

Thurrock Borough Council

# Homecare Reablement Team

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place over a number of days and included 2, 3, 4 and 10 October 2017. We inspected this service in November 2016 and although no breaches of regulations were found we did identify that improvements were required in the areas of Safe and Responsive. The service submitted an action plan and this inspection was to establish whether this had been fully implemented and what improvements had been made to the service.

We found that improvements had been made to the service since our last inspection and the service had continued to develop and progress. We found that systems had been implemented to help manage the safety and quality of the service. Improvements had been made to staffing levels of the service and feedback gained from people showed that the service had now improved. Management advised that they are looking to continue to increase the number of staff to ensure they have sufficient available to help meet the needs and care of the people who used the service within an acceptable time frame.

The Homecare Reablement Team (HRT) provides personal care and support to adults who live in their own homes in the geographical areas of Thurrock between the hours of 7am to 11pm. They provide care and support within people's homes and a reablement service for up to six weeks for people who have been discharged from hospital. The focus of their support is to reable people back to independence. The service is also a 'provider of last resorts (POLR).' This means when Thurrock Borough Council are unable to find another contracted service to provide care that HRT will assist with care until another provider can be found. This is aimed to be a short term service and management had been working to organise a separate domiciliary service so that HRT could refer people on quicker who were identified as needing long term support.

The service has a registered manager in post, but on the day of our inspection we were assisted by the deputy manager and service manager, due to the registered manager not being available. 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.

Staff had a good knowledge of safeguarding procedures and were clear about the actions they would take to help protect people. Risk assessments had been completed to help staff to support people with everyday risks and help to keep them safe.

Sufficient recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. Staff had been provided with regular supervision and training and stated they felt well supported to carry out their work. Effective communication was now in place between staff and management.

The service had safe systems in place to assist people with the management of their medication and to help ensure people received their medication as prescribed. Documentation was in place to clearly record what assistance was needed.

Management had a good understanding of Mental Capacity Act 2005 and who to approach if they had any concerns and the appropriate government body if people were not able to make decisions for themselves. Staff have now been provided with training for the MCA and systems were in place to ensure this was regularly updated.

People received the support they needed to eat and drink sufficient amounts to help meet their nutritional needs. Staff knew who to speak with if they had any concerns around people's nutrition.

People were supported by staff to maintain good healthcare and were assisted to gain access to healthcare providers where possible. They also had multidisciplinary working within their own team of professionals who assisted people to gain the healthcare they needed.

People had been asked how they would like their care provided and new assessments and care plans were in the process of being developed around each person's individual needs. People said they had been treated with dignity and respect and that staff provided their care in a kind and caring manner.

People knew who to raise complaints or concerns to. The service had a clear complaints procedure in place and people had been provided with this information as part of the assessment process. This included information on the process and also any timespan for response. We saw that complaints had been appropriately investigated and recorded.

The service had effective quality assurance system and these had been improved since our last inspection and were now effective and provided information about the service and feedback from people regarding their experience of the service.

## 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.

There were enough staff available to help meet the needs of the people who used the service within an acceptable time frame.

People could be sure that they would receive the assistance they needed when being supported with medication.

The provider had systems in place to manage risks, which included safeguarding matters and this helped to ensure people's safety.

### Is the service effective?

Good ●

This service was effective.

Training was being provided to staff to ensure they had knowledge of the Mental Capacity Act (2005), how to keep people's rights protected and had gained consent to care.

People were cared for by staff that were well trained and supported.

People had gained assistance regarding their health and support when needed.

### Is the service caring?

Good ●

This service was caring.

People were provided with care and support and their privacy and dignity were respected.

Staff had a good understanding of people's care needs and were caring.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People's needs were assessed and their care and support needs were routinely reviewed and updated.

People were provided with information to encourage them to raise concerns and share their experiences.

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**Is the service well-led?**

This service was well-led.

Management understood their responsibilities and demonstrated good management and leadership skills.

Staff understood their roles and were seen to be confident in questioning practice and reporting any concerns.

Effective quality assurance systems were now in place to monitor the service and identify any areas that needed further improvement.

**Good** ●

# Homecare Reablement Team

## **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.

The inspection was announced and took place on the 2, 3, 4 and 10 October 2017. The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with the service manager and deputy manager. We also made seven telephone calls to gain the views of people who received a service. People's comments and feedback have been added to the report where possible. As part of the inspection we contacted 18 staff and six chose to contact us to give their views about working for the service. We also spoke with a number of office staff.

