Manchester City Council - Adult Directorate

North Reablement Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
North Reablement Service is a domiciliary care service which provides personal care to people living in their own homes. As a reablement service it aims to help people regain the ability to perform their usual activities, so they can do remain independent and live in their own home. People using the service usually receive a time-limited package of care of around six weeks duration. The service predominantly provides support to older adults who have recently been discharged from hospital. At the time of our inspection the service was supporting 42 people.

People's experience of using this service and what we found:
At the time of our inspection the service was not always following best practice guidelines around supporting people to manage their own medicines. However, a new policy had been introduced with relevant training planned for all staff to take place shortly after our inspection.

People told us they felt safe and that visits helped to reduce anxiety. Care staff understood how to keep people safe, and any potential risks were assessed as an ongoing process. Staff understood and implemented the service's safeguarding procedures and were vigilant to any signs of abuse.

There were enough staff to meet assessed need. Rotas allowed enough time to support people and get to know their needs and requirements. Recruitment records contained enough information to show staff suitability to work with vulnerable people. A computerised system to allocate calls meant calls were extremely rarely missed. If staff were going to be late for appointed visits, people told us that they would receive a phone call to let them know.

Staff understood the importance of infection control and were knowledgeable about diet and nutrition. When we asked people for whom care staff prepared meals they told us the food was cooked to their liking.

Staff were well trained and competent. The service had access to a range of training to improve staff knowledge and understanding. They received supervision and their performance was monitored during spot checks in people's homes.

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/ did not support this practice. Independence and choice were encouraged.

We received good feedback from people about the way their care and support was delivered. They told us that the staff were friendly and established a good rapport. Their privacy was respected.

Good care records, which were regularly reviewed, indicated people's needs and how they wanted to be supported. People were involved in planning their care and agreeing goals. Staff monitored people's

progress toward achieving their goals through review, and any ongoing needs were identified. case notes gave an indication of changes in need and any issues to be addressed.

Staff felt supported by the management team, and regular audits were conducted. The service worked closely with other health and social care professionals to provide people with good quality, co-ordinated care.

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 04 August 2016).

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.

North Reablement Service

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
This inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 22 May 2019 and ended on 23 May 2019. We visited the office location on both days and visited people in their own homes on the second day.

What we did before inspection
We reviewed information we had received about the service since the last inspection. This included the previous inspection report and statutory notifications from the service since our last inspection. Statutory notifications are information that services are required to send to CQC about significant events such as deaths and serious injuries. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We visited and spoke with five people who used the service and three relatives. We spoke with the registered

manager, one team leader, and four support workers. We observed how staff cared for and supported people. We reviewed six people's care records, eight staff records, and other records to show how the service was run. This included training and supervision records, minutes from meetings, accident/incident records and quality assurance records.

Good

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.

Using medicines safely:
- The service aimed to maximise people's independence. This included supporting people and empowering them to manage their own medicines. The service had a policy which it recognised was not in line with current guidance. Staff following the policy could only prompt people rather than administer medicines. They could not prompt if medicines were separately packaged, rather than being provided by pharmacists in blister packs. To counter this one person told us that their care staff had arranged with the dispensing chemist to have their medicines provided in a blister pack and told us this helped them to make sure they didn't miss taking any tablets.
- The service manager told us that they had recognised the shortfalls in the medicine policy and had reviewed this in line with the National Institute for Health and Care excellence (NICE) guidance. A new policy had been produced and was due to go live once staff had completed training shortly after our inspection.
- People who required support with their medicines told us staff were competent and knowledgeable about the medicines they were taking. As part of their induction, staff received training in the safe management of medicines and competency checks were carried out at least once yearly.

Systems and processes to safeguard people from the risk of abuse:
- One person told us, "I have a key safe, they keep the numbers in their head. Any new staff, they'll show me their identity badge as soon as they come in". Others said staff were attentive to their security and prior to leaving would check the doors and windows and ensure that they were left with easy access to anything they needed, such as phones, cold drinks and snacks and mobility aids.
- They told us staff helped to make them feel safe. One person remarked, "My support workers make me feel safer, stop me from getting anxious. Little things can play on my mind, but they'll listen to what's on my mind and give me lots of reassurance.
- The registered manager understood their responsibility to safeguard people from abuse. The safeguarding procedures were in line with local authority policy and staff understood how to protect people, identify any concerns and report suspicion of abuse.
- Concerns and allegations were acted on to make sure people were protected from harm.
- Staff had been trained in safeguarding and how to recognise the signs of abuse.

Assessing risk, safety monitoring and management:
- There were clear risk assessments in care plans. Where people used equipment such as hoists, slings or slide sheets monthly checks were undertaken, and any faults reported to the appropriate service.
- Risk assessments were linked to the person's support needs and these were reviewed regularly.
- Environmental risks were assessed, including entry, fire risks, heating and lighting.

