London Borough of Hammersmith & Fulham

HomeCare Reablement Service

Inspection report

Floor 4
145-155 King Street
Hammersmith
W6 9XY

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16 January 2017
31 January 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection was conducted on 30 December 2016, 16 January and 31 January 2017. We gave the registered manager two days' notice as this is a domiciliary care service and we wished to make sure that key staff would be available. The previous inspection was held on 19 September 2013 and the provider met the regulations we checked.

The Homecare Reablement Service is managed by the London Borough of Hammersmith and Fulham, and is registered with the Care Quality Commission (CQC) to provide the regulated activity of personal care. It offers a free service for up to six weeks to people living in their own homes within the borough and provides personal care, reablement and other support following a stay in hospital or an illness at home. However, the intervention period is flexible and could be longer than six weeks, depending on a person's individual needs and circumstances. The service is available for people aged 18 and above, and there were 47 people using the service at the time of the inspection.

A registered manager was in post. A registered manager is a person who has registered with the CQC 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 was present throughout the inspection.

People were encouraged wherever possible to independently administer their own medicines and staff had received training in regards to the safe administration of medicines. Care staff and the management team regularly liaised with a group of local health professionals from different disciplines, who contributed to the reablement process. Staff told us they benefitted from these close working relationships, which enabled them to promptly seek any guidance about different aspects of people's medicine needs and healthcare needs. Although there was a system in place for staff to record at each visit if they supported people with their medicines, people were placed at risk of receiving unsafe care as the provider did not ensure that there was an up to date record of prescribed medicines in people's care and support plans.

People informed us they always felt safe using the service and were at ease permitting staff into their own homes. Staff knew how to protect people from the risk of abuse as they understood the provider's safeguarding policy and had received appropriate training, including how to immediately report any concerns about people's safety to their line manager. There were systems in place to identify actual and potential risks to people's safety, for example risk management plans were developed to advise staff how to promote people's independence while taking into account the need to mitigate risks.

The provider operated rigorous recruitment practices to ensure that suitable staff were appointed. People stated that they received a reliable and efficient service. There were sufficient staff deployed to ensure that people received the care and support they needed, which included 'double-up' calls from two members of staff, if required.

Staff received a comprehensive training programme, which included training to specifically address the needs of people receiving a reablement service. There were formal arrangements in place to provide staff with support and supervision during one to one and group meetings and the management team were described by staff as being "always very approachable" if ad hoc advice and support was needed.

CQC monitors the application of the Mental Capacity Act 2005 (MCA). Discussions with members of the management and staff team demonstrated that the provider understood their legal responsibilities under the MCA and they assessed people's capacity when they began using the service, and reassessed people during the period of their care and support if needed.

People, and their relatives where applicable, told us they were delighted with the quality of the service and thought the right level of support and guidance was provided to enable them to regain as much independence as possible in a range of daily activities including maintaining their personal hygiene, dressing, and preparing light meals and beverages. We received entirely positive comments about the caring, friendly and kind nature of staff, and how they treated people respectfully at all times.

Care and support plans that reflected people's needs and aspirations were developed in consultation with people and their relatives, where applicable. People's individual reablement objectives were kept under review and the daily notes recorded by staff clearly showed the varying levels of progress people attained.

People and their relatives where applicable, told us they were asked for feedback about the quality of their care and support. Written guidance was given to people about how to make a complaint and details of local advocacy organisations that could support people to make a complaint were featured in the 'Information Pack' provided to all new users of the service.

The management and care staff team were dedicated to the delivery of a high standard of individual care and support to assist people to regain as much independence as possible. Effective systems were in place to monitor and improve the quality of care and support provided.

We found one breach of regulation in relation to the safe management of medicines. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Although staff had received medicines training, a more detailed process for recording how they supported people with their prescribed medicines was required.

Staff understood how to protect people from the risk of different types of abuse and knew how to immediately report any concerns.

Risk assessments identified and addressed risks and guidelines were in place to reduce these risks.

Robust staff recruitment practices were used and there were sufficient staff deployed to comfortably meet people's needs.

Is the service effective?

Good

The service was effective.

People were supported by a staff team with appropriate skills, knowledge and training to effectively meet their needs. Staff expressed that they received regular support, guidance and supervision to carry out their roles and responsibilities.

