Derbyshire County Council

South East Division Re-ablement service (Amber Valley)

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

This announced inspection was carried out on 1 December 2016. South East Division Re-ablement service (Amber Valley) provides a short term re-ablement service providing support and personal care to people in Amber Valley with the aim of enabling them to live independently in their own homes. On the day of the inspection there were 54 people using the service who received personal care.

The service had a registered manager in place 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 were supported by staff who understood the risks people could face and knew how to make them feel safe. People were given the support they required to regain their independence safely.

People received a flexible service that suited their individual circumstances because staff were available to provide this as planned. People were supported to be responsible for managing their medicines.

People were supported by staff who were trained and given guidance on how to meet their needs. People's human right to make decisions for themselves was respected and encouraged.

People were supported to be responsible for ensuring they were able to meet their nutritional and healthcare needs.

People were treated with respect by staff who demonstrated compassion and understanding. They were encouraged to set goals to maximise their strengths and build on their independence.

People were given the support they needed to be responsible for meeting their own needs without being dependent on others. People knew how to raise any concerns if they needed to.

People used a service that was tailored to suit their needs. There were systems in place to monitor the quality of the service and make improvements when needed.

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 felt safe using the service because staff knew where people may be at risk of harm and acted in a way that reduced this.

People were supported to increase their independence and choice, and maintain control of their lives. People's service was protected because there were the staff available to provide this.

When needed people were supported to find ways to enable them to be responsible for managing their own medicines.

Is the service effective?

Good

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to provide people with their planned service.

People's rights to give consent and make decisions for themselves were respected.

People were supported to manage their own healthcare needs and be responsible for meeting their own nutritional needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who respected them as individuals.

People were involved in shaping the care and support they required for their re-ablement.

People were shown respect and courtesy by staff visiting them in

their homes.

Is the service responsive?

Good

The service was responsive.

People's re-ablement was the focus of the support they received and they worked together with staff to achieve this.

People knew how to report any worries or concerns and could be confident these would be taken seriously.

Is the service well-led?

Good

The service was well led.

People received an individual service that was designed to facilitate their re-ablement.

People used a service where the registered manager provided the management team with the guidance they needed to manage the service.

People could be assured the quality of the service would be maintained through the quality monitoring systems in place.

South East Division Re-ablement service (Amber Valley)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 December 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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 looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with ten people who used the service and four relatives. We also spoke with five care workers, two domiciliary service officers (DSOs) and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for three people, staff training records, staff recruitment documents and other records kept by the registered manager as part of their management and auditing of the service.

Good

Is the service safe?

Our findings

People told us this was a good service and they felt safe using it. They told us things that made them feel safe included that staff arrived wearing a uniform and had a name badge showing who they were. People also told us that knowing who was coming to visit them helped them feel safe. One person said, "I feel safe with them, they let me know who is coming with a rota each week."

The provider included information about how they would respond to any allegation of abuse to ensure a person's safety in their PIR. Care workers were able to describe the different types of abuse and harm people could face, and how these could occur. They told us if they had any concerns they would contact a domiciliary service officer (DSO) who would decide if they should refer this to a local authority team manager. Care workers confirmed they had received training in safeguarding and the staff training records showed this had taken place. DSOs explained they passed any concerns they received about a person who used the service to the person's named case worker or a duty social worker. They told us care workers regularly informed them of any concerns or situations they came across when visiting people, which they passed on to a local authority team manager to determine how these should be responded to. When we arrived at the office one DSO was reporting a concern one care worker had informed them of that morning.

The registered manager told us safeguarding was kept "high on the agenda" of team meetings and staff supervisions. They told us staff were provided with prompt cards about abuse, and how to raise a safeguarding concern. The provider had recently made a safeguarding app available for staff to download to their electronic devices, such as mobile phones or tablets.

People who had last confidence and/or some ability to care for themselves were assessed to help identify how they could be supported to regain their independence. People told us that following a significant event, such as an operation or injury, they were supported to relearn how to undertake their own care and re-establish their independence. For example some people told us they were being assisted with their mobility.

