

Middlesbrough Borough Council  
Middlesbrough  
Intermediate Care  
Reablement Team

**Inspection report**

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Date of inspection visit:  
07 February 2018  
08 February 2018

Date of publication:  
03 April 2018

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

Middlesbrough Intermediate Care Reablement Team provides assessment and rehabilitation services for people in their own homes. The service provides short term support and therapy to people to promote their daily living skills and maximise independence. People are referred to the service following a stay in Middlesbrough Intermediate Care Centre. Middlesbrough Intermediate Care Centre provides residential intensive led therapy led rehabilitation. At the time of the inspection there were four people who were using the service. Not everyone using Middlesbrough Intermediate Care Centre receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe when staff from the reablement team visited them at home. The registered manager and staff knew what constituted abuse and who to report it to if they suspected people were at risk. Risks to people's safety were identified and plans were in place to minimise those risks. This included ensuring appropriate equipment was in place to support people safely whilst maintaining their independence.

Medicines were managed safely with an effective system in place. Staff competencies, around administering medication, were regularly checked. Staff received training in infection prevention and control and were provided with a plentiful supply of aprons and gloves.

Pre-employment checks were made to reduce the likelihood of employing staff who were unsuitable to work with people.

The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed complaints and any accidents and incidents to determine any themes or trends.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place and staff were suitably trained and received all the support they needed to perform their roles.

If needed, staff supported people to be independent with meal preparation and cooking. People were able to choose the food they wanted to eat.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they were happy with the standard of care and support they received from the reablement service. People were provided with the support they required in line with their care plans, which included meeting people's personal care needs and supporting people to become more independent. People's care plans set realistic goals and were very regularly reviewed. Staff were respectful of people's privacy and dignity.

People received information which detailed the complaints procedure. They told us they were confident that if they were required to make a complaint, the management would respond and resolve their issue promptly.

The registered manager was aware of the Accessible Information Standard that was introduced in 2016. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The registered manager told us they provided and accessed information for people that was understandable to them.

The management team demonstrated a strong commitment to delivering a high quality service to people. Staff told us they enjoyed working at the service and felt supported by the registered manager and senior staff. Quality assurance processes were in place to monitor and improve the quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service has improved to Good.	<b>Good</b> ●

# Middlesbrough Intermediate Care 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 7 and 8 February 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because we were also inspecting another location operated by the provider at the same time and needed to make sure the registered manager was present.

The inspection team consisted of one adult social care 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. After this inspection, the expert by experience conducted telephone interviews with people who used the service.

We had requested a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

Before commencing the inspection we looked at the information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information. A notification is information about important events which the service is required to send us by law. We also contacted health and social care professionals prior to the inspection to gather their views about the service. We also spoke with a training provider who was visiting the service during our inspection.

During the inspection we reviewed a range of records. This included four people's care records and medicines records. We also looked at one staff recruitment file, staff supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures. We spoke with seven people who used the service and two relatives.

We spoke with the registered manager, senior team lead, a reablement officer, the head of service for prevention, access and provider services and an occupational therapist.

## Is the service safe?

### Our findings

We asked people if they had any safety concerns whilst receiving support from the service. People told us they felt safe. One person said, "It was a big thing leaving the safety of Middlesbrough Intermediate Care Centre and the few weeks that the carers came was invaluable." Middlesbrough Intermediate Care Centre provides residential intensive led therapy led rehabilitation. Another person told us, "I found it hard when I came home but the carers stayed and helped me and did not go until I felt better." Another person commented, "I know I can do my tablets myself but I just needed them checking so that I was confident again."

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised.

Prior to discharge from Middlesbrough Intermediate Care Centre people's needs were assessed by physiotherapists, occupational therapists and care staff to determine the package of care needed when they returned home. Before discharge home an occupational therapist completed a visit to the person's home to identify any risks to the environment and support needed. The person who was to be discharged also accompanied them on this home visit. If any risks were identified during this assessment, measures were put in place to help reduce or prevent the risk.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People said they received support from a small team of staff who they knew and felt secure with. The registered manager told us they provided a flexible service in which to ensure they met the needs of people. There had not been any missed calls since our last inspection of the service. At the time of the inspection visit the service was provided between the hours of 8am to 9pm. The service continued to regularly assess people's needs and ensured staff had enough time to support them safely. Staff told us they were given as much time as necessary to ensure they were able to meet people's needs.

We checked staff recruitment records and found that suitable checks were in place to help protect people from harm. Staff completed an application form and we saw that any gaps in employment history were checked out. Two references were obtained and a Disclosure and Barring Service (DBS) check was carried out before staff started work at the service. The DBS checks the suitability of applicants to work with adults, which helps employers to make safer recruitment decisions.

