

London Borough of Greenwich

# Royal Greenwich Re-ablement Service

## Inspection report

Woolwich Centre, 2nd floor  
35 Wellington Street  
Woolwich  
SE18 6HQ

Tel: 02089213383

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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 inspection took place on 7 and 9 June 2016 and was announced. At our last inspection on 14 May 2013, we found the provider was meeting the regulations in relation to outcomes we inspected. The Royal Greenwich Re-ablement Service provides personal care for people living in their own homes within the Royal Borough of Greenwich. It is a short term programme to promote independence and rehabilitation. At the time of this inspection 55 people were using the service.

The service did not have a registered manager in post. The previous registered manager left their post in April 2016. The provider had appointed a new manager to run the service. The new manager had begun the process of applying to the CQC to become the registered manager for the reablement service.

People using the service said they felt safe and that staff treated them well. Staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. There were enough staff on duty to meet people's care and support needs. Appropriate procedures were in place to support people where risks to their health and welfare had been identified. Medicines were managed safely and people were receiving their medicines as prescribed by health care professionals.

Staff completed an induction when they started work and they were up to date with the provider's mandatory training. The team manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation. People's care files included assessments relating to their dietary needs and there were appropriate arrangements in place to ensure that people were receiving food and fluids. They were encouraged and supported to cook for themselves. People had access to a GP and other health care professionals when they needed it.

People were provided with appropriate information about the service. People said they had been consulted about their care and support needs, staff were caring and helpful and staff treated them with dignity and respect. People were receiving appropriate care and support that met their needs. People's care plans provided information for staff on how to support people to meet their needs. People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

The provider recognised the importance of monitoring the quality of the service provided to people. They took into account the views of people using the service through satisfaction surveys and telephone monitoring calls. The provider carried out unannounced spot checks to make sure people were supported in line with their care plans. Staff said they enjoyed working at the service and they received good support from the managers and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

## 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 ●

There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures.

There were enough staff to meet people's needs. Appropriate recruitment checks took place before staff started work.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified.

Medicines were managed safely and people were receiving their medicines as prescribed by health care professionals.

### Is the service effective?

Good ●

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People's care files included assessments relating to their dietary needs and there were appropriate arrangements in place to ensure that people were receiving food and fluids. They were encouraged and supported to cook for themselves.

People had access to a GP and other health care professionals when they needed them.

### Is the service caring?

Good ●

Staff treated people in a respectful and dignified manner. People's privacy was respected.

People using the service and their relatives, where appropriate, had been consulted about their care and support needs.

People using the service and their relatives were provided with appropriate information about the service.

### Is the service responsive?

Good 

People's needs were assessed and they were receiving appropriate care and support that met their needs.

The purpose of the service was to support and encourage people to regain their independence following discharge from hospital. Care plans provided information for staff on how to support people to meet their needs.

People using the service and their relatives knew about the providers complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

### Is the service well-led?

Good 

The service did not have a registered manager in post. A new manager had been appointed and had begun the process of applying to the CQC to become the registered manager for the reablement service.

The provider recognised the importance of monitoring the quality of the service provided to people. They took into account the views of people using the service through satisfaction surveys and telephone monitoring calls.

The provider carried out unannounced spot checks to make sure people were supported in line with their care plans.

Staff said they enjoyed working at the service and they received good support from the managers and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

# Royal Greenwich Re-ablement 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 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 7 and 9 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a home care service and we needed to be sure that someone would be in. The inspection team comprised of one inspector who attended the office on both days. They visited and spoke with six people using the service and two relatives at their homes on the first day of the inspection. They spoke on the telephone with two people using the service, and a relative of another person using the service. They spoke with five members of staff, a team manager, quality manager and a service manager. They also looked at the care records of six people who used the service, staff training and recruitment records and records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person told us, "I think I am safe with them. I would be a lot worse off if they didn't come to look after me." Another person said, "I feel safe with the staff, they wear their uniforms and show me their identification cards when they come so I know who they are."

