

Redcar & Cleveland Borough Council

Recovery and Independence Team

Inspection report

Low Grange Health Village
Normanby Road
Middlesbrough
Cleveland
TS6 6TD

Tel: 01642513668

Date of inspection visit:
19 November 2019
20 November 2019

Date of publication:
24 December 2019

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

About the service

Recovery and Independence provides short term care and support for people living in their own homes to support with recovery from illness or injury. The service has two distinctive roles, a rapid response service which provides support to people for up to seven days, and a recovery and independence service which provides reablement support for up to six weeks. Some people who access the service are living with dementia and/or mental health conditions. At the time of the inspection there were 32 people receiving personal care from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People and their relatives told us they were extremely happy with the care and support they received. People said, "Staff are extremely caring and always manage to cheer me up and lift my spirits" and "Staff always go the extra mile, they are a credit to the team."

Through good care planning people had become significantly more independent and less socially isolated. People were supported to access new activities, which had led to the development of hobbies, friendships, self-confidence and independence. Care and support plans were person-centred, detailed and followed in practice to achieve people's outcomes. It was clear staff and the management team were extremely dedicated, committed and passionate about the people they supported.

All staff told us the management team were caring and supportive and that everyone worked together to ensure people received the highest standards of support to regain their independence. Staff spoke passionately about working for the organisation and told us how they cared for people like they would for their own family.

The management team made every effort to ensure people received their support from a consistent staff team who quickly built trusting relationships with people and were knowledgeable about their likes, dislikes, communication needs and preferences.

Staff were safely recruited, well- trained and supported with personalised training programmes. An out- of- hours service was available to support staff with any emergencies. Staff understood the procedures they needed to follow if they suspected abuse and were confident these would be acted upon by managers. Staff told us they felt listened to and were part of an organisation that cared for their well-being as well as the people they were supporting.

People and their relatives told us how staff treated them with the greatest respect for their dignity and

privacy. We heard evidence of trusting, caring relationships and a clear commitment to support people at difficult times with compassion, respect and kindness.

People were involved in decisions about the care they received from the very beginning and throughout their time with the service. Staff knew how to communicate with each person to help them to make choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported safely and risks regarding their health were assessed and met. Risks to people's home environment were identified and action taken to reduce risk. Where people required support with their medicines, these were administered safely and in accordance with the prescribing instructions

Systems were in place to help staff keep safe while lone working. Regular audits and spot checks were carried out; people were asked their views in person and via questionnaires and changes were quickly made if issues were identified. The service learned from incidents, concerns or accidents to help prevent a reoccurrence .

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 27 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Recovery and Independence Team

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one Expert-by- Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Recovery and Independence is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure the registered manager and staff would be available to speak with us.

Inspection activity started on 19 November 2019 and ended on 20 November. We visited the office location on 19 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, deputy manager, care coordinators, an occupational therapist, supervisors and support staff

We reviewed a range of records. This included four people's care, support and medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records were reviewed relating to the quality monitoring of the service, policies and procedures.

We sent out surveys to those staff who we did not meet, 19 were returned and completed sharing their experience of working for the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and further quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People told us they felt safe with the services provided. One person said, "I am safe and well looked after, it's good to know that I can return to my own home and improve rather than having to go into a care home."
- Staff told us they would not hesitate to report any safeguarding concerns to the management team and were confident action would be taken to keep people safe.
- The management team worked closely with other relevant authorities to make sure people were protected from abuse and avoidable harm.
- People were supported by a consistent and stable staff team. One person told us, "I usually get the same staff, they are always checking I have eaten." There were enough staff employed to meet people's needs.
- Safe recruitment procedures continued to be followed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks were assessed and monitored. Staff could explain to us how they minimised risks to people's health and well-being.
- Staff received training which ensured the safe use of equipment. This included the use of specialist equipment to support people to live at home safely with complex healthcare needs.
- Contingency plans were in place to support people in emergency situations for example, adverse weather conditions or electrical failures in the team office.
- Systems were in place to prevent the spread of infection. Staff had access to personal protective equipment such as disposable gloves and aprons.

Using medicines safely

- A safe system was in place to manage medicines.
- People told us they received their medicines as prescribed. One relative told us, "The staff check [relative] has taken their tablets and are correct. I do not live in the area, it is such a peace of mind for me."
- Accurate records of when medicines were administered, prompted or refused were kept which were audited by the management team each month.