As part of the inspection we reviewed six people's care records, including their care plans and risk assessments. We also looked at the files of two staff members and their induction and staff support records. We reviewed the service's policies, their audits, staff work sheets, complaint and compliment records, medication records and training and supervision records.

## Is the service safe?

### Our findings

At our last comprehensive inspection of the service on the 1 November 2016, although no breaches of regulations were found we did identify that improvements were required in ensuring there were sufficient staff to provide the care people needed. The service submitted an action plan and this inspection was to establish whether this had been fully implemented and what further improvements had been made to the service. We found that overall improvements had been made with staffing, but recruitment was a continuing issue.

The service is also a 'provider of last resorts (POLR).' This means when Thurrock Borough Council are unable to find another contracted service to provide care that HRT will assist with care until another provider can be found. This is aimed to be a short term service and management had been working to organise a separate domiciliary service, so that HRT could refer people on quickly who were identified as needing long term support. At the November 2016 inspection we found that due to a number of domiciliary care providers ceasing to provide services within the Thurrock area, HRT had needed to provide services to these people until other services could be found. This had a large impact on the service and due to this people did not receive regular times for calls or continuity of care staff. They had also not been able to provide people with a reablement service due to the care staff being too busy covering essential care. Since our last inspection this had improved and we now found that the service were now providing 80% of their hours to rehabilitate people and only 20% to people who may need long term care. They had continued to employ new staff and people received their calls within a reasonable timespan. Feedback from people included, "Yes, they always come at the same time mostly, unless there have been a bit of a hold up elsewhere, but that is understandable" and, "They are very good at turning up on time. They never rush either of us and are always asking if we need any further things done."

Management were aware they needed more staff to assist with people's care and now have a system in place to help monitor staffing levels. They had found that missed visits and late calls had continued to decrease, which showed they were making progress. The service were also looking at the consistency of care staff and the allocation of work to try and ensure that people received calls from the same small group of care staff and provided better continuity of care. Feedback from staff included, "I try not to feel rushed as I like to give the care and support these people need but having to pick up other calls I sometimes do" and, "Some days are better than others but they are looking at changing our rota to even things out. But generally we have the time we need to complete all tasks required." The service presently has eight staff vacancies within the rehabilitation service which they hope to fill. The service had also recently recruited two physiotherapists, two occupational therapists and a nurse to the team to assist with the reablement of people.

People had been provided with information when they first started with the service to advise them on who they could contact if they had any concerns around either their or someone else's safety. Staff training records showed that all care staff had now completed safeguarding training. Staff were able to explain how they would recognise abuse and who they would report any concerns to. The service had policies and procedures in relation to safeguarding people and these helped to guide staff's practice and helped give

them a better understanding of how to protect people from harm. One staff member told us, "Thurrock Council have the safeguarding team on site in the civic offices, I also have my coordinators available for advice if I need them." The service had systems in place to protect people and management monitored safeguarding's to ensure staff had followed the correct procedures and to ensure people were kept safe.

The service had a number of systems and processes in place to help keep staff and people using the service safe. Risks to people's safety had been routinely assessed at the start of a service and these related to the environment, people's mobility needs, nutritional needs and general care. The assessments provided instructions to staff on how risks were to be managed to help minimise the risk of harm. Copies of this documentation was placed in people's homes and helped to ensure staff had relevant information and were kept safe.

The service was run from a self-contained office, which had access for those people who may have a disability. Appropriate risk assessments were in place and the service had correct insurance in place. Some staff raised concerns around loan working at night and management were in the process of looking at ways to ensure staff were kept safe. The service also had access to a physiotherapist and occupational therapist who could assist staff with any moving and handling or equipment concerns, which helped to ensure both staff and service users were safe.

The service had a recruitment process which included relevant checks to help keep people safe. This included gaining a full employment history, two references, a completed health declaration and a disclosure and barring check; which establishes if the applicant has any cautions or convictions which would exclude them from working in this setting. The employment records of two recently recruited staff files were inspected. Both files were well set out, information was easy to find and they contained evidence that the required checks had been completed. The service had a job description in place and this included details of what the role included and also who they were responsible to and ensured new staff had clear guidance on what they would be required to do as a care worker.