People were enabled to make choices about their care and support by a staff team that understood current legislation in relation to the Mental Capacity Act 2005 (MCA).

Suitable systems were in place to support people to maintain a balanced and healthy diet.

The provider utilised its positive close working relationships with health and social care professionals and assisted people to access assistance from various professionals.

Is the service caring?

Good

The service was caring.

People received individual care and support, delivered in a

flexible way that took into account how people achieved different levels of progress with their reablement plan.

Staff provided kind and thoughtful care and support, which encouraged people to regain their independence.

Staff had the time they needed to give people the personal care and social support they required and people did not feel rushed.

Is the service responsive?

Good

The service was responsive.

People and their relatives where applicable, were consulted about their reablement needs. Care and support plans indicated people's wishes and aims, which were reviewed and adjusted to respond to their varying needs.

The provider worked in a seamless manner with health and social care professionals to promptly meet people's changing needs.

People were supported to state their opinions about their care and support, and were given clear information about how to make a complaint.

Is the service well-led?

Good

The service was well-led.

People were pleased with the quality of the service and felt it was a valuable local resource.

Staff demonstrated a motivated and committed approach, and reported that they were competently supported by the management team.

The provider had implemented effective quality assurance systems to maintain and improve standards of care and support.

HomeCare Reablement Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This announced inspection was conducted by one adult social care inspector on 30 December 2016, 16 January and 31 January 2017. We gave the provider 48 hours' notice of the inspection because due to the nature of a domiciliary care service, senior staff are sometimes out of the office supporting people who use the service and care staff.

Prior to the inspection we reviewed the information we held about the service, which included the most recent inspection report for September 2013 and statutory notifications received from the service. These are notifications of significant incidents which the provider is required by law to report to us. We contacted Healthwatch Central West London to request information they held about the provider. (Healthwatch Central West London is an independent consumer champion that gathers and represents the views of the public in regards to health and social care). We also reviewed the Provider Information Return (PIR), which the provider completed before the inspection. The PIR asks the provider to give some key information about the service, what the service does well and improvements it plans to make.

As part of the inspection we spoke with the registered manager who was a team leader for half of the borough, the team leader for the other half, the Head of Service, the interim reablement and rehabilitation manager and four care staff, known as community independence assistants. We spoke by telephone with seven people who used the service and the relatives of three other people. A wide variety of records were looked at, which included six care and support plans, policies and procedures, quality assurance surveys, staff records for training, supervisions and appraisal and five staff recruitment folders. Due to the provider's integrated approach of jointly working with a range of local statutory sector health and social care

professionals, we did not seek the views of external professionals about the quality of the service. However, we spoke with a senior community nurse and an occupational therapist who both contributed to the reablement process and were in the position to directly observe how the registered manager and members of the staff team met people's needs.

Requires Improvement

Is the service safe?

Our findings

We looked at the systems in place to support people with their medicines. Staff had attended medicines' training and were familiar with the provider's medicines policy. The community independence assistants informed us that they could directly contact their line manager, a GP or a member of the district nursing service aligned to the reablement service if they had any queries about a medicine. The care and support plans we checked showed that some people were independent with all aspects of their medicine needs or they received support from relatives. Where people required prompting from the community independence assistants to safely take their medicines, these medicines were ordinarily contained in a blister pack. (This is a term for a medicines compliance aid, which is filled by a pharmacist). We noted that staff had a list of people's prescribed medicines on the back of the blister pack and a separate written record of medicines not stored within the blister pack, for example eye drops and short - term courses of antibiotics. The community independence assistants recorded at each visit if they had prompted people with medicines; however, because the care and support plans did not contain a comprehensive written record of all prescribed medicines, this indicated that staff could not be safely assured they had accurately prompted people with all of their medicines.

This placed people at potential risk of medicines errors and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed this finding with the registered manager and her line managers on the final day of the inspection. The provider informed us they planned to introduce medicine administration record (MAR) charts, so that people would be protected by a more thorough medicines recording system that could be monitored and audited in conjunction with the current checking of people's daily logs.

People told us they felt safe with staff. Comments included, "I have no concerns about the carers whatsoever", "Their support made me feel safe in my own home, I now have more confidence and don't worry that I will have a fall" and "I used to try to visit [my family member] in time for his/her afternoon call. He/she trusted them and I did too, [staff member] was always so nice to him/her."