We saw that appropriate arrangements were in place for the safe management of medicines. People were always discharged home from Middlesbrough Intermediate Care Centre with a minimum amount of seven days' supply of medicines and the majority of people were independent and able to self-administer these. At the time of the inspection no one was assessed as needing support from staff with their medicines. We looked at some care records of people who had been discharged from the service. We saw that people's care records contained information about the help they had needed with their medicines and the medicines they were prescribed.

Staff were aware of their responsibilities to raise concerns, to record accidents and incidents, concerns and near misses. The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed all accidents and incidents to determine any themes or trends.

Staff had received training in infection prevention and control. Staff were provided with personal protective equipment such as disposable aprons and gloves.

## Is the service effective?

### Our findings

People and relatives complimented the care and support provided by staff. They told us staff supported them well during their rehabilitation and they received the equipment they required to help to promote their independence. One person told us, "I am really happy to be home and appreciated the carers coming in so they could check I was doing things right." Another person commented, "I had a Zimmer when I first came home but the carers got me some sticks and I am doing just fine." A relative said, "The equipment [person] needed arrived straight away I was really impressed."

Records we looked at showed staff had received the training they needed to meet the needs of the people using the service. This training included, safeguarding, first aid, infection control, moving and handling, medication, food hygiene and fire training. Staff had also received training in understanding Parkinson's disease, arthritis, awareness of diabetes, strokes and pressure area care. Where there were gaps in training the registered manager was aware of this and had taken action to address this.

Staff told us they received appropriate training, appraisal, supervision and support to enable them to feel confident when supporting people who used the service. One staff member said, "I am up to date with all of my training." The same staff member told us they had needed to take some time off work last year and couldn't have felt more supported. They said, "My senior team lead is absolutely marvellous. I can't praise her enough for the support she has given me."

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.

We checked whether the service was working within the principles of the MCA. The registered manager told us that all people who used the service would need to have capacity. The service did not cater for people living with advanced dementia as they would not benefit from the service provided. People who use the service were able to make decisions and choices relating to the day to day care that the service provided.

Prior to commencement of the service, people were assessed to determine the support they needed at meal time. Staff supported people to be independent with meal preparation and cooking. People were able to choose the food they wanted to eat. If needed, the service supported people to access services who delivered meals directly to the people's doors.

The registered manager and staff told us they worked very closely together within the service and with other health and social care professionals to support people in their rehabilitation. Records looked at during the inspection confirmed that staff had worked closely with GP's, dietitians, the district nursing service, speech and language therapists and other home care providers.

## Is the service caring?

### Our findings

People spoke highly of the support and assistance they received from the staff. One person said, "Oh my goodness the care was just great and as a family we appreciate all they have done." Another person commented, "They are very kind and good at what they do and helped me continue to do my exercises when I came back home."

Middlesbrough Intermediate Care Centre and Middlesbrough Intermediate Care Rehabilitation team worked collaboratively for the benefit of people who used the service. Before using the reablement service people had spent some time in Middlesbrough Intermediate Care Centre. Rehabilitation staff also worked at the intermediate care centre which enabled people and their relatives to get to know the staff who would be providing their home visits prior to discharge. The service had received a recent compliment which read, 'The constant care and physiotherapy provided with great attention to detail speeded up [person's] recovery in a much quicker time than any of us [family] expected. A home visit by staff with family in attendance before [person] left the accommodation [Middlesbrough Intermediate Care Centre] ensured when [person] did return home everything was in place for [person's] comfort and safety. The continuing care, home visits for a couple of weeks after [person] went home was a confidence builder as [person] settled back into [person's] home routine.'

Staff respected people's privacy and dignity whilst undertaking personal care. Staff told us they were respectful and always mindful of their privacy. For example, always ensuring they knocked on people's doors before entering and covering people up with towels when providing people with personal care to ensure they did not feel exposed. Staff told us if people required only prompting with personal care then staff gave them the space to undertake their own personal care in privacy.

Staff told us the importance of encouraging and supporting people with independence. Staff told us how they managed to put people at their ease and gave examples of being positive, cheerful and explaining exactly what they were doing and why.

People were encouraged to be involved in decisions about the support they received from the reablement service. The management team told us it was important for people to engage in the service and be able to work towards agreed goals.