The service had continued to develop its medication procedure and now has an up to date medication policy and clear documentation. This included colour coded sheets which clearly showed how much assistance each person needed and helped staff in identifying when medication should be administered or assisted with. A medication risk assessment was in place and a second form to record the amount of assistance each person required and included details of what they would be able to do for themselves. This form included any issues that may make the medication 'time critical,' such as people who may be diabetic or have Parkinson's disease. The introduction of these systems and the completion of these forms helped ensure the administration of medication was safer for people.

Regular audits had been completed and the medication sheets were regularly checked by the team's nurse to ensure they were correct. If any concerns were identified the staff member would be spoken with and action taken through extra training or supervision. Where people were on medication patches for prescribed medication, such as pain relief or Parkinson's; body maps had been placed in care folders to help staff identify where these had been placed each time. This was to reduce the risk of placing the patch in the same place which could affect the dosage the person received.

Staff had received medication training as part of their induction and regular updates had been organised to help ensure people received their medication safely. There was also an observation completed by the staff member and nurse to ensure they were competent in administering people's prescribed medication. Staff spoken with stated they felt the service had safe medication procedures in place and those who needed assistance received their medication as prescribed. They added, "The medication sheets in service user's

homes have recently been updated again, the ones previous to these were very confusing as there were too many MAR sheets to complete. My new Service Manager took this on board and they are now more easier to complete."

Staff were also aware of the whistle blowing procedure and described who they would speak to if they needed to report anything. This showed that staff were aware of the systems in place and these would help to protect the people receiving a service. The service had a disciplinary procedure in place, which could be used when there were concerns around staff practice and helped in keeping people safe.

## Is the service effective?

### Our findings

At this inspection we found staff continued to have the skills, experience and support to enable them to effectively meet people's needs. People were supported, where appropriate, with their health and dietary needs. The rating continues to be Good.

During this inspection we found the provider had continued to develop their training and support for staff. All new staff had been provided with a corporate induction and the Care Certificate which is a recognised induction qualification for people working in the care sector. It was clear that staff received the training to provide them with the knowledge and skills they required in their role as a care worker before they started work within the community. On going training had also been provided and clear records kept and many of the staff had achieved a recognised qualification in care. Further training was in the process of being organised and this included a course for staff on reablement and how to improve people's independence. Feedback from one staff member included, "I did have induction and it did provide the information needed to do the job. My training is all up to date and I receive regular training and updates." People stated they felt staff had the skills to provide the care they needed and comments included, "It is the first time I have ever had carers so not sure what training they should have, but the girls definitely seem to know what they are doing and they are good at it."

Documentation seen showed that staff had been supported through one to one sessions, observations, meetings and yearly appraisals. Minutes of meetings seen showed that these sessions looked at issues relating to the running of the service and were informative and provided guidance and information for staff. Staff confirmed that they had received supervision and added they found the registered manager very approachable and supportive. From the information received and documentation seen it was clear that the service had made progress in ensuring staff were receiving appropriate training and supervision in their role as a care worker. Feedback from staff included, "My supervisions are done on a regular basis, and generally are every 6 weeks, and I have recently had observations as well as having supervision with my line manager. I would tell my line manager if I had any problems and concerns" and, "I received a face to face supervision every three months which I find very helpful."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. At a previous inspections to the service it was highlighted that not all staff had attended MCA training and they had limited understanding of this subject. We also found that the service had not routinely been empowering people to be part of the decision making process when organising their care. During this visit we found the service were now promoting signatures of people when completing assessments and care planning and staff had now completed MCA training. Feedback from staff included, "I had Mental Capacity Training in 2016 and was given the Care Standards workbook to be completed by January 18; I completed this yesterday and handed in. If I thought someone who I cared for was losing capacity I would speak to my line manager or service manager about my concerns." This showed that the service had up to date information about protecting people's rights and freedoms.

All staff had received food hygiene training and this would be updated every two years. People received assistance with meals, which was usually in the form of staff helping them to make their own snacks or heating a frozen meal in a microwave. Staff told us that they would ensure that people had access to their food and drink before they left the person's home. They added that if they had any concerns that someone was not eating properly they would speak with their manager, so that they could speak with other health care professionals and get help and advice if needed. The service had food charts which staff could complete to assist with monitoring food intake where concerns may be raised regarding nutrition. From the information given and documentation seen it was clear the service had taken appropriate action and people were now receiving nutrition and hydration as assessed and within acceptable time scales.

People had been supported to access healthcare services and receive on going support. The service worked in partnership with other agencies and they also had a number of health care professionals who were employed by the service which included a physiotherapist, social worker, occupational therapist and assistants and a qualified nurse. Staff confirmed that they would approach the office if it was identified that people needed additional equipment or support with their care needs and there was good evidence of this recorded in the care notes.