The community independence assistants understood the provider's safeguarding policy and advised us that they periodically attended safeguarding training, which was confirmed by the training records we looked at. Staff gave us explanations about different types of abuse and various physical, emotional and environmental signs that could indicate people were being abused or at risk of abuse. A community independence assistant told us, "We not only have training but we talk about safeguarding at weekly team meetings and our individual meetings with the team leaders. They (team leaders) tell us to always inform them about any concerns we find or any suspicions that abuse might be taking place." Staff had been provided with a copy of the provider's whistleblowing policy and were confident that the management team would earnestly respond if they raised any issues about the conduct of a colleague or line manager. (Whistleblowing is the term used when a worker passes on information concerning wrongdoings). The whistleblowing policy contained contact details for an independent organisation that could provide free advice and support for staff and information about external bodies staff could contact, such as the police

and the Care Quality Commission.

People were protected from actual and potential risks associated with their personal care needs and their home environment. The provider carried out risk assessments to identify risks and written risk management guidelines were developed for staff to read and follow. The care and support plans we looked at contained relevant risk assessments and accompanying guidance to minimise risks. These were updated as necessary, particularly as people's needs sometimes changed during their reablement period. The community independence assistants told us about a training course they attended last year to become 'Trusted Assessors'. This training provided staff with a range of knowledge and skills, for example they could order low level equipment for people's homes to promote their safety and independence. Staff spoke positively about the useful nature of this training and a community independence assessor told us that it had increased their awareness of how to identify risk factors in people's homes.

Careful recruitment practices were in place to make sure people were supported by safely appointed staff. The provider scrutinised any gaps in employment and we were shown evidence that Disclosure and Barring Service (DBS) checks had been completed before prospective employees were allowed to begin employment. (The Disclosure and Barring Service provides criminal record checks and a barring function to help employers make safer recruitment decisions). We found that other essential checks had been carried out, for example a minimum of two references including one from the prospective candidates most recent employer, proof of identity, proof of eligibility to work in the UK and health questionnaires. The knowledge and skills required for the role meant that staff had relevant experience working in health and social care roles.

All of the people and relatives we spoke with praised the reliability and punctuality of staff. Comments included, "I don't time how long my carers stay with me but I never feel rushed", "They make sure you are alright before they leave, they don't watch the clock like services I have had before" and "I don't know if I have been lucky but I had the same few carers and they were all lovely." Some people said that staff endeavoured to spend extra time with them if they were experiencing difficulties or needed time to chat. This was confirmed by staff, who explained that they were supported by the management team to offer some flexibility when possible. We found that there were sufficient staff deployed to safely meet people's needs and the community independence assistants we spoke with confirmed that they had sufficient time to meet people's needs in a thorough and relaxed way. The registered manager told us that although there were ordinarily approximately 22 community independence assistants employed, the provider had the flexibility to employ additional short-term agency staff to meet winter pressures. The provider ensured that any agency staff worked for a fixed period so that people experienced continuity of care and we noted that former agency staff who enjoyed their roles had successfully applied for permanent positions when they became available.

There were procedures in place to report accidents and incidents that took place while people received personal care and reablement support. The registered manager showed how this information was recorded and analysed in order to identify any trends that needed to be addressed. Staff were given mobile telephones so that they could inform people if they were held up in traffic or delayed due to unexpected difficulties at a previous visit, and contact their line managers for advice and support, as required. The community independence assistants told us about the protocols they adhered to in the event of unforeseen situations or an emergency, for example if a person became acutely unwell during a visit or they could not gain access to a person's home. Staff reported they felt fully supported by their allocated line manager and the designated on-call manager when they worked at weekends and evenings. These practices demonstrated the provider had established systems in place to promote people's safety and wellbeing.

Good

Is the service effective?

Our findings

People and relatives told us that staff had the knowledge and skills to ably meet their reablement needs. Comments included, "They are all great and have really helped me get back on my feet again", "I was hopeful that these carers would be good as they are trained by the council and I was never disappointed. I hope that anybody who needs reablement gets the good care I was given" and "They appeared very knowledgeable and shared some excellent tips about how to manage my care independently." One person wrote in a quality assurance questionnaire sent to them by the provider, "[Staff member] should be nominated for [an award], he/she is skilful, talented and brilliant, he/she was a part of my recovery" and a relative wrote, "We don't think [my family member's] recovery would have been possible without the help, care and support you provided, thank-you."

