Devon County Council

Social Care Reablement - Civic Centre

Inspection report

Civic Centre
North Walk
Barnstaple
Devon
EX31 1EG
Tel: 01392 388558

Date of inspection visit: 27 and 30 July and 4 August 2015
Date of publication: 09/09/2015

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

Overall summary

This inspection took place on 27 and 30 July and 4 August 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Social Care Reablement provides support to people in their own homes for up to six weeks following an illness, injury or set back. At the time of our inspection there were 40 people receiving a service.

When we visited there was a registered manager in post (referred to as the service manager). A registered manager is a person who has registered with the Care

Summary of findings

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.

People felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate processes.

Care files were goal focused to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. They were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment.

Staff relationships with people were strong, caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate.

Staffing arrangements were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately. Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture.

A number of effective methods were used to assess the quality and safety of the service people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Good

Is the service effective?
The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well.

People's rights were protected because the service followed the appropriate processes.

People were supported to maintain a balanced diet.

Good

Is the service caring?
The service was caring.

People said staff were caring and kind.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

Good

Is the service responsive?
The service was responsive.

Care files were goal focused to reflect people's personal preferences.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Good

Is the service well-led?
The service was well-led.

Staff spoke positively about communication and how the management team worked well with them.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

A number of effective methods were used to assess the quality and safety of the service people received.

Good

Social Care Reablement - Civic Centre

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 inspection took place on 27 and 30 July and 4 August 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses community services.

Before the inspection, the provider completed 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 also reviewed the information we held about the service and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care.

We spoke with 16 people who had recently been and were receiving a service and seven members of staff, which included the service manager and occupational therapist. We reviewed four people's care files, four staff files, staff training records and a selection of policies and procedures and records relating to the management of the service.

Good

Is the service safe?

Our findings

People felt safe and supported by staff in their homes. Comments included: "I feel safe at all times" and "I feel that if I had any concerns I could tell the carer and she would be able to deal with it." People also had a safeguarding fact sheet in their folders kept in their homes which they could refer to if need be.

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. Staff records confirmed this information.

The service manager demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls management, moving and handling, personal care and skin integrity. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. These included providing the necessary equipment to increase a person's independence and ability to take informed risks.

People confirmed that staffing arrangements met their needs. They were happy with staff timekeeping and them staying the allotted time. Staff confirmed that people's needs were met promptly and felt there were sufficient staffing numbers. The management team explained staffing always matched the support commissioned and skill mix was integral to this to suit people's needs. Where a person's needs increased or decreased, staffing was adjusted accordingly and was agreed with health and social care professionals. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff would be arranged to meet people's needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. The service also had a contingency plan in the event of bad weather which prioritised people's visits according to risk and a voluntary 4x4 vehicle service was available. People commented: "The staff were usually on time. Only once really late due to an accident on the road"; "The carers would come and never leave until the jobs were done"; "The carers were always on time"; "The staff came in at a time that suited me, usually the same carers" and "The carer comes when she says she will and I am never rushed. The carer has never been late to get to me."

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The service did not administer medicines because it provided short term rehabilitation with the aim of people regaining their full independence again. The medicines policy confirmed that medicines were managed by the people they supported. Nevertheless, staff had received medicines management training in case they identified concerns whilst supporting people in the community.

Good

Is the service effective?

Our findings

People thought the staff were well trained and competent in their jobs. Comments included: "Wonderful carers. Really knew what they were doing"; "The staff are very well trained" and "Very well trained staff. First class girls and very professional."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical health. Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt that people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, district nurses and occupational therapist. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a six month probationary period, so the organisation could assess staff competency and suitability to work for the service and whether they were suitable to work with people.

Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), first aid, nutritional care, moving and handling and a range of topics specific to people's individual needs. For example, dementia awareness and supporting people with Parkinson's disease. Staff had also completed varying levels of recognised qualifications in health and social care. This showed that care was taken to ensure staff were trained to a level to meet people's current and changing needs.

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the management team. Staff files and staff confirmed that supervision sessions and appraisals took place. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee. This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered.

Staff received training on the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff demonstrated an understanding of the MCA and how it applied to their practice. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. Care records demonstrated consideration of the MCA and how the service had worked alongside family and health and social care professionals when there were changes in a person's capacity to consent to care.

People were supported to maintain a balanced diet. Staff supported people to prepare meals for themselves to regain their skills. Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits with the need to consult with health professionals involved in people's care. For example a person eating less or weight loss evident.

Good

Is the service caring?

Our findings

People felt cared for by staff. Comments included: "I was treated very well by all the carers"; "The carers were wonderful, more like friends"; "I could talk to the carers about anything and they would really listen. I really couldn't have done without them. Fantastic staff"; "The staff make my life bearable after my hospital stay. When I came home they couldn't do enough for me"; "The care I received was very, very good" "The carers are amazing" and "My care is second to none."

