

Redcar & Cleveland Borough Council

Recovery and Independence Team

Inspection report

Low Grange Health Village
Normanby Road
Middlesbrough
Cleveland
TS6 6TD

Tel: 01642513668

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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

We inspected the Recovery and Independence Team on 30 March 2017. We announced the inspection 48 hours before we visited to ensure that the registered manager was present on the day of the inspection. When we last inspected the service in July 2014 we found that the registered provider was meeting the legal requirements in the areas that we looked at and rated the service as good. At this inspection we found the service remained 'Good'.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Recovery and Independence Team provides a free and flexible service to people in their own homes for a period of up to six weeks (and beyond if necessary though not open ended). Staff provide support, rehabilitation and advice to people with the aim of them regaining their independence. The service is available to people aged 18 and above who live in the Redcar and Cleveland area and who have the potential to improve their independence. For example, someone who is to be discharged from hospital after a period of illness. The service supports people with meal preparation, attending to personal hygiene, administering medicines, mobilising, shopping, accessing community facilities and domestic support. This service is provided to people within 72 hours from referral.

There is also a rapid response element to this service for people who require urgent support to enable them stay at home and prevent admission to a care home or hospital. The only exclusion for the rapid response service is that if a person has overnight needs. This service is provided to people within two hours from referral. The service operates between 7am and 10pm and will be provided for a maximum of one week. If the person has the potential to improve their independence then staff will continue to work with them for up to six weeks.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people and the home environment were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place. Staff competencies, around administering medication, were regularly checked.

There were sufficient employed to meet the needs of people who used the service. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A comprehensive training plan was in place and all staff had completed up to date training. People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice. People were supported to prepare and choose meals of their choice.

People were supported to maintain good health and had access to healthcare professionals and services. People received the support they needed from recovery assistants, physiotherapists and occupational therapists. Where needed, referrals were made to dietician or speech and language therapy.

People's care plans described the care, support and rehabilitation they needed. Care plans detailed people's needs and preferences and were person-centred. Meetings took place regularly to review people's progress and new goals were set. People told us they were involved in all aspects of their care and rehabilitation.

The registered provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views.

People received a consistently high standard of support and rehabilitation because staff were led by an experienced and proactive registered manager. The staff team were highly motivated and enthusiastic and committed to ensuring people regained their independence. There was a clear management structure in place and oversight from the registered provider. There were systems in place to monitor the safety and drive the continuous improvement of the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Recovery and Independence Team

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 comprehensive inspection took place on 30 March 2017 and was announced. We informed the registered provider of our inspection 48 hours before we visited. We did this because we wanted to be sure that the registered manager would be in the office on the day of the inspection.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we held about the service which included notifications submitted to CQC by the registered provider.

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

During the inspection we reviewed a range of records. This included five people's care records including care planning documentation and medicines records. We also looked at three staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

We spoke with nine members of staff which included the registered manager, deputy manager, two co-ordinators, a senior recovery assistant and four recovery assistants. After our inspection we spoke on the telephone with five people who were using or had used the service. We also contacted health professionals

involved with the service to seek their views. Their comments can be read in the main body of this report.

Is the service safe?

Our findings

People told us they felt the service was safe. One person told us, "It was nice to know that someone was coming in on a morning and at other times during the day. It gave me a sense of security knowing they were coming, particularly after being in hospital."

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

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, Disclosure and Barring Service checks (DBS). These are carried out before potential staff are employed to confirm whether applicants had a criminal record and were barred from working with people.

Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks. Risk assessments had been personalised to each individual and covered areas such as falls, choking, moving and handling and the use of equipment. This enabled staff to have the guidance they needed to help people to keep safe. We found detailed environmental risk assessments of the person's home. If needed, staff at the service contacted the fire authority to get them to fit smoke alarms to people's homes (no cost involved).