The provider's training programme was designed to ensure that staff achieved the knowledge, skills and competence to effectively care for and support people during their reablement period. The community independence assistants we spoke with stated that the training was "useful and empowering" and gave them "the right skills and information needed for reablement." Staff confirmed they received a comprehensive induction programme when they joined the provider, which included mandatory training and frequent opportunities to shadow experienced colleagues. Newly appointed and experienced staff were offered opportunities to undertake the Care Certificate. (The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care service). The training matrix we looked at showed that staff received training in a wide range of relevant topics, which included moving and positioning people, infection control, equality and diversity, safeguarding, dementia care and first aid. Systems were in place to monitor that staff were up to date with their mandatory training and identify when refresher training was due.

In addition to mandatory training and support for staff to achieve national qualifications in health and social care, the provider had developed training for staff to develop the specific knowledge and skills they required to deliver a reablement service. The registered manager described this as a 'hybrid training course' which enabled the community independence assistants to carry out certain low level nursing and occupational therapy tasks, for example how to check people's pressure areas to detect initial signs of any skin damage, and how to identify early indicators of dehydration or possible infection when providing daily care for people with a urinary catheter. A senior community nurse told us they provided formal input and informal support with the training programme for community independence assistants, which included monthly training sessions to support staff with their competencies. The nursing team were also available to speak with staff whenever they needed advice and the community independence assistants were encouraged to directly call a nurse colleague with their enquiries. This was confirmed by community independence assistants, who liked the straightforward arrangements for seeking support from members of the wider reablement and community health services teams.

We looked at a sample of supervision records which showed that care staff received regular, formal one to one supervision from their line managers in order to support their practice and check if they were working in accordance with the provider's policies and procedures. Staff told us they found the one to one supervision

sessions constructive and beneficial, however the community independence assistants we spoke with highlighted the weekly multidisciplinary team meeting as being a very helpful forum for gaining new knowledge and support to meet people's needs. The registered manager told us she was particularly pleased about how these meetings were conducted, as staff of varying disciplines and levels of seniority were encouraged to share information and seek advice where necessary, in an open and encouraging professional environment that valued the contributions of all participants. Appraisals were carried out annually and provided staff with an opportunity to review their performance with their line manager and set goals for their future learning and development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA and applications must be made to the Court of Protection.

We saw that the provider had relevant policies and procedures in regards to the MCA and records showed that staff had received applicable training. The community independence assistants informed us how they ordinarily assumed that people had the capacity to make choices about their care and support, unless the care and support plan stated otherwise. Staff felt they received detailed information about people's capacity as this was assessed by a social worker or health care professional during the initial referral stage. The provider demonstrated that it was working within the principles of the MCA and was meeting the requirements of the Act. People or their representatives were asked to sign their consent to the reablement service and where people had appointed representatives to act on their behalf, the provider checked that documentation was produced to evidence that their representatives had the legal right to do so.

People's nutritional needs were assessed as part of the planning of their reablement care and support, in order to ensure their needs were met with the provision of a healthy diet that met any medical and/or cultural needs. The community independence assistants told us they talked with people about their likes and dislikes in regards to food and drinks so that they could support them to prepare appealing meals and snacks. The care and support plans we looked at showed that people had varying goals in relation to preparing meals or making a hot drink, for example some people had previously independently heated up chilled or frozen meals in the microwave rather than prepare a meal from scratch, hence they wished to regain their skills to safely use the microwave without support. Staff told us they observed if people appeared to be unintentionally losing weight or experiencing difficulties with eating and drinking and reported their concerns to their line manager, so that appropriate professional health care support could be accessed from a dietitian or speech and language therapist.

Some people told us they liked how the provider worked closely with health care professionals. One person said, "I have had a nurse visit me and the OT (occupational therapist) and it was all to do with my care at home. They were able to get me equipment quickly, I know of other people that waited longer as they didn't have this service." We found positive written comments from people about their contact with occupational therapists and physiotherapists, which included, "I was impressed with the quality of care and physio" and "The OT was very polite, helpful and a pleasure to work with, he/she is an asset to your department." The registered manager told us that they checked with every person who used the service if they would like to be referred to a community matron and organised other referrals as required, for example to podiatrists, physiotherapists, community mental health nurses and professionals working at the local memory clinic service.