Staff spoke respectfully about the people they supported. People receiving support and the staff told us that the focus of the service was on respecting and promoting people's rights and choices. Staff were very clear on the main aim of reablement being to encourage and support people to maximise and maintain their independence. Staff told us how they encouraged people to maintain their independence and how people were actively encouraged to make every day choices about what they wanted to eat, drink, wear or how to spend their day.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

## Is the service responsive?

### Our findings

People told us they were happy with the service they had received. A relative told us, "I felt that during the period from rehab to home, having the carers come in made all the difference to my parent's on going progress. They knew what was needed."

People who used the service were provided with a continuity of care and support. Initially people were admitted to the intermediate care centre where they received a period of assessment and rehabilitation. During this time it was also determined if people would benefit from a short programme of reablement on their return home. The reablement service provided short term support and therapy to people to promote their daily living skills and maximise independence.

People and relatives confirmed that the reablement service provided them with flexible care and support they needed. People were individually assessed for the length of time they required for each call and the frequency. Reablement officers reviewed people's progress on a day to day basis with the length of time and frequency changed according to people's needs. During this time, reablement officers had frequent discussions with occupational therapists and physiotherapists to update them on any deterioration or improvements made. At the end of the programme, usually 10 days or less, people were reassessed to determine any future care needs.

Each person had a file that contained their assessed needs and their plan of care. This included all of the information from admission to the intermediate care centre to discharge home with the support of the reablement team. People's support packages were outcome focussed. Rehabilitation goals had been identified and recorded to plan people's support. For example, people's goals included to gain confidence in going outdoors, to improve their mobility, to prepare food and to be independent with their personal care. The goals were different for each person, for example one person had been supported to practice their mobility in walking from their gate or along the road side. While another person needed support with their breakfast routine and supervision with transporting items from one room to another. These plans helped to ensure individual support needs were catered for.

Reviews were completed throughout the period a person was in receipt of reablement services and we saw these were completed in conjunction with people who used the service, their families and any relevant professional.

The service ensured information was provided to people in an accessible format. We saw the service had access to the council's in-house translation service which meant documents and information could be provided to people in alternative formats. For example, information was available in other languages, Braille, large print or on CD. We were shown other examples of how people received information which they could read and understand such as exercise programmes printed on a larger scale and medicine records.

People who used the service were provided with a copy of the complaints procedure. People and relatives we spoke with during the inspection felt able to raise a complaint. However, they told us they had no reason

to complain because they were well looked after. One person told us, "It would have had to be really bad to contact the manager but if needed I would have done." Since the last inspection of the service there had not been any formal complaints. The registered manager told us that outcomes from any complaints made would be seen as an opportunity to learn and make improvements.

## Is the service well-led?

### Our findings

People and relatives thought the service was well led and people we spoke with were satisfied with the service they received. One person said, "If I had any concerns or questions the manager was happy to talk to me and put my mind at ease." A relative commented, "I think the organisation of the care at the centre and afterwards is fantastic and my relative has benefited from that."

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 and other senior staff demonstrated good leadership. They spoke clearly about their vision for the service including the importance of consistent leadership, individualised care and supporting staff to ensure their vision and values were reflected through the care and support they provided. The registered manager demonstrated a good understanding of their responsibility to notify the CQC about important events that might affect the people using the service, including incidents and accidents and allegations of abuse.

At our last inspection in December 2015 we looked at the arrangements in place for quality assurance and governance. We found there were no auditing records for staff files to ensure they contained the required information or supervision to make sure it was up to date. Weekly checks of medicine administration records were undertaken, however there was no formal auditing tool which detailed the checks that had been undertaken and the findings. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Since the last inspection, improvements had been made. Checks were made to ensure staff files contained the required information and supervision was up to date. The senior team lead told us they rarely supported people with medicines when they returned home and as such auditing was not required. However, medicines were counted when the person returned home and at each of the visits and a check was made to ensure there were no gaps in administration. These checks were documented on care records.

At the last inspection we identified that senior management visited the service on a regular basis to speak with staff and to monitor the quality of the service provided; however they did not keep a record of this. Since then bi monthly audits had been introduced and we saw records of the findings from these visits.

Staff meetings were held on a regular basis. Staff told us they were encouraged to share their views and ideas at meetings and they felt listened to. Meetings were used to keep staff updated with changes affecting the service, training, feedback from questionnaires, infection control, falls prevention and more. This meant that effective mechanisms were in place to give staff the opportunity to contribute to the running of the service.

People's views were sought through satisfaction surveys and we saw that the management had checked people were happy with their support by contacting them by phone, conducting visits and during reviews of their support plans. Results from the surveys and feedback had been analysed and discussed. The results were positive and showed that people were satisfied with the care provided.