Learning lessons when things go wrong

- There was a system in place to record and monitor accidents and incidents. These were monitored to check for any themes or trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began to use the service. Assessments were used to devise a plan of care that was individual to the person and following best practice guidelines.
- Staff understood the importance of following people's care plans and made sure they were kept up to date with people's progress.

Staff support: induction, training, skills and experience

- People were cared for by staff who were supported, trained and experienced. One person told us, "The staff are exceptional, they show patience, care and kindness towards me always." One relative said, "I can only comment on what I have seen, and I have watched professionalism and quality care."
- Staff told us they received extensive training to enable them to meet people's needs. This was confirmed by training records. The therapy team working within the service delivered specific training to staff to support people's rehabilitation and recovery.
- A supervision and appraisal system were in place. Staff told us they felt supported.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were supported by staff to eat and drink enough. Care plans recorded where staff were required to ensure drinks and snacks were left for people. Records were in place for monitoring people's food and drink.
- Staff worked closely with a local food bank to ensure when needed, people had enough food during times of crisis.
- Staff worked with other health professionals to make sure people received food and drinks according to their needs. Care plans were updated following assessments by a speech and language therapist (SALT) to reflect any recommendations needed to minimise risks for people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in close partnership with other professionals to ensure people's needs were met. For example, contacting the GP or district nurse. One relative told us, "[Person] needed GP support, the staff were on the phone as soon as they arrived and realised the situation."
- People were supported by staff to access a range of healthcare appointments to support their health, wellbeing and recovery.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff followed the legal requirements of the MCA.
- When required, people were supported to make decisions. Care plans clearly set out the support people needed with decision making. One person told us, "I'm allowed to choose what I want to do, I'm not told what I should do."
- Where people lacked mental capacity to make specific decisions, procedures were in place to ensure these were made in the persons best interests and involved professionals and people important to the person. One relative said, "The best thing is knowing that if we cannot be there the staff will do their best on our behalf."
- Staff worked in a way which respected people's wishes. People were supported to take positive risks which supported them to regain independence.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff were highly motivated to provide care and support which was person centred, kind, compassionate and focused on achieving the best outcomes for people. One person told us, "The carers understand the need for privacy and avoiding any awkward moments. I didn't think I would cope but because of how they deal with things I am fine."
- Staff spent time getting to know people's preferences and used this knowledge to care for them in the way they liked. For example, one person's preference for having female care staff was respected and clearly documented in their care plan.
- Staff could clearly explain how they respected people's right to have their privacy and dignity promoted. One member of staff said, "I always ask first and take each person as they are because no two people are the same and just think how I would feel in their position."
- Staff were trained in equality and diversity and the provider had an equality and diversity policy in place to protect people and staff against discrimination. People's cultural and spiritual needs were respected.
- Staff supported people to regain their independence. People were respectfully encouraged to do things for themselves. Care plans clearly reflected the steps staff should take to encourage people to become independent. One person said, "Staff have taken me from needing full time support to me doing it myself, now that's progress."

Supporting people to express their views and be involved in making decisions about their care

- Care and support plans emphasised people's rights and choices about their care. People and were actively involved in care planning and reviews.
- Staff worked in partnership with people and empowered them to have a voice and share their views. One person said, "Staff always explain what they are going to do before they do it and ensure I am OK with that."
- Staff used appropriate communication methods to support people to be involved in their care planning and reviews.
- People were supported by advocates when required. Advocates help to ensure people's views and preferences are heard where they are unable to voice and express their own views.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Person-centred care was embedded throughout every aspect of the service and captured in people's care plans. One person said, "My guilty pleasure is when staff take time to sit and talk."
- Every person and relative spoken with told us how responsive and flexible the management and staff team were in acting quickly to step in and prevent crisis situations. One relative said, "The staff are truly fantastic, they stay until [relative] is comfortable and settled." Requests for rapid response support were acted upon within two hours empowering people to remain living in their own homes.
- Staff quickly developed knowledge of each person's likes and preferences. This included signs of pain and individual communication styles, creating a person-centred service.
- A new joint therapy assessment tool had been developed which had "influenced staff skills with the result of improving mobility outcomes for people and reducing falls."
- An out-of-hours service was operated ensuring any concerns from staff, people and relatives were addressed immediately and referred to relevant professionals when required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Through care planning and staff commitment, people were enabled to return to living a fulfilled life, accessing the local community and rebuilding contact with family and friends to prevent social isolation. One person said, "The anxiety and loneliness were stopping my recovery, that has now been removed thanks to the wonderful care from staff."
- P were supported to engage with community groups, volunteering roles, apply for benefits and have adaptations made to their homes so they could live as independently as possible at the end of the service.
- The management team ensured people continued with their recovery and independence at the end of the service. People were contacted to see how they were doing and ensure their recovery continued with support from other services. One manager said, "We don't stop caring when our service stops, we make sure people continue to live fulfilled lives and know we are always here for them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was a strong focus on treating people with equality. People's individual care plans identified their communication needs which were clearly understood by staff.

