

South Tyneside MBC

South Tyneside Home Assessment Reablement

Inspection report

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Website: www.southtyneside.info

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 20 January and 3 February 2016 and was announced. We last inspected the service on 11 and 13 December 2013 and found the registered provider met the regulations we inspected against.

South Tyneside Home Assessment Reablement Team is a domiciliary care agency providing personal care to adults who require short term, focussed support to increase their independence and confidence to live at home. They usually provide care for up to six weeks.

The service did not have a registered manager. 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.

The registered provider had breached regulations 9, 12, 17 and 18 of the Health and Social Care Act 2008. This was because medicines administration records (MARs) were not always accurate or complete. Staff regularly left medicines out for people to take later in the day, but there was no care plan or risk assessment to support this arrangement. Medicines audits were ineffective in identifying areas of concern and ensuring action was taken to improve the quality of medicines records. Staff had not completed all of the training they needed, particularly safe handling of medicines and infection control. One to one supervision and employee performance management or EPM meetings were overdue for all staff [EPM is the name for the registered provider's appraisal process]. People were not involved in developing their support plans. Support plans lacked detail and were not personalised. The registered provider had consistently not acted on the findings from previous audits to improve the quality of the service people received.

You can see what action we have asked the provider to take at the back of the full version of this report.

People gave only positive feedback about the support they had received from the service. They said they were supported by friendly, kind and caring staff who treated them with respect. One person commented, "Very good, no faults whatsoever. They were brilliant. Very helpful, they help me as much as they can." Another person said, "They are really nice, friendly. Oh yes I like all of them. They stay and chat for a little while." People told us they had been supported to regain some of their independence. One person said, "I am getting on smashing because of the help I have had."

People said staff were reliable and consistently on time. Staff told us they usually had enough time to give people the time they needed. One person said, "Everyday they turn up on time." Another person told us, "They are always on time and they always stay." Staff followed the registered provider's recruitment procedure when recruiting new staff.

Risk assessments to help keep people safe were brief and lacked personalised information.

Staff displayed a good knowledge of safeguarding and the registered provider's whistle blowing procedure, including how to report concerns. One staff member said, "I think they would take it straight to the top."

Staff had received training on the Mental Capacity Act 2005 (MCA). However, people currently using the service had capacity to make their own decisions and choices. People said staff always asked for consent before providing support. One person commented, "They ask what I want doing."

Care records showed people had input into their reablement from a range of health and social care professionals. For instance, GPs, community nurses, occupational therapists and care managers.

People were supported to prepare their chosen meals. One person said staff ask me "if I want anything made for my dinner."

People had specific goals aimed at developing their daily living skills and increasing their independence. From the information available to us we were unable to assess how successful the service had been in supporting people to achieve their goals.

People we spoke with did not raise or complaints or concerns about the service. One person said, "None whatsoever [complaints]. They are brilliant."

People had the opportunity to give their views about the support they received from the service. They gave positive feedback following the most recent consultation in December 2015.

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 always safe. Medicines administration records (MARs) were not always accurate or complete. Support plans or risk assessment did not accurately reflect the support people received with medicines.

People said staff were reliable and consistent. Staff confirmed they usually had enough time to see to people's needs.

Risk assessments were brief and lacked detailed information about the potential risks to people.

Staff had a good knowledge of safeguarding adults and whistle blowing. They knew how to report concerns.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff had not completed some essential training. Supervisions and employee performance management (EPM) reviews were overdue.

Staff had completed Mental Capacity Act 2005 (MCA) training. People currently using the service were able to make their own decisions.

People had input from a range of health and social care professionals to help with their reablement.

People were supported to prepare meals they had chosen.

Requires Improvement ●

Is the service caring?

The service was caring. People gave only positive feedback about their support.

People told us staff were friendly, kind, caring and listened to them. They also told us they were treated with dignity and respect.

People described how staff had supported them to improve their independence.

Good ●

Is the service responsive?

The service was not always responsive. Support plans were very basic and lacked detailed and personalised information.

People were not involved in deciding what information was in their support plans.

Specific goals had been identified to help people develop their daily living skills and increase their independence.

People did not raise any complaints or concerns about the service.

Requires Improvement 

Is the service well-led?

The service was not well-led. Medicines audits were ineffective and infrequent in identifying areas of concern.

The registered provider had consistently failed to act on the findings from previous audits to improve the quality of the service.

People had given mostly positive feedback about their support during the most recent consultation at the end of 2015.

Inadequate 

South Tyneside Home Assessment Reablement

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 20 January 2016 and 3 February 2016 and was announced. The provider was given short notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector.