The service had access to an occupational therapy service and we spoke with an occupational therapist located at the same office as the reablement homecare team. They told us that the community independence assistants regularly reported to them relevant concerns about people's ability to manage everyday tasks and sought guidance about people's progress with their reablement goals. People's care and support plans contained details about their past medical history, current healthcare concerns and the contact details for health care professionals involved in their care, which ensured staff were aware of people's important information for the effective delivery of their care.

Good

Is the service caring?

Our findings

People and relatives informed us they thought the staff were polite, respectful and caring. Comments included, "I didn't think I ever wanted to have carers coming to my home and then I was sad to see them go when I finished reablement", "They were all such lovely people, I would recommend this service to everybody and have told my friends about it" and "They treated [my family member] with utter kindness and a very friendly and down to earth approach."

The care and support plans we looked at were person centred and contained information about people's hobbies, current or former occupation and family composition. People were asked about any cultural and/or spiritual needs that staff could support them with and whether they wished to receive their personal care support from a community independence assistant of the same gender. Staff told us that it was useful to know about people's backgrounds and interests as it enabled them to develop a rapport and it was rewarding when some people announced they felt able to resume favourite activities following their reablement period.

Community independence assistants demonstrated their understanding of the importance of promoting people's self-esteem and privacy. A staff member told us they always kept in mind that they were a visitor in people's homes and people were entitled to politeness and respect when they allowed you into their personal space. Records showed that staff had received applicable training and topics related to dignity for people who use health and social care services were discussed in meetings. Staff told us they ensured that personal care was provided in a safe and private environment, for example they checked that doors were shut and curtains and blinds were drawn before they assisted people with daily activities such as taking a shower and dressing. A community independence assistant explained that they would find a discrete setting to telephone their line manager if they needed advice when attending to their duties outside of the office and would refrain from directly mentioning people's names if there was any possibility that they could be overheard.

The provider offered people opportunities to convey their opinions about the service. People's views were sought during periodic reviews to monitor their progress with their reablement goals and through the quality assurance questionnaires that were sent out to each person who used the service. We looked at a sample of the questionnaires and noted that all of the remarks were positive. Comments included, "My grateful thanks to all concerned for this support", "I was looked after very well, I got the encouragement I needed", "I couldn't fault any of the staff, everyone was kind and considerate, and were very, very patient towards me" and "I write to praise the team that looked after [my family member]. All the ladies are worthy of being allocated an honour for their individual input and effort."

People were given written information about the service when they began their reablement, which provided them with guidance about how the service operated and the standard of care and support they should expect to receive at all times. The registered manager told us that the specific reablement information and the more general leaflets about safeguarding and how the local authority managed complaints were available in accessible formats such as large print and community languages. The provider guided people to

other services, for example people were given contact details for independent advocacy organisations and pamphlets for services that they might find useful, such as frozen meals delivery services and shopping delivery services that could be accessed by telephone or online.

The registered manager informed us that people with end of life care needs could use the reablement service. People's needs were assessed and a service was provided for people who wished to retain their independence for as long as possible and remain within their own homes. We looked at a care and support plan which showed that the provider worked in a sensitive way with a person with end of life care needs and closely liaised with other services such as the Hospice at Home team. This showed that people's individual needs and aspirations were taken into account and the provider tailored care and support to meet people's unique circumstances.

Good

Is the service responsive?

Our findings

People and their relatives told us that the service was responsive to their needs and felt staff worked hard to support them to regain their independence. One person told us that following a six weeks reablement period they no longer required any support for personal care, which had been their goal. Other people said they now had packages of home care support from other organisations and felt their current level of independence had been enhanced by the time they spent with the reablement service. One person wrote in their quality assurance questionnaire, "At first I felt embarrassed with personal hygiene but have got confidence now" and another person wrote, "My good progress is due to their daily help."