The service had policies for safeguarding adults from abuse. The team manager and staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse. Staff said they would report any concerns they had to the team manager or office staff. The team manager told us they would report their concerns to the safeguarding team. The team manager told us they and all staff had received training on safeguarding adults and training records confirmed this. Staff said they were aware of the provider's whistle-blowing procedure and would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We looked at the personnel records for the last member of staff to start working at the service. We saw a completed application form that included references to the staff's previous health and social care work experience, their qualifications and full employment history, two employment references, proof of identification and evidence that criminal record checks had been carried out. The provider had an equal opportunities policy. We saw they had applied this policy when they recruited staff.

People using the service, their relatives and the team manager told us there was always enough staff on duty to meet people's needs. One person said, "My care worker is never late, they always come when I expect them." Another person said, "The staff come on time and do what they have to do to help me. I have never had a late call." A relative told us, "The staff turn up when they are supposed to." The team manager said staffing levels were arranged according to the needs of people using the service. If extra support was needed to support people to attend health care appointments, additional staff cover was arranged.

Action was taken to assess any risks to people using the service. We saw that people's care files, both in their homes and at the office, included risk assessments on, for example, moving and handling and self-medicating. The risk assessments included information for staff about action to be taken to minimise the chance of risks occurring. We also saw risk assessments had been carried out in people's homes relating to health and safety and the environment. People could access support in an emergency. One person told us, "I have the folder they gave me. It's got the office number on the front so I can call them if I need any help." Another person said, "I know how to contact them if I need to. I also have a pendent I wear around my neck. I just have to press it and someone will call me to make sure I am ok." We saw that the provider's contact details were clearly displayed on the front of care folders kept in people's homes.

People using the service told us they managed their own medicines or received support from family members to take their medicines. Some people told us staff just reminded them to take their medicines or asked them if they had taken their medicines and recorded their response in their daily notes. Each person's care folder held a self-medicating risk assessment. This indicated if the person could manage their

medicines independently or if they required a prompt from staff. The manager told us if any person required support to administer their medicines this would be done by a district nurse. Where people required prompting to take their medicines we saw that this was recorded in their care plans. We saw records of medicines people had been prescribed by health care professionals and records completed by staff confirming that people had taken their medicines. One member of staff told us, "I have had training on administering medicines even though I do not administer medicines to people. I just prompt them to take it. If they are having a problem taking their medicines I tell the manager and one of our nurses will visit. They will sort things out with the persons GP and the district nursing team. Whenever I prompt people to take their medicines I record this in their daily diary." Another member of staff said, "I am not permitted to administer medicine to people. I just prompt and when they have taken their medicines I record that in the daily diary. There is a list of people's medicine in the persons care file, usually the medicines they come out of hospital with." All of the staff we spoke with told us they had received training on administering medicines and training records confirmed this.

## Is the service effective?

### Our findings

People told us staff understood their care and support needs. One person using the service said, "My carer is great, they know all the things he needs to do for me." Another person said, "The staff must be well trained, I don't need to tell them anything because they all know what they are doing."

Staff received appropriate training and supervision. One member of staff told us initial shadowing visits with experienced members of staff had helped them to understand people's needs. Another member of staff said they had a very good induction when they started work. They shadowed experienced staff before they were permitted to work with anyone. And they were up to date with all of the mandatory training. All of the staff we spoke with told us they received regular supervision and an annual appraisal. Records confirmed that staff were receiving regular supervision and, where appropriate, an annual appraisal of their work performance. The team manager told us that all new staff were required to complete an induction in line with the Care Certificate. The Care Certificate was introduced in April 2015 and is the benchmark that has been set for the induction standard for new social care workers. We saw that the most recently recruited member of staff had completed this induction.