One person told us staff had, "Helped me with walking, I have got a physio coming in and they encourage me to walk as much as I can." Another person spoke of being assisted to get washed and dressed where they were unable to do so independently. The person told us they were regaining their ability and expected to be able to wash and dress without assistance shortly. A relative told us that their relation had fallen on a couple of occasions and the re-ablement team had visited for about three weeks to help them rebuild their confidence. The relative said, "[Name] didn't know how to manage, but they seem to have got it back now."

Care workers described how they built people's confidence to undertake any tasks they were having difficulty with and had set as one of their goals to achieve in their time using the service. DSOs told us the occupational therapists (OTs) would provide any support with aids and adaptations that would enhance people's independence. Care workers told us they would inform a DSO if they felt any additional equipment would be useful and they would arrange for a further OT assessment if required.

Staff told us there was an environmental risk assessment carried out on any property they provided people with care and support in. These were completed by a fieldwork assessor who undertook an initial assessment when a person was referred to the service. We saw there were copies of these assessments in people's support plans, as well as descriptions about how and when to use any equipment that was needed.

There were sufficient staff employed to provide people with consistent care and support which met their needs at the time it was planned for. People told us they were provided with set times for their visits and the care workers arrived as planned. Most people said care workers arrived on time, a couple of them said that on occasions a care worker had been late but they had been informed about this in advance when it was known the care worker was running late. One person said, "They (care workers) have all been absolutely superb and have an excellent attitude to time keeping." People told us they had a team of regular care workers visit them and we found the size of their team was dependent on the number of calls the person had each day.

Care workers described how there were enough staff available for them to provide people with a flexible service that met their needs. They explained that if someone needed more time during a scheduled visit they call one of the DSOs who would arrange for their next visit to be covered.

People received their service as planned because there were systems in place to ensure there were enough staff to provide the level of service they required. The DSOs explained how they did not provide a service to anyone new until there were the resources available to provide them with the service they needed, and other people's plans were not disrupted. The DSOs said it was important to protect the service people received so each person could complete their re-ablement plan.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. The provider included information about how they applied a robust recruitment process in their PIR. This included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions.

The registered manager told us the staff recruitment files were held at County Hall offices once a recruitment process had been concluded. They assured us the correct recruitment checks were carried out as part of the recruitment process, including a DBS check. We saw some documentation at the service for some staff who were currently undergoing the recruitment process. These included references to DBS checks and obtaining references. The application form included a section to be completed by the applicant explaining any breaks in their employment history.

Part of the initial assessment of people's needs included identifying if there was any support needed to help the person manage and take their medicines. People we spoke with told us they did not need any assistance to manage their medicines, which they continued to do independently or were supported with this by a relative.

Care workers told us there were occasions when they did provide some people with support to take their medicines and described how they did so safely. This involved checking the medicines were correct and recording on a medicine administration sheet when the person had taken these. Care workers told us they had undergone training in the safe handing of medicines and had been assessed to ensure they carried this task out competently.

The registered manager told us in most cases people would continue to manage their own medicines as this was something they would need to continue when the service finished. They said they looked to find ways for people to have a system that reminded them when it was time to take a medicine, such as a medicine box which opened and sounded an alarm when a person's medicines were due. The registered manager confirmed care workers were trained and assessed to be competent prior to providing anyone with medicines support.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. People spoke of care workers providing them with the encouragement and support they needed and felt this was done very well. One person told us, "Competent, that's what I would say they are, competent." Relatives also agreed care workers had the knowledge they needed to support their relations.

The provider included information about the training staff undertook so they had the skills they needed to meet people's needs in their PIR. Care workers confirmed that they had an induction when they started work and they completed the care certificate. The care certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

New care workers and existing staff were allocated to attend the courses they identified they needed to carry out their duties. A DSO showed us the provider's training programme which had the training courses scheduled throughout the year. This meant that staff had to wait until there was a course running with a free space before they could undergo their training. One care worker said when they started this had meant they had to wait a few weeks before they could have their training, hence they were only allowed to take part in visits with an experienced care worker. We also found that some care workers may run overdue by a few weeks to have their training updates because they had to wait for the next available course. A DSO said this meant they had to plan carefully to ensure staff completed the training they needed as soon as possible.