Records showed that people's needs were regularly assessed to make sure that any fluctuating needs were identified and appropriately addressed. A thorough initial assessment of people's care and support needs was conducted at the beginning of the reablement period and kept under review. The care and support plans showed that people were asked about activities that were important to them and people were supported to get back into social groups and/or places of worship they had previously attended, in addition to the support they needed to regain confidence with personal care, preparing meals and undertaking light housekeeping tasks. Discussions with people and relatives demonstrated that people were given clear information about how they were progressing and they were reassured that each person's progress was very individual and not comparable with local friends and neighbours who had also received the service. A relative told us they were concerned that their family member might not achieve their goals and observed how staff continued to offer motivation and encouragement when their family member struggled to regain their independence. People were assured they would be given advice and assistance if they needed to arrange care and support at home after their reablement. When we spoke with people and relatives they commented that it had usually been a smooth transition from reablement to other personal care and/or domestic support services.

The registered manager told us that the care planning and reviewing model was based on the use of S.M.A.R.T goals, which is an acronym for specific, measurable, attainable, realistic and timely. This meant that constancy was maintained for people as the community independence assistants spoke with people about their care and support using the same shared terminology as other groups of staff involved in the reablement process. It also enabled people and their relatives to understand more about how their care was being planned, delivered and evaluated without having to become familiar with more technical or clinical terms.

The provider gave people written guidance about how to make a complaint. We were not in a position to review how the provider dealt with complaints as there had not been any since the previous inspection visit in September 2013. People told us they had no concerns about the quality of their care and support and stated they would ring a manager at the Town Hall if they were not happy with the conduct of any of the staff. We noted that there were numerous complimentary letters, thank-you cards and Christmas cards with positive messages about the good standard of care. Written remarks included, "You (staff member) are a true angel and I'll never forget you" and "Thank-you so much, this card says it all I hope."

Good

Is the service well-led?

Our findings

The registered manager was one of the two team leaders employed by the provider. She was experienced and knowledgeable, having worked for the provider for many years within domiciliary care services and had been part of the team to establish a reablement service. People and relatives told us they thought the service was managed well and a person who used the service wrote to the provider, "You have helped me a lot, management and workers extremely helpful." A relative commented to us that they had not previously considered how the management team operated or whether they needed to contact the manager, as the delivery of service from their allocated community independence assistants was so stable and efficient. Staff told us that the registered manager and the other team leader were very approachable and operated an 'open door' policy. A community independence assistant said, "We all know that we can ask for advice, you don't have to wait until there is a meeting or you have an appointment."

Discussions with the community independence assistants showed that staff found their roles very fulfilling and they felt able to make a genuine difference to the quality of people's lives. Staff expressed that the support and training they received was a key factor in their job satisfaction, in conjunction with other positive aspects of their role including being part of a larger team of health and social care professionals and being allocated sufficient time at visits to support people properly. Staff said they felt valued because the provider invested in their training and development and recognised their contributions.

The registered manager and the staff team told us that a particular strength for the service was the time allocated each week to meet with the wider reablement team and discuss the needs of people who used the service. The registered manager and other team leader also attended management meetings to discuss ways of developing and improving the service.

The Care Quality Commission (CQC) carried out a national review of how care is integrated across health and social care and the impact on older people who use services, and their families and carers. The fieldwork was carried out between October and December 2015 in eight different areas in England, which included the London Borough of Hammersmith and Fulham. A report was published in July 2016, titled 'Building Bridges, breaking barriers: Integrated care for older people.' We spoke with the registered manager about this report and noted that the report highlighted good practice by the Homecare Reablement Service, which included effective systems for appropriately sharing information with other local services and successful multi-disciplinary working. We observed that the provider communicated well with other services, for example the care and support plan for the person with end of life care needs evidenced that prompt referrals were made to a range of other organisations including specialist nurses and equipment services to ensure that the person did not experience discomfort or distress due to any unnecessary delays.

The service had now formally strengthened its links with health providers and staff had been seconded late last year to work for a local NHS trust. The registered manager described this arrangement as a positive way for the staff to develop a broader spectrum of skills and be able to benefit from new training, ideas, and policies and procedures.

There were systems in place to audit the quality of the service, for example the registered manager and team leader spoke with people and relatives on the telephone, carried out spot checks and read the daily records completed by community independence assistants in order to ensure that people were receiving care and support that met their individual needs in a respectful manner. Policies and procedures were regularly reviewed and the provider advised us during the inspection that the medicines policy was being updated. The registered manager understood her responsibilities in accordance to legislation to notify CQC of all significant events that had occurred.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that people were protected from unsafe medicines support through the use of proper record keeping. 12(1)(2)(g)