Records showed that all staff had completed an induction programme when they started work and training that the provider considered mandatory. This training included emergency first aid, medicines administration, manual handling, infection control, safeguarding adults, health and safety, dignity in care and the Mental Capacity Act 2005 (MCA). The team manager told us that staff would not be permitted to support people with specific care needs or medical conditions unless they had received the appropriate training. We saw that staff had received training relevant to the needs of people using the service including blood sugar monitoring, diabetes and diet and nutrition.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the agency was working within the principles of the MCA. The team manager told us that people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Where people required support with eating and drinking or cooking meals this was recorded in their care



plans. A member of staff told us they prompted independence by encouraging people to buy their own food and cook for themselves. One person using the service told us, "I don't need any help with cooking. I can do that for myself but the staff always check that I have something in." Another person said, "The staff help me in the kitchen so I can regain some confidence. They encourage me to cook meals for myself."

Staff worked closely with health care professionals such as GP's, district nurses, occupational therapists and physiotherapists. They monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. One member of staff told us, "If I saw someone was unwell I would call for the GP, or an ambulance if I thought there was an emergency. I recently visited one person and found them on the floor. They told me they had a pain in their wrist so I called an ambulance, I waited with them until the ambulance came and took them to hospital. I called our out of hours team to let them know what happened and they arranged for staff to cover my other jobs. I recorded everything in the person's daily notes."

## Is the service caring?

### Our findings

People using the service and their relatives said staff were caring and helpful. One person using the service said, "The staff are great, they are very caring and always treat me with respect." Another person said, "I get really good care. The staff have given me lots of support. The good thing is that I know the team are there whenever I need them." A third person said, "I am very impressed with the support I receive. I get very good care." A relative told us, "We are happy with the care provided by the service. The staff are really very good." Another relative told us, "The staff are really happy, kind, caring and bubbly people. They make us feel good. They really do know what they are doing. All the help they give my partner takes a great weight of my shoulders. They are not only helping my partner, I am benefitting too."

People said they had been consulted about their care and support needs. One person told us, "The reablement team are brilliant, they make sure I get everything I need. They met with me, we went through all of the referral information from the hospital and they put a plan of action in place to care for me." Another person told us, "The reablement team came to see me after I came out of hospital. They asked me what I wanted help with. They are always asking if I am satisfied with the service. It's obvious to me that they like looking after people."

People were treated with dignity and respect. One person told us, "I am always treated with respect. The staff are quite sociable and we have good chats. That lifts my spirits up and makes me feel better because it's nice to have someone to talk to." A relative told us, "The staff are always friendly and respectful to our relative." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. One member of staff said, "I recently completed training on dignity in care. That was really helpful and raised my awareness of people's needs. When I am supporting anyone with personal care I always make sure the doors are closed and curtains are drawn. I put a towel over them and I always explain what I am doing for them." Another said, "If a family member was at the person's home I would ask them politely to leave the room before I start providing personal care. I always include the person in making decisions about the care, for example I ask them how they would like me to help them or ask them what clothes they would like to wear."

People were provided with appropriate information about the service in the form of a 'Service Users Guide'. The manager told us this was given to people when they started using the service. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect.

## Is the service responsive?

### Our findings

People told us their needs had been assessed and they had care plans in place. One person told us, "My needs are certainly being met. Right from the start, they assessed my needs and they asked me what I needed. They are doing all of what they said they would." Another person said, "The staff are great but by the time I got to know them the package is over. They've been a great help getting me back on my feet."

People were receiving appropriate care and support that met their needs. People were referred to the reablement service by hospital discharge teams, the joint emergency team and social services. Care plans were developed using the referral information and included detailed guidance for staff about how people's needs should be met. Multi-disciplinary meetings were held on Monday mornings. These meetings were attended by team managers, senior support workers, physiotherapists, occupational therapists and nurses. The purpose of the meetings was to assess whether people could safely discontinue using the service or if an on-going package of care was required. If a person required an on-going package of care the reablement team made a referral to social services.

The reablement service had involved people using the service and their relatives, where appropriate, in the planning and assessment process in order to establish how they wanted to be supported. The care plans provided guidance to staff on how they should support people, for example, with their personal care and mobility needs. A member of staff told us, "The reablement team work closely with GP's and district nurses. We also have our own team of health care professionals such as occupational therapists, physiotherapists and nurses. Any advice from them on how to support people with their care need is recorded in their care plans and we follow that advice."