Care workers said they had regular training and if there was a topic they needed some, or some additional, training on then they would tell a DSO who would look to arrange this for them. The registered manager told us they organised other professionals to attend their fortnightly practice (team) meetings to present a topic staff would like further information about. DSOs told us this had included the procedures for using new and improved equipment, as well as any specific procedures care workers would need to follow when supporting someone who was about to use the service.

Staff said they had regular supervision and could request additional support if they wanted it. Care workers also told us they had their practice observed to see how they were working and followed the correct procedures to provide the correct and safest care. The registered manager told us each staff member had their own personal development plan (My plan) which provided them with a record of the training and supervision they received. Some care workers referred to their 'My plan' when telling us about their training and support.

People had their rights to give their consent and make decisions for themselves promoted and respected. People spoke of having been party to preparing their re-ablement plan and said they were in agreement with these. One person told us, "They will do what I want, but there is no need to ask as we have already agreed this." Another person said, "They (care workers) listen to me when I say something."

Care workers described how they obtained people's consent for any activity they undertook during the visit,

such as asking to use their phone to make a (free) phone call to confirm they had arrived. One care worker said they "only operated with consent" and they would not do anything a person was not consenting to.

Care workers told us people had agreed with their re-ablement plan when they started to use the service, although a DSO said this could be part of agreeing to a planned package to enable a person to be discharged from hospital. Details about how to support people to express views and give consent to their care were included in their re-ablement plans. We saw in the plans we reviewed that it was recorded people had verbally agreed to these when they had their initial assessment.

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

We checked whether the service was working within the principles of the MCA. The registered manager told us there was not anyone who used the service who did not have the capacity to make decisions and consent to their care for themselves. The registered manager said that the service was about helping people to have the necessary support they needed to make decisions for themselves, so this would normally entail them having the capacity to do so. They said that it was possible a decision could be made in a person's best interest if they were unable to consent to this at the time, however this had not happened. A DSO recalled an occasion where there had been a concern about one person's capacity to make a decision and they had passed the concern onto the relevant local authority team manager, who had arranged for an assessment of the person's capacity to make this decision.

People who required assistance to maintain their nutrition and hydration by having sufficient to eat and drink told us they received the support they required. This consisted of providing people with the amount of help they needed to prepare their meals and drinks. Some people told us they had been supported to be able to prepare these without assistance and others said they had the help they needed. One person told us, "They (care workers) cook them for me" whereas another person said, "I was helped with preparing meals to start with, but I can do these myself now." Another person said care workers would, "Make me a cup of tea if I need one."

People were provided with the support they needed to meet their nutritional needs. DSOs told us care workers would inform them of any concerns about people's nutritional intake, such as the amount they were eating or if they noticed any significant weight change so they could "start the ball rolling" to arrange for any additional support a person needed. Care workers told us one of their re-ablement aims was for people to be independent with preparing their own meals. They said the support people needed varied depending on their re-ablement needs. A care worker explained how someone may initially be unable to prepare themselves a meal but with their support, and on some occasions the person's physical recovery where for example they had regained some mobility, people would progress to preparing their own meals.

People were provided with advice and support for any specialist dietary need or requirement. Care workers told us they supported some people to have a change in the type of diet they required, such as a soft diet, following physical changes in their ability to swallow following a medical event. They told us they liaised with and sought advice from appropriate healthcare professionals, such as dieticians and speech and language therapists, known as SALT, who provide advice on swallowing and choking issues.

People were provided with the support they required with their physical health needs. People continued to

access healthcare from other services, however the re-ablement team supported people with the physical and emotional wellbeing they needed to regain their independence. One person told us they were completing their exercises to regain aspects of their mobility. They said care workers, "Know by the way I am (that) I am doing them." Another person said, "I had a physio come and explain things to me, they are going to show me what exercises I need to do." Relatives said that care workers kept them informed of any healthcare concerns. One relative said, "They will say if [name] needs any cream putting on."

DSOs told us care workers did not provide people with healthcare support other than general monitoring, where they would liaise with other healthcare professionals when necessary and provide encouragement when needed, for example with completing exercise programmes. Care workers told us they understood people's healthcare conditions and knew how to respond in an emergency having been trained in first aid. They told us if needed they would arrange for a medical appointment or contact a healthcare professional to arrange a home visit. Care workers told us they always sought people's agreement before contact any other agency.