We reviewed information we held about the home, including the statutory notifications we had received from the provider. Statutory notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the clinical commission group (CCG).

We spoke with five people who used the service and three family members. We also spoke with the acting manager and three support workers. We looked at the care records for six people who used the service, medicines records for five people and recruitment records for five staff.

Is the service safe?

Our findings

Medicines records did not always support the safe administration of medicines. Due to the short term nature of the service, medicines administration records (MARs) available to us to view were for people who had already moved on from the service. MARs did not always accurately account for all of the medicines administered to people. We found a significant number of unexplained gaps in all of the MARs we viewed. We also found other inaccuracies with MARs. For example, one person had a medicine which the prescriber had directed 'take one tablet on the same day each week.' We viewed the person's MARs which showed a record of administration for this medicine for three days in one week. For another person a note in their daily log book queried whether the person should be taking a new medicine. It had been pushed through their letterbox and was not listed on the MAR. We found there were no further updates about this medicine but subsequent notes in the daily log stated staff were administering this medicine. There was no record to show staff had raised these discrepancies with their line manager. We also found no record to confirm the gaps we identified in people's MARs had been investigated to check whether people had received these medicines. The acting manager was unable to account for these inaccuracies. This meant there was a risk people might not receive their medicines safely.

Some people were at risk of not receiving their prescribed medicines safely. Daily logs showed staff regularly left medicines out for people to take later in the day. Logs also included conflicting information about the support people needed with their medicines. For example, staff had made a note in one person's log book stating 'could all carers make sure [person] takes [person] medication in front of you.' However, we saw regular entries in the person's log book of staff leaving medicines out for the person to take later. We found no record of this arrangement in their care plan. There was also no assessment to manage the potential risk of the person forgetting to take their medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe with the staff providing their care. One person said, "I feel a lot better with them coming in."

Risk assessments were brief and lacked sufficient information to enable staff to support people consistently and safely. Upon receipt of a referral for support, the South Tyneside Home Assessment Reablement Team (HART) completed a range of standard assessments, such as a financial risk assessment, a moving and handling assessment and medicines assessment. The moving and handling assessment consisted of a list of general tasks, such as sitting up in bed, standing from bed to chair, walking and bathing. The moving and handling plan we viewed for one person contained brief statements including 'able to pivot onto wheeled shower chair' and 'support worker to ensure front brake is on whilst transferring.' There was no guidance included as to the person's preferences or about how staff should support them to transfer from their wheelchair safely. This meant people were at risk of receiving inconsistent support to meet their moving and assisting needs.

Staff had a good understanding of safeguarding including how to report concerns. They were able to describe the various types of abuse they might come across and the action they would take if they had concerns. For example, all staff said they would document concerns and report them to their manager.

Staff were also aware of the registered provider's whistle blowing procedure. They told us they hadn't needed to use the procedure but would do so if needed. Staff said they were confident concerns would be dealt with properly. One staff member said, "I think they would take it straight to the top." Another staff member said, "They would deal with things through the right channels."

People told us they received their care from a reliable and consistent staff team. One person said, "Everyday they turn up on time." Another person told us, "They are always on time and they always stay." One family member said, "They are always spot on time and always stay the full time. It is a marvellous service. I could recommend it to anybody." Staff confirmed they usually arrived at people's homes on time and gave them the time they needed. They went on to say this could sometimes depend on the number of calls they had in a day. If a person had just come out of hospital the call could take longer than planned. However, staff said the registered provider was flexible. They said, "If it became apparent a person needed extra time, they would get extra time."

The registered provider's recruitment and selection procedures were followed to ensure only suitable people were employed. We viewed the recruitment records for five staff. The registered provider had requested and received references, including one from their most recent employment. Disclosure and barring service (DBS) checks had been carried out before confirming staff appointments.

Is the service effective?

Our findings

The registered provider was not proactive in ensuring staff received the training they needed to fulfil their role. The acting manager told us some staff still needed to complete the medicines module as part of their health and social care qualification. They went on to tell us this involved an observation of staff to assess their competence to administer medicines. The acting manager advised they were waiting for these observations to be done. This included staff currently administering medicines to people using the service. The acting manager also said infection control training had lapsed. Training dates had been given for infection control training but these needed to be planned in for individual staff members. We viewed the registered provider's training matrix which gave details for 72 staff. The matrix confirmed infection control training and medicines training were out of date for 100% and 55% of staff respectively. A further 26% had not completed safeguarding training and 17% needed to complete fire safety training.

