Wakefield MDC

Reablement Service Waterton Hub

Inspection report

Waterton House
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22 May 2018
23 May 2018

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place between 21 and 23 May 2018 and was announced. The provider was given short notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager would be available. This was the first inspection of the service since they registered with the Care Quality Commission in April 2017.

The Reablement Service Waterton Hub is a domiciliary care agency registered to provide personal care. The service provides short term care and support to people following an illness or hospital stay with the aim of enabling people so they can continue living independently in their own homes. It provides a service to people over the age of 18. At the time of our inspection there were 12 people using the service. Not everyone using the service receives care provided by the 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.

There was a registered manager in post when we inspected. 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.

People told us they felt safe using the service, and said staff arrived at the times agreed with them. Staff were safely recruited, had identification and uniforms which enabled people to identify them easily and they understood the importance of reporting any safeguarding concerns. People and staff were all highly complimentary about the quality of the service in all areas.

Risks were well assessed and we saw staff had access to clear guidance to help them minimise these risks as much as possible. People told us the support they received was kind, tailored to their needs and preferences, and very effective in helping them regain their independence. We saw people had choice and were consulted in the planning and review of their support.

People said they had good relationships with staff, and our conversations showed staff got to know people well. There was effective training and support in place for staff, who told us they had good leadership and morale. We saw communication amongst staff at all levels was effective and contributed to successful support delivery.

The registered manager had systems in place to monitor and measure quality in the service, and we saw people and staff were regularly asked for their opinions. There were good systems in place to work with other health and social care bodies to deliver good outcomes for people. We saw the service received regular positive feedback from people, their relatives and professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were recruited safely, and systems were in place to ensure calls were well managed.

Risks were well assessed, and there was clear guidance in place to help staff minimise these risks. Safeguarding systems helped protect people from abuse.

Medicines management was safe.

Is the service effective?

Good

The service was effective.

Staff had the training and support they needed in order to be effective in their roles.

There was a good understanding of the Mental Capactiy Act 2005, and we saw people were offered choice and asked for consent.

We saw evidence people were effectively supported with their health, nutrition and hydration needs.

Is the service caring?

Good

The service was caring.

People gave consistent feedback that staff were caring and respectful.

People were involved with the planning of their support.

Staff had the skills and experience necessary to support people who did not speak English as a first language.

Is the service responsive?

Good

The service was responsive.

People were involved in reviews of their care and told us the service was responsive to changes in their needs.

Systems to deal with complaints were in place and people told us they knew how to raise concerns, although had not needed to.

The service was regularly complimented on its outcomes by people, their relatives and other professionals involved in people's support.

Is the service well-led?

Good

The service was well-led.

The registered manager ensured the service quality was monitored in ways which included people and staff.

We observed good morale and empowerment of staff which showed there was a positive culture in the service.

The reablement service had been recognised for its quality in a national awards scheme.

Reablement Service Waterton Hub

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.

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 21 May 2018 and ended on 23 May 2018. It included speaking with people and their relatives by phone, speaking with staff at the provider's office and reviewing records related to people's care and the general running of the service. We visited the office location on 22 May 2018 to see the registered manager and office staff; and to review care records, policies and procedures.

The inspection was carried out by one inspector. Before the inspection we reviewed all the information we held about the provider, and contacted other bodies such as the safeguarding team, service commissioners and Healthwatch, none of whom had any adverse information to share. Healthwatch is a consumer champion that gathers information about people's experience of using healthcare services in England.

During the inspection we spoke with five people who used the service. We also spoke with the registered manager, the service co-ordinator, the planner, a care practicioner and four members of care staff. We looked at three care plans in detail and other records including two staff recruitment records, training records and information relating to the running of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe when staff from the reablement service were in their homes. Comments included, "I do feel safe when staff are here," "I feel safe because they are always there to talk to," and "I feel safe when they [staff] are in my home."

We looked at the ways in which calls were planned and saw they were arranged into routes clustered around geographical areas, and journey times were planned based on factors such as distance, traffic conditions and times of day. Staff we spoke with said they had time to travel between calls safely. Scheduled call times were included in care plans which people signed, and we received good feedback about the performance of the service in this respect. One person told us, "They always come at the time we have agreed, they have never been late." Another person said, "They come at the same times, they've never been more than a couple of minutes late."

Staff logged in and out of calls by phone, and the call monitoring system alerted staff in the office when this was not done, meaning any non-attendance by staff could be investigated and addressed quickly. This meant people were not left without the support they needed. We saw alerts were generated within an hour.

