had set out to do. I feel like I have learnt so much this year." Care staff told us their knowledge and learning was monitored through one to one meetings.

People told us they were confident staff had the skills and knowledge to support them with their specific needs. One person told us, "I just think they are brilliant. They know what people want or need." Another person said, "It has been invaluable. It gives me back my independence. I shower myself now, previously I needed help."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff told us they found supervisions useful and supportive. One staff member said, "I have just had my appraisal it was really positive telling me I do a really good job and that makes me feel valued."

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 manager told us that all people who used the service would have to have the ability to follow instructions. This could include people with some cognitive impairment. The service did not cater for people living with advanced dementia as they

would not benefit from the service provided. Staff we spoke with understood how to gain consent and ensure people had choice. People told us they were involved in discussions about their support and rehabilitation.

Before the service started people were assessed to determine the level of support they needed at meal times. Those people who were able were encouraged to be independent in meal preparation and cooking. Staff encouraged and supported people to have meals of their choice. One person said, "I prepare some of the food and they finish the job and wash up. For example, I put the potatoes on and they dish them out for me. Also cutting up the vegetables for my salad as I can't cut."

As the service provided an intensive reablement programme of up to six weeks, staff did not take primary responsibility for supporting people with their on-going healthcare needs such as seeing the dentist, optician and chiropodist. However, they worked very closely with the Community Integrated Assessment Team (CIAT) which included, nurses, health care assistants, occupational therapists and physiotherapists as part of each person's support and rehabilitation. Both teams were based in the same building and there was regular communication between services. We spoke with healthcare professionals that were involved in the reablement service. They told us there was good communication and that they were kept up to date with how people were achieving the goals that had been set and agreed. A professional wrote and told us, 'The service provides a rapid response to customers, with care packages being able to commence within 2 hours. The staff ensure that all professionals involved with the customer are kept informed of any changes in circumstances. They are effective in providing reablement and provide this to all customers.'

Is the service caring?

Our findings

People and the one relative we spoke with were very complimentary of the support and rehabilitation received. They described staff as kind and caring. One person said, "I needed some tablets from the Chemist. They [staff] went to collect the prescription and then to the Chemist. They had to go to some distance to do it. They did more than they needed to do." Another person commented, "They [staff] always ask if they can do anything for me. They do whatever I ask them to do, very caring." Another person told us, "Oh, yes, they [staff] are very caring. They are all lovely girls. Oh, yes, they always come in the morning and say how are you, are you ok? They are very respectful."

We looked at records which showed the service had received many compliments. One we read stated, 'I say with sincere thanks for getting me to the point where I can cope on my own. You have all shown me the greatest care and interest and I have looked forward to your visits. Another compliment read, 'The staff that have visited me in my home were both professional and caring. The continuity of staff and care has been excellent.'

People told us staff treated them with dignity and respect. One person we spoke with said, "They always put a towel around me whilst drying me." Another person commented, "Whilst I was in the shower, they stood outside." A relative said, "They keep [person] covered all the time when helping [person] wash and shower."

Staff spoke with kindness and compassion about the people they supported. Staff spoke of personalised care and support and how best to communicate with people so they could be empowered to make choices and decisions. Staff told us the importance of ensuring people were supported to be independent. One staff member said, "It's our job to support people to regain their independence and to become confident with washing and getting dressed. Some people need help to prepare their meals and others it might be about helping them to walk." People told us they had been supported to regain their independence. One person said, "Oh, yes, wonderful. I wouldn't have to say anymore. The carers support and the equipment all helped to me to be more independent." Another person said, "Yes, when helping, they stand back to see if I can help myself. If I can't, they offer help."

At the time of the inspection people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed and leaflets on advocacy were available for people to read.

Is the service responsive?

Our findings

People told us they felt the service provided personalised care. One person said, "They were good to support me. With their help, friendliness and respect I am now more independent." A compliment we read said, 'To all you fabulous ladies [staff] who helped my recovery. I could not have managed without you.' A professional wrote and told us, 'I find the Reablement service to be a very responsive service who ensure that the needs of the customers are met appropriately.'

The service provided rehabilitation and support between the hours of 7am and 10pm. Prior to commencement of the service and dependent on needs, people were assessed by a health or social care professional to assess the person's ability to manage their daily life, for example, preparing a meal or getting washed and dressed. Following assessment a care plan was developed detailing what the person could do for themselves and the help and support they needed from staff. This helped people to maintain their skills and independence. Care records contained information about the person's likes, dislikes and personal choices to help to ensure the care and support needs of people who used the service were delivered in the way they wanted them to be. Care records had been regularly updated to reflect the changing needs of people.

People's rehabilitation was constantly reviewed to monitor their progress, including setting goals and planning the person's discharge from the service. After four weeks, people, their relatives and staff from the service met to look at progress and to determine if the person was able to manage independently at the end of their six week period or if people were likely to have on-going needs. If the person was still in need of support they would be reassessed to determine any future care needs.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. At the time of our inspection the service had no outstanding formal complaints. The manager explained that the senior support worker role had been developed to continually monitor people's views during the six weeks the service was provided and at the end of this period. During this time the senior support worker picked up on any minor areas of concern or niggles. The senior support worker told us, "This process has helped to prevent any little niggles becoming more serious as they can be nipped in the bud before they get out of control."

We asked people if they knew how to complain if they were unhappy. One person said, "I can ring the number on the front of the file." Another person told us, "Yes. I have got all the numbers here. I have nothing to complain at all."

Is the service well-led?

Our findings

The service had a manager who was registered with the Care Quality Commission for the Reablement Service in August 2016. The manager had other management experience and had worked for the local authority for many years.

Staff told us the service was well-led and the manager was extremely approachable and supportive. One staff member said, "[Manager] listens to you and respects you. Staff can go to [manager] it doesn't matter what time of day it is." Another staff member said, "[Manager] is a great manager. [Manager] supports everyone at work and even listens if you have a problem at home." Staff told us how the manager had been accommodating with changing shifts. Another staff member commented, "We are an excellent team. We have some lovely carers who all have different skills and different personalities and qualities. I think we provide a really good service and are dedicated."

There was a clear management structure in place at the service. The manager was supported by their line manager, co-ordinators, assistant co-ordinators and senior support worker. Each member of the team played an effective part in the running of the service. The manager recognised individual skills of staff and utilised these through effective delegation. The manager empowered staff by sharing responsibilities whilst monitoring their performance. The management team worked extremely hard to ensure people who used the service and relatives were involved in how the service developed and delivered care.

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. For example, staff told us last year rotas had been changed by the human resources department of the council. Staff hadn't liked this rota and expressed their concerns to the manager. Following this the manager devised four new rotas and staff voted for the rota of their choice. Management used these meetings to keep staff updated with any changes within the service and to provide feedback.

The manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits were carried out in areas including medicines, record keeping and care records. However, the provider had not identified that fire training was out of date for staff. We pointed this out to the manager at the time of the inspection who told us they would take immediate action to address this.

We saw that a survey had been carried out to seek the views of people who used the service and relatives. We looked at responses from surveys which were very positive. One person said, 'It is very evident that your carers are well trained and conversant with current regulation. This makes them (and us) confident they are well equipped for their role. I can't find fault with this superb service.'

The manager understood their role and responsibilities, and was able to describe the notifications they were

required to make to the Commission and these had been received where needed.