Staff did not have regular opportunities to discuss their personal development and support needs. One to one supervisions and appraisals were overdue for all staff. All staff had a 'supervision planner' to record the dates of their completed supervisions and EPM meetings. Planners contained conflicting information about the frequency of supervisions. For example, one staff member's planner stated 'supervision to take place three times per year' whilst for another staff member the planner stated 'every 8 weeks.' Records confirmed the registered provider had not achieved either of these targets. The manager told us supervision and appraisal "has also lapsed." They said the last supervisions were done in May or June 2015 and there had been "no appraisals for last year."

We viewed the supervision records for six staff members. These showed five out of six staff had not had supervision since May 2015. One staff member had supervision in January 2016 with their previous supervision also having been done in May 2015. Records confirmed appraisals or EPM meetings due at the end of March 2015 had not been completed and no EPM meetings had been undertaken during 2016. For all six staff whose files we viewed the last EPM meeting was dated March 2014.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although staff did not receive regular supervision and appraisal, they told us they felt well supported. One staff member said, "100%, I have no problems at all. The seniors are approachable." Another staff member said, "Great, I just go to [manager] or [senior]. I can always talk to someone, they are definitely approachable."

People received their care from experienced staff. One person said, "They have done it for a long time, a lot of years. I couldn't ask for a better pair." One family member said, "The carers are excellent. I let them get on with their job." Another family member said, "They know what they are doing."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The manager told us people currently using the service had capacity to make their own decisions.

People told us staff asked for their consent before providing care. One person commented, "They ask what I want doing." Another person said, "Yes I get to choose." Staff confirmed they would always ask for permission before giving any care or support. They also confirmed they would respect a person's right to refuse. One staff member said, "You have to respect people's wishes. You can't force people." Staff told us if a person refused they would record this in their daily records and report it to their manager.

Care records included information from the other professionals involved in people's care. Some people had input from health and social care professionals as part of their reablement. For example, GPs, community nurses, occupational therapists and care managers.

People were supported to meet their nutritional needs. Where people had been assessed by their care manager as requiring assistance with eating and drinking, this was included in their support plan. The support provided was mainly in relation to food preparation as people were independent with eating and drinking. People told us how staff helped them to make meals of their choosing. One person said staff asked me "if I want anything made for my dinner." Another person said, "I choose what I want to have. I say oh I would like that."

Is the service caring?

Our findings

Every person we spoke with gave us positive feedback about the good care they had received from the service. One person commented, "Very good, no faults whatsoever. They were brilliant. Very helpful, they help me as much as they can." Another person said, "I have been well cared for." One family member described the staff as "caring." They went on to say, "They help us a lot. They help me as well. They put themselves out. I give them top marks, they are a wonderful team." Another family member said, "They have been marvellous. I have never had as much help in my life since [my relative] has come out of hospital."

People were cared for by friendly staff who took time to listen to them. One person said, "They are really nice, friendly. Oh yes I like all of them. They stay and chat for a little while." Another person said, "We seem to work hand in hand." One family member said, "They understand the way [my relative] is." Staff took time to find out about people's preferences. One staff member said, "We talk to them first. We find out what they want." Another staff member told us, "We always give people choices. We are allocated time to meet people's preferences."

People told us they were treated with dignity and respect from kind and caring staff. One person said staff were "very caring, kind." They told us, "They do everything for you. They are really good girls." Another person told us, "I couldn't fault them, they have been really lovely. They keep me right. They treat you like a person. They put you at ease." A third person said, "They are nice." Family members confirmed staff were respectful. One family member said, "Everyone has been lovely. They are all very friendly girls and jolly." Another family member said, "I couldn't fault them [staff]. They all have different characters. I don't feel as if they are patronising."

Staff understood the importance of maintaining dignity and respect. They gave us examples of how they delivered care to achieve this aim. For example, explaining what they were doing and not repeating anything outside of work.

People described to us how much the service had helped them to regain some or all of their independence. One person said, "I am getting on smashing because of the help I have had." Another person said, "They are giving me a bit more confidence I think." One family member said, "They have shown me different ways I can help [my relative]. I have learnt a lot more, I have been struggling, so I feel a lot easier now." Another person described how staff had shown a family member how to care for them when they weren't there. Staff understood the importance of supporting people to develop their independence. One staff member said, "We ask people what things they can manage themselves and what they are willing to try themselves. We always try to encourage."

Is the service responsive?