The service had received several compliments about the care provided. These included: 'The care and attention was excellent' and 'Thank you for all the care and kindness.'

People felt they were treated with dignity and respect when being supported with daily living tasks. Comments included: "The staff treated me very well. I was treated with respect. I really miss them coming in"; "When I was in the shower my dignity and privacy was respected at all times. The carers washed my back, legs and feet and I washed everything else"; "I was treated with the utmost respect" and "My dignity is respected at all times" Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. Comments included: "They have made me feel so sure of myself with their wonderful care to their happy sense of humour"; "They encouraged me to be as independent as possible to aid my rehabilitation. The visits reduced to the point that I am now discharged from the service. I am a very determined lady"; "I was encouraged to do as much as I could for myself"; "I was quite dependent at first but with encouragement I did more and more for myself"; "The staff helped me when I came out of hospital four times a day at first and then reduced it to once over the six weeks as I became more independent"; "I am encouraged to do as much as I can" and "I feel that I got better more quickly with the carers coming in on a regular basis."

Staff demonstrated empathy in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. They explained that people being involved in their care was pivotal to their rehabilitation and was the purpose of the service.

Staff relationships with people were strong, caring and supportive. People commented: "We have a chat each day about what is going on in the world so I feel I am kept up to date because I have no other contact with people at all" and "The staff have become more like friends, they are very caring and supportive." Staff spoke confidently about people's specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. For example, staff demonstrated how they were observant to people's changing moods and responded appropriately. For example, when a person was feeling sad. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general wellbeing.

Staff adopted a strong and visible personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. People confirmed they were treated as individuals when care and support was being planned and reviewed.

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. Comments included: "I had a care plan which was sorted before the staff came in and it was changed when it needed to be"; "I have a care plan. It was filled in while I was in hospital. I was happy to leave it to the experts, they know what they are doing"; "The care I receive is very good. The staff do what I want them to. They write down in my red folder everything they do for me each day"; "I am treated as an individual; "I have a care plan that says what I need" and "My care plan was discussed with the occupational therapist and Social Care Reablement."

There was evidence of people being involved in making decisions about their care and treatment through their discussions with staff. One person commented: "At first I only had 15 minutes but it was not enough, so we discussed this and it was put in my care plan that I needed a bit longer." Care files were goal focused to reflect people's personal preferences and were in line with the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific goals to aid their rehabilitation. This included encouraging people to be as independent as possible.

Care files included personal information and identified the relevant people involved in people's care, such as their GP and district nurses. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately. Care plans were up-to-date and clearly laid out. They were broken down into different goals that people wanted to achieve. For example, regaining independence with personal care, meal preparation and mobility. Staff said that they found the care plans and assessments helpful and were able to refer to them at times when they recognised changes in a person's health.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. Comments included: "I knew what to do if I had to complain"; "I knew how to complain, but never needed to" and "I would ring the office if I had any concerns, but I have not got any." The complaints procedure set out the process which would be followed by the provider and included contact details of the provider, local authority and the Care Quality Commission. People were made aware of the complaints system on admission to the service and complaints details were contained within people's care files. This ensured people were given enough information if they felt they needed to raise a concern or complaint. Where a complaint had been made, there was evidence of it being dealt with in line with the complaints procedure.

Good

Is the service well-led?

Our findings

Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture. Staff commented: "We work as a cohesive team" and "We share good practice with each other through team meetings and peer support sessions."

Staff confirmed that they had attended staff meetings and felt that their views were taken into account. Meeting minutes showed that meetings took place on a formal basis and were an opportunity for staff to air any concerns as well as keep up to date with working practices and issues affecting the service.

People's views and suggestions were taken into account to improve the service. For example, surveys had been completed by people using the service at the end of their six week support. The surveys asked specific questions about the standard of the service and the support it gave people. The surveys were sent to Devon County Council customer service team for analysis and the service manager would be informed of any negative comments for them to follow up. This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of encouraging independence, choice, privacy and dignity and people taking control of their lives. Our inspection showed that the organisation's philosophy was embedded in Social Care Reablement through talking to people using the service and staff and looking at records.

The service worked with other health and social care professionals in line with people's specific needs. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP, hospital staff, Care Direct and occupational therapists.

There had been no incidents or accidents. However, we discussed how these would be dealt with if they occurred. Staff knew to complete an incident form which would be logged on the IT system and body map if applicable. The electronic form would then be sent to the service manager to deal with and action. The IT system enabled any trends to be recognised and any learning to be implemented. In addition, incidents and accidents were a standing team meeting agenda item to ensure the sharing of information.

Audits were completed on a regular basis by the service manager and Devon County Council quality team. For example, the audits reviewed people's goal plans and risk assessments, safe working practices, staff learning and development, medicines and day to day operations. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. The audits then informed the service improvement plan. Where actions were needed they had dates for completion attached to them. For example, staff refresher training and ensuring goal plans were detailed and related to people's assessed problem areas.