The meetings and care co-ordinator and registered manager explained that due to the nature of the work people's call durations could vary. They said they scheduled a longer call initially in order to fully assess the support people would need to regain their independence, and then this could be varied as the amount of support staff needed to give reduced. Staff told us they always checked with people if there was anything else people needed from them before leaving, and would stay longer than the planned time if necessary. People we spoke with confirmed this was the case and that they found the flexibility appropriate. One person told us, "They stay as long as I need them to."

We looked at the recruitment practices in place in the service and saw these were safe. Employment references were requested and checks were made with the Disclosure and Barring Service (DBS) to ensure prospective staff were not barred from working with vulnerable people. Staff wore uniforms and carried identification, which meant people could identify them easily. One person told us, "They show me their ID so I know who they are." Another person said, "I see different staff, but they are all the same quality and they have badges to show who they are."

Staff had a clear understanding of how to safeguard people and had received training in this area. They were able to describe the types of abuse people may be at risk of and their duty to report any concerns. All staff we spoke with were confident the care co-ordinator and registered manager would act appropriately to ensure their concerns were dealt with appropriately. We looked at the systems in place for reporting concerns and found these were safe. Information of concern was sent to a central team who helped the care co-ordinator report and investigate safeguarding information appropriately.

There were systems in place to ensure lessons were learnt from any safeguarding incidents, accidents or near misses. Staff completed accident forms which were then reviewed by the care-corodinator to ensure

appropriate action had been taken. Reports were discussed at a range of meetings including full staff meetings and care co-ordinaor meetings. This meant improvements were made consistently and across the service.

Care plans contained assessments of risks associated with people's reablement, including those for falls, accidents, fires and environmental risks inside and outside their homes. There was also guidance for staff to follow to enable them to minimise risks as much as possible. For example, one person had a risk of seizures which could be increased when they were nervous. Guidance for staff included clear instructions to ensure staff knocked at the door and clearly identified themselves when they arrived in order to minimise the risk of the person feeling anxious.

People who used the service were offered the opportunity to have an alarm system fitted in their homes which enabled them to call for assistance at times when the service was not staffed. This was operated by Wakefield District Housing's Care Link system.

Measures were in place to protect staff working alone in the community. Staff told us they carried torches and personal safety alarms, and we saw risk assessments in care plans included guidance for staff to assist keeping themselves safe when attending calls.

Staff received training in infection control practices, and we saw there were supplies of appropriate personal protective equipment (PPE) held at the office, which staff attended each day. Staff we spoke with confirmed this equipment was always available.

People we spoke with were not receiving support with their medicines at the time of our inspection, although some people told us they had received this when they began to use the service. One person told us, "Now they just check I have taken them, and that's all I need really." We saw care plans contained clear assessments of people's ability to manage their own medicines, together with agreements that staff could do some initial monitoring to ensure people were doing so safely. Where staff were providing assistance to other people using the service, we saw medicines administration records (MARs) were in place. These showed the medicines people took and when, and we saw they were appropriately completed, including records made when people did not want to take medicines. We saw staff had received training in the administration of medicines, and saw they were reporting any concerns about medicines, such as low stock or lack of supply, appropriately.

Good

Is the service effective?

Our findings

People told us they were supported by well-trained, very capable staff. One person said, "They have the skills. They know what they are doing." Another person told us, "It has been interesting how they have helped me get better without me really noticing it. I never thought it would happen."

Staff we spoke with described how they observed and got to know people in order to gain their trust and identify the most effective ways to provide encouragement for that person. One member of staff said, "You don't just walk in on day one and tell people what to do, you have to get to know each other a bit first or it won't work." People told us the ways in which they were supported to regain their independence was effective. One person said, "They are very good at encouraging you to get your independence back, bit by bit." Another person told us, "They give me the right sort of encouragement, it gets me doing the things I can do for myself."

We saw staff received a thorough induction which covered training such as that for moving and handling and medicines administration, and completed the Care Certificate whether they had a background of working in care or not. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. In addition all staff worked towards a diploma qualification in care.

Staff had access to a rolling programme of regular refresher training and could access training at any time. A care practitioner told us, "When we have lower service user numbers we sometimes get staff to use the time they would have been on calls to do some additional training." Staff told us they could access online training courses in the offices and could ask for training in areas of interest at any time. We saw compliance with mandatory training which needed regular refreshing was monitored by the priovider, and the care co-ordinator told us they received plenty of notice when refresher training was needed, which enabled them to plan staffing resources accordingly.

Staff were further supported through regular supervision and appraisal activity, which gave them an opportunity to discuss their performance in their role, and any additional training they may wish to undertake. We saw the supervision meetings followed a standardised format which ensured any actions agreed at previous meetings had been followed up.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager told us everyone who used the service had capacity to make their own decisions,

and we found they and staff we spoke with had a good understanding of the MCA and the ways in which it may impact on their work. One member of staff told us, "We may advise someone that a decision wasn't particularly wise, but we can't tell them not to or prevent them from doing what they want to do. We would report it to the office, though, as the person may not be safe."