Good

Is the service caring?

Our findings

People who used the service told us that care workers who visited them were helpful, polite and caring. One person said, "I am extremely happy, they take really good care of me. I find them very polite and very caring." Another person told us, "They are excellent people, they will do anything for me." A third person said all the care workers had been, "absolutely brilliant." They added, "I can't fault them at all." Relatives also told us they found care workers were kind and caring. A relative said care workers who visited their relation were, "Really good, and I am very satisfied with them. They are just natural and chat to [name]."

DSOs told us the care workers provided people who used the service with the prompting and encouragement they required as part of their re-ablement plans with care and compassion. The registered manager said how care workers displayed caring values "in the right way for the service" and took into account their involvement with people was for a set time period and did not aim to build a long term relationship.

The provider included information about recognising the diversity of communities and providing services in a dignified and humane manner in their PIR. Care workers spoke of how much they loved their job and the satisfaction they got from seeing people regain their independence. They told us of positive comments people made when they had completed their re-ablement plan, with some people adding a comment along the lines of, "I hope I don't have to see you again!" The assessment documentation included identifying if a person had any individual characteristic that may need to be considered as part of their re-ablement, such as their first language or the most effective method of communication.

People were involved in deciding what support they needed to be included in their re-ablement plan. They told us they met with an assessment officer to set goals of what they needed to do to regain their independence. Plans were then made of the support each person needed to achieve their goals. One person told us, "I have only asked for certain help and that is all they provide me with. I wish to do everything else myself." Another person told us an assessment officer, "Came to talk about it (my support) when I started to use the service. They gave me a sheet with different questions for me to answer about what I wanted."

DSOs explained they provided a re-ablement plan that was specific for what each person needed to build their confidence and regain their independence. They said where someone may require some longer term or ongoing support once their period of re-ablement was completed, they were involved in choosing the agency who would provide this. Care workers said there were times when a person had not fully understood what their service was about when they were discharged from hospital, so they had to explain this to them.

DSOs said the remit of their service did not include involving someone with an advocate, but if they recognised there was a need for this they would suggest this to the person's named case worker or a duty social worker. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

The provider informed us on their PIR how people had their privacy and dignity promoted. People told us

they felt they were treated with respect and had their dignity maintained when they used the service. They gave examples of care workers speaking respectfully and respecting their wishes.

Care workers told us how they showed respect when entering people's homes. This included announcing their arrival and respecting their routines. A care worker said, "It is really important to ask someone how they would like things to be done." Another care worker said they showed respect by, "Remembering it is their home, do it their way." Some staff were accredited as dignity champions who challenge poor care and act as good role models.

People found their independence was encouraged and promoted. Care workers explained how they provided people with the support they needed whilst encouraging and enabling them to do these things for themselves. They said part of their role was making suggestions about alternative ways people could do things and prompting them to do these. One care worker told us they found the more people could do for themselves had all round advantages as they regained their independence.

Good

Is the service responsive?

Our findings

People told us how a re-ablement plan was put into operation straight away when they started to use the service and they received the support described in this. They told us when there was any changes to the help they needed their re-ablement plan was altered to show this. A relative told us, "They know what they are doing and are working to a plan. This was explained at the beginning." People also described how their re-ablement plan was changed when needed. One person told us they were receiving support every day but, "This has now cut back to three times a week as I don't need so much help now." Another person said their re-ablement plan had changed as, "They (care workers) were coming twice a day, it wasn't necessary I just needed the one call at night."

Care workers told us people's re-ablement plans were in place "very quickly." One care worker told us that in most cases the re-ablement plan was in place when they started the re-ablement package, however under some circumstances, such as an urgent hospital discharge, staff may provide support before this was in place. Care workers said in these circumstances they were given the information they needed verbally to start the person's support. The provider informed us on their PIR that people were involved in setting individual goals in order to regain their independence in areas they identified they needed assistance with. People's re-ablement plans identified what areas of support people needed to be assisted with their re-ablement. These included attending to their personal care, mobility and their nutritional intake.