Staffing and recruitment:

● The provider had appropriate recruitment checks in place. This included reference checks from previous employment and checks with the disclosure and barring service (DBS). This helped to protect people from the risks of unsuitable staff being employed to support them.

● Interview questions and answers stored on staff files showed that the service checked potential support workers had the right values and aptitude to work with vulnerable people. We were shown a compliment which read, 'Congratulations on your selection and appointment of such understanding and caring people to visit people like myself who desperately needed serious help to cope day to day.'

● There were enough staff to meet assessed need. The timing of visits allowed enough time to support people and get to know their needs and requirements, and computerised systems to allocate visits meant calls were rarely missed. People told us that staff were occasionally late, but they would receive a phone call to let them know.

● Staff work in small teams across geographical patches. This kept consistency and allowed staff to build relationships and understanding of people's needs and abilities.

Preventing and controlling infection:

● Care staff had completed infection control training and were issued with personal protective equipment (PPE) such as disposable gloves and aprons. We saw staff coming into the office on the day of the inspection to pick up gloves and aprons and there was a plentiful supply

● Unannounced spot check visits were completed by the manager to ensure care staff followed the infection control procedures and used PPE when carrying out personal care, food preparation and handling.

Learning lessons when things go wrong:

● The service maintained a log of any accidents and incidents and we saw that this was used to look at how the service could prevent similar issues arising in the future.

Good

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:

- The service shared office space with the primary assessment team (PAT), who would complete initial assessments. Working in close proximity with health service professionals such as occupational therapists, nurses and pharmacists meant the service had access to ongoing support and advice from the multi-disciplinary team.
- Where people were discharged from hospital into the service a holistic assessment was completed by the discharge to assess (D2A) arm of the service. A support worker with this team explained, "We work with people for the first few days to develop a good understanding of need and develop a plan to assist them. if more calls are needed this can be quickly arranged. We have good access to occupational therapists and can arrange for any equipment such as rails, frames or perching stools to be delivered."
- One person told us, "I've been involved in planning my care from the start. [The service is] very flexible; they can accommodate me, and they adapt their rotas to fit in with me. We arrange the times of visits together. They come very early in the mornings to help me out of bed, then it's finding a happy medium. I started with four visits now it's cut down. I've made a massive improvement thanks to their help and support".

Staff support: induction, training, skills and experience:

- All new staff undertook a thorough induction. Any staff new to the caring profession completed the care certificate. This is a professional qualification which aims to equip health and social care staff with the knowledge and skills which they need to provide safe and compassionate care. Staff were supported to undertake further professional qualifications.
- Refresher training helped staff to keep up to date with their knowledge and meet the needs of people who used the service. A training matrix allowed the registered manager to ensure that people remained up to date with their training.
- A member of staff told us " Training is really good, much is e-learning but we are given time to complete this. Further training is done face to face, such as moving and handling".
- The service was keen to support staff's understanding of the people they supported. For example, they had arranged for the Alzheimer's Society dementia community roadshow to visit in order to raise staff awareness of the realities of living with dementia. Staff who attended this event told us that it provided a real insight into living with dementia.
- Staff felt supported by their team leaders, and told us that they kept in regular contact. Team leaders were responsible for formally supervising the staff on their team and the service kept a record of when these had occurred. However, we saw that this had not always been completed. We reminded the registered manager to ensure that staff had access to regular supervision. Staff told us that they found supervision useful; one

support worker told us, "Supervision is good. We get plenty of notice and are encouraged to prepare. We're given privacy and helped to reflect on issues, case work and our performance."

Supporting people to eat and drink enough to maintain a balanced diet:
● Staff recognised the importance of helping people to maintain a good diet, and we saw care plans indicated how to ensure good nutrition and hydration. They were trained in nutrition and hydration and the importance of keeping people healthy and eating a balanced diet.
● People told us staff checked they had a drink, and if necessary would leave a cold drink nearby when they completed their visit. When required, people told us staff supported them to prepare meals. One person told us, "My care staff can rustle up a good meal".

Staff working with other agencies to provide consistent, effective, timely care:
● The service worked with other community stakeholders, such as the housing provider, social workers, local authority and medical professionals, to ensure effective care for people and that their needs and wishes were met.
●People told us that there was continuity of care. People had visits from regular care staff. This meant they were supported by people who were familiar with them and knew how they liked their needs to be met.