- Information was provided in an accessible format to support people using the service. This included pictorial, easy read and records in other languages.

End-of-life care and support

- At the time of inspection no-one was receiving end-of-life care. However, staff spoke passionately about supporting people and their families during their end of life. Staff were dedicated to respecting people's religious beliefs and preferences and ensuring the care provided followed good practice guidance.
- We heard how staff quickly built trusting relationships with the person and their family, working in partnership with other professionals to ensure the person received a comfortable, dignified and pain-free death.

Improving care quality in response to complaints or concerns

- The management team created an open and transparent culture, where complaints and concerns were used as an opportunity to learn and improve the service. One person said, "I had a concern and spoke to the manager, it was actioned immediately, and I was given feedback."
- People told us they could feedback their experience about the care they received in a range of ways. This included through reviews, surveys, support groups, meetings and events.
- People and their relatives were extremely complimentary about the service they received. One relative said, "Staff have all the attributes of excellent carers. They understood my [relative] immediately and picked up on her memory loss."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The management team planned and promoted holistic, person-centred, high-quality care which achieved positive outcomes for people. The providers values and culture were embedded throughout the service which ensured people were at the heart of the support they received.
- The management team shared their purpose and vision to motivate staff and promote a high level of satisfaction. Staff told us they were proud to work for the service and spoke positively about the support they received from the management team.
- The management team and staff worked together to promote a service that could be relied upon to respond quickly and achieve the best outcomes for people receiving care.
- Staff were matched to people in line with their preferred wishes and choices to provide consistent, personalised support.
- The staff worked in partnership with people and relatives. One relative said, "Staff see [relative] every day and can spot any changes and problems, they always call us, this gives us peace of mind."

Working in partnership with others

- The management team worked in partnership with other community health professionals who they shared their premises with. Staff, people and their relatives had access to these professionals whenever they needed specialist advice and support. One member of staff said, "We can contact the therapy team directly when we need any support, advice or equipment for people, it makes the service much more person-centred."
- The management team worked in close partnership with others to build a seamless service for people transitioning in and out of hospital and care homes. This support was essential to support people to start rebuilding their lives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The management team showed a clear commitment to provide a high-quality service which ensured people could achieve their outcomes and aspirations, living fulfilled and enriched lives as possible.
- We found the provider's mission statement to be fully implemented and was integral to the high standards of care and support provided by the staff. This was endorsed by the many positive examples that people shared with us regarding the impact to their lives.
- Everyone spoken to told us the service was managed well. One relative told us, "This is a fantastic service,

we have complete trust in the management and staff and would highly recommend them without hesitation.

- The management team planned service developments following good practice guidelines and health publications to enhance the care and support of people.
- Therapy staff had extensive knowledge of people following illness or injury. They shared their knowledge and expertise with staff, people and their relatives to improve outcomes.
- Robust quality monitoring systems were in place and used effectively to monitor the service in achieving people's outcomes. Audits and checks were completed on a regular basis by the management team. Regular spot checks and reviews were in place to ensure high standards of care were met and maintained.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The principles of the duty of candour were embedded within the registered managers practice and throughout the service. The registered manager was open and honest in response to any complaints and worked in partnership with other agencies to make improvements.
- The registered manager demonstrated sound knowledge of their regulatory obligations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There was a positive culture of engaging with people, relatives and staff to obtain feedback. The management team were passionate about using feedback to improve people's care and outcomes.
- The management team continually worked to develop services under the 'Pathway to Independence. The registered manager told us they are developing the service further to reduce social isolation as research showed how this had a "huge impact on people's wellbeing and recovery."
- The registered manager attended the North East regional registered manager meetings where they shared their good practices, information and service developments.