We saw people signed their care plans and reviews to indicate their consent, and people we spoke with confirmed they were consulted and offered choice at all times. Comments included, "They always offer choice," "They let me choose," and "They ask what I need doing, and whatever it is they do it."

Where people required support to ensure their nutritional needs were met, we saw this was outlined in their care records. We saw daily records showed what people had either eaten or been encouraged to eat, and evidenced staff liaised with people's family or friends to ensure people had enough food in their homes. Staff told us they would encourage people to join in the preparation of meals in order to help regain their independence, and people told us this was the case. One person said, "They help me get something from whatever I have in. They encourage me to do as much as I can, but if I am tired or can't manage it that day they step in."

The reablement service worked well with other health and social care providers such as GPs, social workers and voluntary agencies. For example, a care practitioner told us that if staff were concerned that a person was socially isolated they would speak with a charity who provided a befriending service, and we observed staff discussing making such a referral when sharing information about people during their handover. We saw evidence in daily records that staff contacted other health and social care professionals on people's behalf when this was needed.

The registered manager told us they had initiated a scheme where their staff delivered small items of care equipment, for example pressure cushions, to enable a more responsive service to be delivered. They told us, "Sometimes people would be visited by a number of people from different teams to deliver this and that. It's much better for the person if one team does this, just one person comes to them. It's a better experience for them and it works well for all the teams concerned as well.

Good

Is the service caring?

Our findings

Everyone we spoke with said staff were friendly and caring and respected their privacy and dignity. Comments included, "I like to chat about my family and they really take an interest. They listen to what I have to say and talk to me about it," "I feel like it's not just people popping in and out again, I feel they are really here for me. They are all so friendly," "They have really got to know me," "They make sure my privacy is looked after when I am having a shower," and "I have had a lot of laughter with them, and that's been part of the medicine for me. You can't feel sorry for yourself when you're laughing."

Staff we spoke with were able to tell us about people's rehabilitation needs, likes and dislikes and what they liked to talk about. This meant they had got to know people well. For example, one staff member said, "[Name of person] loves to watch 'The Chase'. If they ever ask me to put their television for them I know it has to be on ITV, as this is the channel that shows their favourite programmes."

People told us they had agreed the content of their care plans, and were given a copy to keep at home. One person said, "I have a care plan, it was all agreed with me." Another person told us, "They talked to me about what support I needed and I have a care plan, but I don't bother reading it. I don't need to. They explained about what they would do and when they would come. That was enough." Some people were coming to the end of their support from the reablement service when we spoke with them. They told us this had been discussed with them in advance and said they had been involved in deciding when this would happen. One person told us,"They have helped me get back on my feet, which I am very happy about. I will miss them, but it will be nice to fend for myself again."

We saw in one person's care plan that they spoke little English, and found good arrangements in place to ensure their needs were met appropriately. The care plan identified a person that could translate for staff, and we saw they had been involved in the person's review to ensure they had understood it. We found staff who supported the person had strong skills which ensured they could provide a respectful and caring service to the person. For example, they showed us how they used some basic sign language they had learnt when supporting a person with a sensory impairment, which we saw was very clear. They showed us how they checked if the person had taken their medicines and whether the person felt alright. They told us they had searched for translations of some phrases such as 'hello' so they could greet the person in their own language. They said, "I think it's just nice to be able to do that, to help put the person at ease."

The registered manager told us they would be able to request information in alternative formats, such as in another language, braille or large print if people said they needed this. They told us no one currently using the service had expressed this need, however the provider had systems in place to ensure such requests were actioned.

Staff we spoke with told us they were proud of the good support people received, and would recommend the service as a place to work. One staff member told us, "We're a good team. I'd recommend this service to anyone."

Good

Is the service responsive?

Our findings

People we spoke with said the service was responsive to their needs. People felt staff spent time understanding how to give them person-centred support which met their needs, and said they were consulted about any changes. One person told us they felt motivated when staff used appropriate humour. They said, "They [staff] pretend to 'give me hell' when I won't do things for myself, but it's the right way to get me to do what I know I can do. They make me feel more confident and it's all to my benefit." Another person said, "Everything is done for a reason and it's working. I was unhappy about [an event in the person's life.] They've got me out of how I was feeling and doing more for myself. I am much better."

People told us the service was responsive to short notice changes. They said, "They are flexible – if I want to call at short notice to cancel them because I feel like going out it's never a problem."

We saw people's support was regularly reviewed and people confirmed they were involved in this process. One person said, "We have reviewed my care plan together and made changes a couple of times. It's kept up to date."