## Is the service caring?

### Our findings

At this inspection we found people were happy with the care they received as they had been during our previous inspection. The rating continues to be Good.

People's care needs had been fully assessed before receiving a service, which helped to ensure the service was able to meet their needs. A care plan had been produced and this contained a variety of information about each individual person and covered their physical, mental, social and emotional needs, plus the care they needed. Any care needs due to the person's diversity had also been recorded and their care needs regularly reviewed over a six week period and changed as needed.

Staff had received training on the importance of privacy and dignity as part of their induction programme and they also completed a separate equality and diversity training course. Management were looking to promote care staff to be 'dignity champions' who would advise newer staff on the importance of this issue and also provide guidance and advice to other staff when needed. People told us that the staff were, 'caring and respectful' and treated them with 'kindness and compassion.' They added that staff listened to them and helped them with their care and many had become more independent since receiving their help and support. Comments received included, "The service is marvellous, always so friendly and caring towards me" and, "It is a fantastic service, I cannot fault them. I have nothing but praise for them."

Management told us that they had concentrated their time since our last inspection on ensuring they provided 'good care' through their reablement services to people. Feedback in response to the service's quality assurance had included, "Just to say thank you for your care and compassion. You enabled dad to remain well and live in the community. What a professional team" and, "Excellent service. Excellent care. Cannot fault it."

For people who needed extra support to make decisions about their care and support, the service had information about advocacy services. Advocacy services help support and enable people to express their views and concerns and provide independent advice and assistance where needed.

## Is the service responsive?

### Our findings

At our last comprehensive inspection of the service on the 1 November 2016, although no breaches of regulations were found we did identify that improvements were required in ensuring people received continuity of care and a responsive service. People could not be sure they would receive the care and support at the time they needed it or that they would see the same group of carers. The service submitted an action plan and this inspection was to establish whether this had been fully implemented and what further improvements had been made to the service. We found that overall improvements had been made with staffing, but recruitment was a continuing issue.

As HRT are a 'provider of last resorts' in the past they have had to take on extra work, which has placed extra pressure on their staffing levels and people had not received their support within an acceptable time frame. This had placed extra pressure on the service and people do not receive the reablement service they need. Due to concerns raised during past inspections management have now organised a separate domiciliary service that HRT could refer people to if they needed long term support. This was still being developed, but they had found that they had been able to develop HRT and were now providing 80% of reablement work and 20% long term care. People were being identified earlier through reviews and regular multidisciplinary meetings if they were able to be re-enabled or needed long term support. It is hoped this will reduce the number of people presently receiving a service and they can start to re-focus on providing reablement to people. Management were also in the process of organising refresher training on reablement for staff to ensure they had the skills and knowledge required.

Since our last inspection the service had continued to develop their assessment and care planning documentation to ensure it provided staff with sufficient information to provide appropriate care. They had recently introduced new forms which provided information on the person and recorded their reablement as part of a 'journey,' which enable the reader to identify the improvements and assistance that had been received. These forms also clearly showed that people had been actively involved in making decisions about their care and support. They had been written in a more person centred way and gave details to staff on how people would like their care provided and what they were able to do for themselves. 'My Journey' involves the service user in scoring how they would score their everyday tasks such as safety, mobility, feeling safe and confident in the home, wellbeing and relationships, feeling positive and keeping in touch with family and friends. This is completed at the start of the service and also includes outcomes and goals to be achieved. The scores are then included in the assessment to produce a support plan. Support plans include agreed tasks, preferred times, days and outcomes. Weekly multi-disciplinary meetings had been organised to discuss each person and if any changes were needed in their care provision or support. It was noted that some care records within the care plan had not been completed. There was no record as to whether these sections had not been completed because they were not relevant to this individual or whether staff had just forgotten. This was discussed with the service manager who added that they would do further work with staff to ensure it is clearly reflected in the documents if it was not applicable.

One staff member told us "I feel that we are a very responsive team." Staff confirmed they had an awareness of the day to day care needs of the people they worked with. They understood the support each person

required to help assist them to be independent and to help keep them safe. The service gained details of people's diverse needs at the assessment stage, which helped to ensure they have an understanding of people's care needs around disability, religion and cultural needs. Staff feedback included, "Our reablement files that are now being rolled out in service user's home are very clear and document fully the individual needs of that service user." Another said, "We have folders in which we as carers have access to when we gain entry to the service users property, this includes all the relevant information we need in order to deliver a good service." Some staff added that they would like to see these developed further and include more health care information. We found that people had been routinely involved in the decision making process with regard to their care and documentation was in place to show they had been part of this process. People could also be assured that information about them would be treated confidentially and respected by staff.