Supporting people to live healthier lives, access healthcare services and support:
● The service worked closely with other health and social care services to meet people's needs and support their reablement. The registered manager told us that sharing office space and a shared goal with community health professionals meant that any health concerns could be resolved quickly.
● Each morning would begin with a multi-disciplinary staff 'huddle' to discuss issues such as changes in health needs. A support worker told us, "The daily huddle is really good. We can discuss needs, and someone might have a solution to a problem we come across. It helped me to identify a need for a perching stool and a quick physiotherapy assessment for someone I was working with".
●Care files provided contact details for a range of services, and we saw staff had worked with other professionals such as physiotherapists, GPs, district nurses and occupational therapists to ensure people's needs were met.
●As a reablement service, provision to people was normally limited to a period of up to six weeks, but the registered manager told us that there was some leeway in this. Where ongoing care and support was identified the service worked with other providers to ensure a smooth transition to ongoing care. This could sometimes include joint visits with new providers to ensure continuity and help people become accustomed to the new service.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
● Staff had received training to ensure their knowledge and practice reflected the requirements set out in the MCA.
● Each person using the service who had capacity had been involved in decision making about their care. Care files included consent forms, which people had signed to agree to the care and support provided.
● People we spoke with confirmed staff sought their consent before undertaking any care task or entering their home. They told us that staff would always offer choices around how their care was provided.

Good

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:

- People spoke positively about the care they received. One person said, "The care is good, I can't fault them. The carers listen to what I've got to say, and we can have a laugh and a joke. They help me out. I can't say anything bad about them."
- During our inspection we observed staff interacting with people with kindness and genuine warmth. They showed a good understanding of people's preferences and addressed them by their preferred name. Interactions were respectful.
- People told us that the staff had time to spend with them and had got to know them well.
- Care staff were respectful when speaking about people and were considerate of the equality and diversity needs of people including protected characteristics. They actively considered people's cultural or religious preferences. Staff received training in equality, diversity and inclusion.

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

- People told us that they were actively involved in all aspects of their care and could say how they wanted their care to be delivered.
- Care plans identified people's needs and wishes and were reviewed as needs changed. People were involved in reviews of their care plan.
- Staff recognised people's individual circumstances and met needs in a person-centred way. They told us that they 'followed the lead' of people and had enough time to support people to go at their own pace. One care worker told us that they supported people's independence but also helped them to make appropriate choices. They gave a recent example where they were supporting a person who had refused to wash and, "I spent time talking and providing gentle encouragement. I ended up sitting in bathroom whilst he took a shower. He felt much better afterwards". One person told us, "I had a medical appointment, and didn't want to go at first. They talked to me about it, got on the phone and rearranged the appointment quickly. They helped me to arrange an ambulance to get there okay".

Respecting and promoting people's privacy, dignity and independence:

- Staff understood their role to encourage people to regain their independence and reduce reliance on care provision. One person remarked, "It's going alright, they're helping me get back to good health. It's all about encouraging me, it's good that they give me that push". Another told us, "[The staff] are fantastic. Not only is it someone to talk to but they give me a lot of encouragement. I feel I can do so much more for myself". A family member told us how they believed their relative had responded well to encouragement and gained in confidence, especially using the kitchen They told us, "We've got our old grandma back again."

● A support worker told us, "Our service is very much geared to independence and self-care. Its very person centred, I feel like we are responding to people's needs rather than trying to get them to fit in with us. We look at the whole person and look at what we can do to make them less reliant on services after our interventions". They told us that staff would consider what they could do to make people less reliant on services after their interventions, for example, aids and adaptations to assist, like a lighter kettle, or how the layout of furniture in rooms was organised to help avoid any hazards.
● Consideration to privacy and dignity was embedded in care plans and staff showed a good understanding of the importance of respecting people's privacy, dignity and independence.
●Records were stored securely and managed in line with the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Good

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:

- Each person who was supported by North Reablement Service had a well-ordered care record which detailed the reason for the referral into the service, their needs, and how they would wish to be supported. One support worker told us, "Care plans give good information and are easy to follow. They give a lot of detail on specific tasks, but we always check with person first".
- Prior to being accepted, an integrated assessment would be conducted to ensure the service could meet identified need safely within staffing rotas. Over the first few days of their involvement with the service, a reablement lead or Discharge to Assess team member would meet the person at their home and assist them to draw up a full support plan identifying goals and targets.
- One support worker told us that this meant that during the first few days they could develop a good understanding of people's needs, and how they liked their support to be delivered. Another said, "By talking to people and listening, we judge and check what people need, and follow their direction." Each person signed, and was given a copy of their care plan.
- Any specific risks were assessed, and where risk was identified detailed instruction as to how to minimise the risk were included in care plans.
- Care plans were reviewed when needs changed and on a weekly basis. The service maintained the goal of maximising people's independence and supported people to meet their own needs. One person told us, "I currently get support three times a day, but we are trying to reduce this. We plan to drop a visit and see how it goes."

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.

- The provider was proactive in ensuring that they complied with Accessible Information Standards. Information could be provided in accessible formats, large print or other languages through the provider's publishing services. The provider website included 'browsealoud' facilities to enable people who had difficulty reading web pages.
- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met.