Arrangements were in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that regular analysis was undertaken on all accidents and incidents in order to identify any patterns or trends and to put measures put in place to avoid re-occurrence.

This service was provided to people during the hours of 7am and 10pm. The registered manager told us at the time of the inspection there 21 people who used the service. The numbers of people who received support could vary from one week to the next. We were told there were enough staff employed to meet the needs of current people and if there was to be an increase in demand. People who used the service told us that staff were reliable and turned up on time. One person said, "I can't fault them [staff]. They arrived at the time they said they would be coming. They used to come at 9pm on a night because they knew I liked to go to bed earlier."

There were procedures for staff to follow should an emergency arise, for example if they couldn't gain access on arrival or if there was deterioration in a person's health. Staff were aware of what to do in case of emergencies. The service had an on call procedure in place, which meant staff could contact the responsible person if they had any concerns.

The registered provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records (MAR's) that we look at were completed correctly with no gaps or anomalies.

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care and support. One person said, "When you come out of hospital you are less efficient and need some help. They [staff] did a god job of getting me back on my feet and gaining my confidence." Another person said, "When they [staff] first started coming they were here four times a day. I have improved so much they are only coming once a day now."

Staff told us they were well supported in their role. The registered manager had an annual planner in place for staff appraisal and supervision. We found records to demonstrate staff received their appraisal every 12 months and had supervision on a regular basis. Supervisions provided staff with the opportunity to discuss any concerns or training needs. One staff member said, "I have supervision about every two months. We talk about safeguarding and check I am managing my work load and that my health is ok. I feel very supported as there is always somewhere I can go and someone I can talk to."

Records we looked at showed staff had received the training they needed to meet the needs of the people using the service. This training included health and safety, safeguarding, emergency aid, infection control, people movement, reablement, medication and fire training. Staff complimented the training and told us they had enough training to enable them to support people and meet their needs. One staff member said, "Our training is brilliant and we get so much of it." Another staff member said, "This training knocks the spots of my training at my last job. [Name of trainer] did the medicines and inhaler training and it was brilliant."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions, MCA and best interest decisions were visible in care records.

At the time of the inspection there wasn't anyone using the service who lacked capacity. The registered manager told us the service acted in accordance with the MCA 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. The registered manager told us best interest decisions would be recorded within people's files including who had been involved and how the decisions had been made in the person's best interests.

Before the service started people were assessed to determine the level of support they needed at meal time. Those people who were able were encouraged to be independent in meal preparation and cooking. Staff encouraged and supported people to have meals of their choice. One person said, "At first they were helping me with all my meals but now I can do more for myself."

The registered manager and staff we spoke with during the inspection told us they worked very closely with

other healthcare professionals to support people in their rehabilitation. This included occupational therapists and physiotherapists. Regular meetings took place to discuss the individual support people needed and how they were improving or if there had been any deteriorations. They also worked closely with GP's, the district nursing service, home care agencies and social workers. If needed, appropriate referrals were made to dieticians or speech and language therapists. Staff spoke with knowledge and understanding about rehabilitation and people's individual needs. We found changes to rehabilitation and needs were well managed. People were provided with the equipment they needed such as walking frames, grab rails and raised toilet seats. This meant that people were supported to maintain good health and had access to healthcare services to aid their rehabilitation.

Is the service caring?

Our findings

People we spoke with told us that they were very happy and that the staff were very caring. One person said, "They [staff] were all lovely people. They were like a new family. I looked forward to them coming." Another person said, "All of them [staff] who visited were very kind and considerate." Another person said, "They are very caring. For a start we have a good laugh and the communication is very good."

We looked at records which informed the service had received many compliments. One we read stated, 'I [person who used the service] cannot fault this service at all, the ladies [staff] were very approachable, friendly and professional at all times. I appreciated all that they did for me. To me they [staff] are friends and were my communication to the outside world. Thank you so much for the care you gave me and for their thoughtfulness and kindness.' Another stated, 'I was much impressed by the kindness, friendly conversations and impressed favourably by all the help given. It speeded my recovery and I have sorely missed their [staff] visits, each and every one was a great assistance, polite, observant and a pleasure to know. Please convey to them my gratitude and pleasure.'