Our findings

People had their needs assessed prior to receiving the reablement service. The assessment was carried out jointly by care managers employed by the registered provider and people needing support from the service. This information was forwarded, along with a referral, to the HART service. We found no record of any further discussion between people and the HART service to find out about people's preferences and how they wanted their support to be provided. This meant people may not receive personalised support from staff who understood their needs, including their likes and dislikes.

Support plans had been developed for people using the service. However, these lacked detail and contained no information about people's preferences. The format of the support plan was a timetable specifying the dates and times the person was to receive support from the service. The support plan then only contained a very brief description of the support to be provided. These were short statements, such as 'assist with personal care' and 'prepare breakfast and assist with washing, dressing and meal preparation.' There was a box on the support plan to add general comments but this was left blank on all six support plans we viewed. There was no evidence people using the service had been involved in developing their support plans. This meant staff did not have access to personalised guidance to help them provide the support people wanted and to meet people's preferences.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had identified goals for people to work towards by the end of their initial six week period of intensive support. These were based around daily living skills to help the person regain as much of their independence as possible. For example, goals included for the person to be able to manage their own meals or their long term care needs. Other goals were based around people managing their own personal care or medicines. Although people had goals, there was no systematic approach evident to assess whether people had achieved their goals when they moved on from the service.

All of the people we spoke with were happy with the care and support they received. Nobody had any concerns or complaints. One person said, "None whatsoever [complaints]. They are brilliant." Another person told us, "I am absolutely pleased with everything. I couldn't fault any of them." A third person said, "I cannot find any fault with them. They are lovely." One family member said they had "no complaint." They told us, "They are very, very good." They went on to say, "Definitely is excellent, I couldn't complain." Information about how to complain was included in the service user guide. All people using the service are given a copy of the guide when they start using the service.

Is the service well-led?

Our findings

The service did not have a registered manager. The registered manager had left the service in October 2015. An interim manager was overseeing the service until a registered manager was recruited. The interim manager told us they were not intending to register with the Care Quality Commission to be a registered manager. Due to a lack of leadership and management, important aspects of the service had lapsed and were now overdue, such as mandatory training, supervision and EPM. We have asked the registered provider to confirm their plans for managing the HART service moving forward.

The registered provider's approach to medicines audits was ineffective. The acting manager told us MARs were checked during unannounced spot checks on support workers. They went on to tell us each support worker should be checked twice a year. We viewed records of these spot checks for 2014 and 2015. We found 20 staff out of 88 had not been checked at all. We found a further 46 staff had only been checked once and this was in 2014. These checks were ineffective in ensuring the quality of medicines records. This was because MARs would only be checked if the support worker happened to be administering medicines at the time of the spot check. Therefore, because of the ad hoc nature of the checks some MARs would not be checked at all. For example, there was no record any of the MARs we looked at had been checked to confirm they had been completed correctly. This meant there was a potential risk that medicines errors may not be identified and investigated.

The registered provider was not proactive in using the recommendations from quality assurance audits to deliver sustained improvement in the quality of people's care. The local authority commissioning team carried out annual quality assurance reviews to assess the quality of the service people received. We viewed the findings from the reviews carried out in November 2014 and January 2016. These looked at a range of areas, such as the quality of care plans, safeguarding, medicines and people's experience. We saw similar findings had been made at each review. However, the registered provider had not taken the necessary action to deliver improvements in these areas. For example, the commissioning review in November 2014 found 'the care plan contains limited information and basically just outlines the days and times of visits and care tasks required at each visit.' The January 2016 commissioning review and also our own inspection found the same issues. Other findings that had not been actioned included 'unaccounted gaps on MARs and the same training requirements consistently overdue as training is not offered and completed. These shortfalls were also identified during our inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the end of the six weeks people were asked to give their views about the support they had received from the service. We viewed the findings from people's feedback received during 2015. We saw people had given very positive feedback. For example: 89% of people stated they were 'always' treated with dignity and respect; 90% stated staff 'always' observed privacy; and, 95% of people described the service they received as either 'excellent' or 'good.'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care and treatment was not planned jointly with the person and care plans did not reflect people's preferences about how they wanted to be supported. Regulation 9 (3) (a) and 9 (3) (b).
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe or unsuitable care and treatment because records and systems operated by the registered provider did not support the safe management of medicines. Regulation 12 (2) (g).
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service provider did not have suitable arrangements in place to ensure persons employed by them received appropriate training, supervision and appraisal to enable them to carry out their caring duties effectively. Regulation 18 (2) (a).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have effective systems to assess, monitor and improve the quality and safety of the service provided to service users. Regulation 17 (1) (a).

The enforcement action we took:

A warning notice was issued to the registered provider.