The introduction of phone applications provided staff access to their rotas on their mobile phones had helped to keep them up to date, and included details of the person to be visited and any special instructions, such as time specific calls around food preparation and medication. Staff told us they also received important information around time specific calls for medication and nutrition via this device which assisted them in being more responsive.

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them. This information was provided to people when they first started their service and also placed in the care folders in people's homes. Where complaints had been received there were records that these had been investigated and action taken. Senior management in the organisation monitored complaints through the weekly quality assurance system, so that lessons could be learned from these, and action taken to help prevent them from reoccurring. The service also had systems in place that documented missed visits, complaints, safeguarding etc, so they could look at trends in the service. People confirmed they knew who to contact if they had a concern and staff spoken with said they knew about the service's complaints procedure and that if anyone complained to them they would advise them what to do, or would notify the manager. Compliments the service had received included, "They are worth their weight in gold and I don't know what I would have done without them."

## Is the service well-led?

### Our findings

At this inspection we found the service was as well-led as we had found during the previous inspection. The service's rating continues to be Good.

The service has a registered manager in post, but on the day of our inspection we were assisted by the deputy manager and service manager, due to the registered manager not being available. We have since received formal confirmation that the manager has been absent for 28 days and what day to day management support has been put in place to ensure there is sufficient cover.

The service is also overseen by a service manager and upper management team who have extensive knowledge of providing services to people within the community and also the regulations.

The ethos of the service is to provide short term care for people to enable them to regain their independence or if this is not possible to refer them to services who provide long term care. Although this had not been happening in previous inspections it was clear that progress had been made and at least 80% of the care provided was now reablement. People received better continuity of care and this was also within an acceptable timeframe. The service were in the process of recruiting more staff to ensure there was cover for staff holidays and sickness.

The service had a number of systems in place to help monitor the standard of care people received and these had been developed further to ensure the whole service was monitored. These included quality surveys, postal customer satisfaction surveys and end of service questionnaires. Audits and checks were available for staff recruitment, service user files, care reviews, staff training and supervision and issues relating to the quality of care people received. They also had a system which enabled them to monitor missed visits, complaints, safeguarding's, referrals etc. and a monthly report could be printed off and analysed. The service also had an internal audit report completed which provided an independent overview of the service.

The service had looked for ways to engage with staff and gain regular feedback. They had arranged weekly meetings with staff called 'It's time to talk' and these provided an opportunity to meet up and discuss any concerns and gain general feedback. The service manager explained that they had found these very beneficial and felt it had helped to move the service forward and that staff felt they were 'being listened to.' Staff working forums were also being developed and the provider encouraged improvements through annual 'Team Awards,' where people would be recognised for the work they do. They had also recently consulted with staff on new rotas which they felt would provide a better work life balance. In minutes of a staff meeting it was noted that the service manager had thanked everyone for attending and added that the support staff had provided had been 'fantastic' and it had been recognised by upper management that staff were working 'over and above.' One staff member told us, "I love working for HRT we are a fantastic team and the morale within the team is at a high. I wouldn't want to work anywhere else."

Staff spoken with told us that the service had continued to improve since our last inspection and that staff morale was 'very good.' They added that they had seen recent improvements in the service and felt it was

heading in the right direction. Staff we spoke with said that they were able to gain support from the office and management and had started to receive regular supervision and staff meetings had been organised. They added that they now felt 'listened to' and that management had been keeping them up to date with the recent changes within the organisation and new ways of working. They added that management had an 'open door' and they could call in at any time. Comments included, "I think we are a wonderful team who work really well together. We have a wonderful team in the office who go above and beyond to accommodate each carer. The work load is manageable and we have no problems." Another added, "We have a new Service Manager and we have noticed a lot of changes since she has been in the role, I feel that she would be quite approachable if I needed to speak to her."

The service manager completed a monthly audit that covered the areas that would be looked at during a CQC inspection. The service manager advised that this audit assisted them in knowing what they had in place and what needed to be done. It also enabled them to monitor the service and identify any trends and any action that needed to be taken. There was also a system in place to show when staff have read policies and updates which helps to ensure their knowledge is kept up to date.