People described their needs as being met by the service. They described how their independence was improving in areas such as walking, bathing, getting dressed and cooking. One person told us they were now independently mobile in their own home but said, "I hope they can get me walking outside soon, that's what they are trying to help me to do." A relative said their relation could see how they had progressed by reading the records. They said, "We have got a folder. They fill in a daily sheet showing what they (relation) have done."

DSOs said each person had an individual re-ablement programme that lasted for up to six weeks Care workers spoke of how they saw people progress over the course of their programme. They described how some visits would take longer when people began to do more things for themselves. A care worker explained that when they reduced the physical support they provided, such as assisting someone to get dressed, the person concerned may take longer to complete the activity independently. Another care worker said as someone's mobility improved this meant they were able to take on more responsibility for their own care and daily activity.

The registered manager said much of the support included supporting people to be able to manage their daily routines independently or where needed with some longer term support, such as from a relative. The registered manager said they took a holistic approach to a person's re-ablement and if felt beneficial to achieving this they would provide the person support in other areas, for example being able to do their own shopping.

People were able to raise any concerns and were confident these would be acted upon. One person said

they had been told "to say if something wasn't right." People told us they had not had reason to make a complaint, and the provider informed us on their PIR that no formal complaints had been made in the preceding 12 months. Staff said they were not aware of any complaints being made.

During our discussions we established that people were meant to be provided with the local authority complaints leaflet as part of their introductory information to the service, but this was being overlooked. The registered manager took immediate steps to correct this and ensure all people currently using the service were provided with one of these leaflets.

Good

Is the service well-led?

Our findings

People referred to the service as being "organised" and one person told us, "I can only speak highly of them." Another person said, "I didn't know about it (the service) I was amazed and I am happy about it." People felt the service was well run and effective at communicating with them. A relative said, "If I have got a problem I can phone them, I have the number."

Care workers told us they felt there was a common sense of purpose and good unity within the staff team. One care worker said, "We work well together, if we ever need any help or assistance we only have to ring." Care workers said they felt welcomed when they came to the office and any resources they needed, such as personal protective equipment (PPE), were always available. We saw some care workers spend time talking with other staff in the office and they collected supplies of PPE whilst there. Care workers told us they had regular contact with the DSOs and they provided them with any advice, guidance or any other support they needed, including out of hours when there was an 'on call' service provided.

DSOs told us care workers worked in two teams to cover the north and south areas of the region. They told us this helped them allocate and manage work effectively as well as reduce the amount of time care workers needed to travel. DSOs said each team had a fortnightly team meeting where they discussed each person using the service to ensure they had the right resources allocated, including number and length of their visits and whether any additional request for other services or equipment needed to be made. A DSO showed us the records made of these meetings and said they "worked well."

The registered manager, who worked part time, told us they held a similar position for another re-ablement service with the same provider. They told us this was a satisfactory arrangement as the DSOs carried out most of the day to day management of the service, although they were available for advice and support if needed. All staff felt the current arrangements were suitable and care workers said they were appropriately managed and supported by the DSOs. They told us they had regular contact with the registered manager, which included attending their team meetings, and said they would contact them if they needed to. DSOs said they also had access to other managers within the local authority if they needed to contact them.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. We had not received any recent notifications from the service and the registered manager said there had not been any recent event they needed to notify us of.

There were systems in place to review the quality of the service people received. One person told us they had received a phone call recently to ask them "If everything was alright" with their service. DSOs told us they made calls to people from time to time to see how things were going. The registered manager told us they arranged meetings with the DSOs from both services they managed, and DSOs told us they explored service related issues in these meetings.

Although people who used the service were asked to comment on the service they received this information was not used to its full potential. The registered manager showed us some completed survey forms which people were asked to complete when they finished using the service. These contained wholly positive comments, however we identified that these survey forms could be made better use of by encouraging more people to complete them, and reviewing them after a set period on time. This would enable management to use this information to recognise what was working well, as well as pass on positive comments to staff and others involved with the service that were made, and whether there were any improvements they could make. The registered manager agreed with our observations and said they would "take these (comments) on board." They also told us that the provider was in the process of introducing a more structured system to obtain people's feedback on the service they received and to monitor the service.