The registered manager told us they were aware that care plans lacked some detail and had put plans in place to improve this, including expanding the format to capture more information. We saw the documentation they were planning to introduce in the near future. Although the care plans did not reflect it, we saw that relevant information about people's progress and support needs was captured in the initial assessment, daily records and reviews. We were able to see how people were progressing towards their reablement goals and found staff had good understanding of people's current needs. This was due, in part, to being present at a daily afternoon handover which we observed. Staff gave updates on calls they had made that day, and we found these included detailed observations of people's progress and any concerns they had. These meetings were attended by care practitioners but driven by staff, who discussed who may need more or less time on calls, where liaison with families may be needed or where people were likely to be ready for support to be withdrawn because they had regained their former independence. Staff we spoke with told us they found the handover meetings very effective, and we observed strong communication amongst the team.

The care co-ordinator told us they had not received any complaints, although people were provided with information about how to raise concerns when they started to use the service. We saw people were asked during reviews if they would know how to raise concerns and complaints, and people we spoke with confirmed this was something they would feel confident in doing. Everyone was very clear, however, that they had never had cause to consider making a complaint. One person said, "I have never had to make a complaint. It's all very good." Another person told us, "I have nothing to complain about. No complaints."

We saw records of the large number of heartfelt compliments the service received from people during their reviews. Comments included, "They [staff] showed dedication, friendliness and efficiency throughout their time here. A very hard act to follow," "They treated our home and ourselves with respect. Superb!", "[Staff] gave [name of person] time to complete all tasks themselves, and they are glad they are getting back to how

they used to be," and I have got my confidence back now. I know I can get on with my life again."

Health and social care professionals had also given a large volume of good feedback about the service. For example, one social worker had contacted the service about a person whose fears about having support at home had been alleviated by the way staff had worked with them. They said, "Well done team, that's a great outcome. Please will you pass on to the carers." Another social worker had said, "You probably don't hear this directly but on nearly all review meetings I am attending service users and family are singing the praises of the carers from your team that are visiting." Other comments from professionals included, "It shows how essential and productive the reablement service really is," and "Please can you pass on comments to the carer involved and let them know they are doing a fantastic job which is really having a positive impact on this family already."

Good

Is the service well-led?

Our findings

The service had a registered manager, who was supported by a care co-ordinator, planner and care practitioners who line-managed care staff. The registered manager was also responsible for other reablement services operated by the provider. We observed strong drive and cohesion in the senior team at the Waterton Hub, who worked well together and had a passion for delivering a quality, person-centred service. The registered manager told us the service had been nominated and shortlisted for a national award, and although they had not won, the shortlisting had ranked them in the top eight of reablement services in the country.

People and staff gave good feedback about leadership in the service. One person said, "I have spoken to the people in the office, they are very friendly. Always ready to listen." Staff we spoke with told us the service was well-led, morale was high and they felt able to make suggestions or give feeback about systems and processes which was always respected. The registered manager told us, "We can't always act on every suggestion, but we can discuss them and explain why we may not be able to make changes as a result."

There were systems in place to monitor and improve quality in the service, for example those to ensure calls were not delayed or missed and to gather meaningful information about people's experiences of the service in order to enable them to make improvements where needed.

People had a strong voice in the monitoring of the service. Reviews asked people to comment on their perception of quality, including whether they felt consulted, whether their care plan was useful, whether staff respected their preference and wheter they would recommend the service to other people. When we spoke with people they expressed a high level of satisfaction with the service. Comments included, "I would recommend them [the service] because they will listen to what I have to say. I can talk to them," "They have come out to check how things were going and whether I was happy with the service. I am, because they are lovely. It's a brilliant service," "The people in the office have come out to see me, to check I am happy with how things are going. And I am," and "They have called to ask me if I was happy with everything they have done, and I am. I would recommend them." We saw people made similar comments on their review forms.

Staff had regular opportunities to meet with the care co-ordinator and registered manager as a group, and told us they found these meetings open and inclusive, and felt able to speak openly. One member of staff showed us there was an agenda on a noticeboard in the staff room which enabled them to add items for discussion at the next meeting if they wished. We observed staff were empowered, for example through running handover meetings, and staff told us there was a very positive culture in the service. One staff member said, "Of all the places I have worked this is possibly the busiest, but it's definitely the best."

In addition to meeting regularly with the full staff team, we saw the registered manager also met regularly with care co-ordinators to ensure consistency across all their services and ensure that any learning, such as that from other inspections, or incidents in a particular service, could be used to drive meaningful improvements. In addition the registered manager also attended meetings with other registered managers to discuss operational issues and share good practice, and a multi-team steering group to help develop

strong links that would beneficial in delivering a quality care experience to people. The registered manager said, "It's about creating umbilical cords, connections between teams to help each other out and make care delivery more efficient and pleasant for the people receiving it."