All of the staff we spoke with told us that the purpose of the service was to support and encourage people to regain their independence following discharge from hospital. One member of staff said, "Some people need support with mobility or making simple meals. Some people have ready meals delivered and we show them how to prepare these." One person using the service said, "I came out of hospital two weeks ago and the hospital referred me to the reablement team. A member of staff came to see me very quickly and we talked about my care needs and what they could do to help me. They also made referrals to an occupational therapist and a physiotherapist for me. The staff are helping me with what the physiotherapist planned and I was out today for the first time since I left hospital for a short walk."

People told us they knew about the complaints procedure and they would tell the staff or the manager if they were not happy or if they needed to make a complaint. One person using the service said, "I've got the office number to call if I have any concerns. I don't have any problems with the service but if I did they would be the first to know and that's for sure." Another person said, "I saw the complaints procedure in the information they gave me so I would know what to do. I am sure if I had to make a complaint the manager would do all they could to resolve it." The quality manager showed us a complaints log. The log included a copy of the complaints procedure and forms for recording and responding to complaints. They showed us records from complaints made to the service. We saw that these complaints had been fully investigated and responded to appropriately.

## Is the service well-led?

### Our findings

People using the service and their relatives spoke positively about the service. One person said, "I think the service is very well run. The staff are great." Another person told us, "It all appears to run quite smoothly, like clockwork." A third person said, "The service is amazing. They are all so professional. It all runs very well, if I need anything I can contact the office. I think it's well managed." A relative told us, "The service is great. The staff are great. I think it's really well run and organised."

The service did not have a registered manager in post. The previous registered manager left their post in April 2016. The provider had appointed a new manager to run the service. The new manager told us they had worked for the service for fourteen years as a team manager and quality manager. They had begun the process of applying to the CQC to become the registered manager for the reablement service.

All of the staff we spoke with said they enjoyed working for the service and they received good support from managers and the office staff. There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. One member of staff said, "It's a good place to work. The managers are very supportive. If I have any problems I just call them and it's all sorted." Another member of staff told us, "I love working for the reablement team. I am getting paid for doing something I really enjoy. Not many people can say that. It's great when I see people getting better and regain their confidence. It's very rewarding." A third member of staff said they had worked at the service for twenty-nine years and many of the other staff had been there a long time too. They told us the low staff turnover meant that people using the service were receiving care and support from very experienced staff.

Staff meetings were held every month. These were well attended by staff. Items discussed at the April 2016 meeting included meeting people using the service goals, supporting people with therapy's, emergency risk assessments and the out of hours on call system. A member of staff told us, "I enjoy the meetings. We can pass on information about people's needs. The managers listen to the team and are really supportive." Staff were provided with a quarterly newsletter. The March 2016 edition included information for staff on the CQC and health and safety requirements, Human Rights and compliments from people who had used the service.

The provider recognised the importance of regularly monitoring the quality of the service. We saw records of unannounced spot checks carried out by the quality manager on care staff to make sure they turned up on time, wore their uniforms, identification cards and supported people in line with their care plans. A member of staff told us, "The spot checks are unannounced and can happen at any time, they don't tell us when they coming. I had a spot check recently. The quality manager made sure I was doing what I was supposed to be doing and that I had my identification card, that I was wearing the correct shoes for moving and lifting and that I had plenty of gloves and aprons."

The quality manager also recorded the views of people using the service during the spot checks. Another member of staff said, "The last time I had a spot check the quality manager checked that I was following the person's care plan. They also checked with the person I was supporting to make sure that I was doing things

right." We also saw records that demonstrated regular audits were being carried out. These included staff training, supervision and appraisals, and care file audits. We saw satisfaction surveys were carried out each year and regular telephone monitoring calls were made to people using the service to gain their views about the service. The quality manager told us they used feedback from the spot checks, surveys and telephone monitoring calls to constantly evaluate and make improvements at the service.