Improving care quality in response to complaints or concerns:

- There was an appropriate complaints management system in place. We saw from the complaints record

that only one formal complaint had been received since we last inspected the service and saw that this had been investigated and the outcome of the investigation reported back to the complainant.
● When we asked, people told us that they knew how to complain. One person told us, "Everything is going to plan. If it wasn't I'd let them know straight away. I know how to complain and would if I needed to.

End of life care and support:
● At the time of our inspection the service was not supporting people at the end of their lives.
● We were told that any advanced decisions or plans about how people wanted to be cared for at the end of their life would be kept in the person's care records.
● We were shown a thank you card from the relative of a person who passed away whilst using the service. This read, "Thanks for making [my relative's] last few months pleasurable and memorable. We felt lucky to have such caring, nice genuine people looking after him".

Good

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 service had a clear aim, which was to prevent people from needing long term care and assist them to develop and retain skills in activities of daily living.
- The registered manager told us, "I'm passionate about domiciliary care, and supporting people to stay independent and be cared for in their own home". The service worked to reduce people's reliance on service provision and prevent admission into long term residential care. It had developed good support networks and access to a range of aids and adaptations to support people to meet their own needs.
- This view was shared by staff who worked for the service. One told us, "I love it, love the way we support people. I get a real kick when they don't need us anymore. The sad bit is that we really get to know them then have to leave."
- People told us that the support provided had assisted them to meet their goals. One person told us, "They give me confidence. They've helped me with personal care but I'm getting better at doing things for myself with their encouragement. I want to keep my independence as long as possible".
- They told us that they were fully involved in planning their care and setting achievable goals. One person told us that they had been supported to manage their own medicines and had support to access physiotherapy. They remarked, "It's a life saver! They are helping me get back on my feet."
- During our inspection staff reflected a friendly open and transparent culture and the people we spoke with told us they believed the service provided high-quality person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service had 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 manager understood their duty to report any issues affecting the service, such as safeguarding concerns or serious incidents to the Care Quality Commission (CQC).
- The registered manager was supported by three reablement team leaders, and four assessment officers. In addition, support was provided by full time social workers and qualified assistant practitioners.
- Scheduled visits were allocated within geographical areas, and team leaders oversaw the staff in each area. People told us that they were supported by small staff teams. This helped to maintain consistency,

confidentiality and assist with personal relationships. One person told us, "I have three regular support workers. I feel I've got to know them quite well, and will miss them when they go"

● Staff spoke positively about working at the service and the support received to carry out their roles. They told us that they felt they were well supported; for example, one support worker told us, ""Everyone is really supportive, especially the managers. All the office staff are brilliant. [The registered manager] especially. She will always get back to you if you send an email. Colleagues: they will provide support and don't mind when I ring for advice. All the staff are obliging, and we help one another out".

● Any compliments were passed on to staff members. For example, we overheard part of a telephone conversation praising the intervention of a staff member. The officer on duty who took this call immediately contacted the support worker to pass on the compliment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

● People told us they had regular contact with senior staff and managers either through visits and spot checks or telephone calls from the office.

● People had an opportunity to comment on their care and support through regular reviews. We saw that exit interviews were conducted with people at the end of their package of support

● Staff were given the opportunity to attend meetings, Care staff were seen to be engaged and involved. Staff meetings were well attended, and staff told us that they felt able raise and discuss issues at these meetings. They told us they had opportunities to suggest ideas or voice opinions on how the service operated.

Continuous learning and improving care:

● The service used electronic call monitoring to help prevent the possibility of missed calls. The system also allowed the manager to check how timely calls were.

● Senior managers attended monthly quality assurance meetings and collated data on the day to day running of the service. Issues such as accidents, incidents and near misses; safeguarding concerns; medicine errors; people's experience of the service and times of visits were recorded. However, this information was not always used effectively. We spoke to the registered manager who agreed that further analysis of this data would help to drive up the quality of service delivery.

● Policies and procedures were regularly revised to ensure that they stayed in line with current legislation and best practice.

Working in partnership with others:

● The service worked closely with commissioners to ensure that the service they provided was consistent with local authority and national guidelines and met the assessed needs of people who used the service.

● The registered manager met with colleagues managing similar schemes across the local authority on a monthly basis. In addition, senior staff attended 'leads meetings' and all office staff were involved in the daily 'huddle' where any new information regarding the care sector could be disseminated and discussed.

● Senior staff attended local care provider forums and workshops to ensure that they maintained up to date knowledge and understanding of current best practice.

● Records showed that staff communicated effectively with a range of health care professionals to ensure that people's needs were considered and understood so that they could access the support they needed.

● The service worked closely with other domiciliary care providers to ensure a smooth transition of care when people moved from the reablement team.