The expectation of a caring and person-centred approach to people was made clear to staff at interview and induction, and was reinforced through on-going supervision and training. The registered manager told us dignity was discussed on a regular basis to re-enforce the 10 dignity points all people who used the service and staff were aware of. One of the 10 points of dignity was to support people with the same respect you would want for yourself or a member of your family. People we spoke with during the inspection and compliments we read confirmed that people were treated with the utmost respect. One person told us, "All of them [staff] treated me with respect and considered how I felt. They helped me so much to build up my confidence." A compliment we read stated, 'Everyone I came in contact with treated me with the utmost care and consideration and always with a smile. It has been a marvellous service which I would not have managed without. Thank you all very much indeed.'

Staff told us the importance of ensuring people were supported to retain as much of their independence as possible. We asked staff about this and one said, "Our [staff] role is to support people to become independent. We [staff] support people with their mobility to gain confidence and with household tasks. It's very rewarding to see people improve." A person we spoke with said, "It's an excellent service and I am very lucky to have received it. It was just a case of building up my confidence and now I am much more independent around the place."

We saw from the records, that people were involved in making decisions about their care and the way it was delivered. Any changes were dealt with and care plans were updated accordingly.

Those staff who provided the rapid response service to people had experience and training in end of life care and this was an important part of their role when providing care to people in their own homes. At the time of our inspection no one was receiving end of life care. However, the registered manager showed us the end of life care plan for one person who had recently died. The plan was detailed to ensure the needs of the person were met.

Is the service responsive?

Our findings

People told us they felt the service provided personalised care. One person said, "I can't fault this service. They got to know me and my needs and helped me to become more independent." A compliment we read stated, 'We were amazed and pleased at the prompt and efficient service which your carers/supervisors provided. Within hours a care plan was put in place to meet [person who used the service] own individual needs. At all times [person who used the service] was made to feel comfortable and at ease in what could have been a difficult or embarrassing situation.' Another compliment read, 'As [person who used the service] condition improved and with the encouragement and assistance of the carers [person who used the service] was able to take on more of [their] own personal care thus enabling [their] speedy recovery and return to an independent life.'

Referrals for the service were made by health professionals, social workers and the emergency duty team. After the initial assessment a co-ordinator visited people at home and agreed the outcomes the person wanted to work towards achieving. Each week the person's rehabilitation was reviewed to monitor their progress, goals set and plan discharge. At the end of six weeks or before the person was discharged people were reassessed to determine any future care needs. We contacted health professionals by email to seek their views on the service. One health professional wrote, 'I can confirm that I regularly refer patients and liaise with the Recovery and Independence team. I have always found that there are good lines of communication and they request and value information from occupational therapists on the ward. We have worked closely, particularly on some more complex cases for an effective outcome for the patient. I have always found the reablement staff to be approachable and professional.'

Another health professional wrote, 'We are very fortunate in sharing an office with the Recovery and Independence team and work alongside each other as we are often involved with the same patients this works very well and we often liaise with the team in regard to patients care, progress etc. Feedback from patients regarding the service is very positive and I feel that the service offered is safe, effective, caring, responsive and very well led.'

During our visit we reviewed the care and rehabilitation records of five people. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed which clearly identified the help and support each person needed. This helped people to maintain their skills and independence. Care records contained information about the person's likes, dislikes and personal choice to help to ensure the care and support needs of people who used the service were delivered in the way they wanted them to be. Care records had been regularly updated to reflect the changing needs of people.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. At the time of our inspection the service had no outstanding formal complaints. The registered manager explained that wherever possible they would attempt to resolve

complaints informally.

Is the service well-led?

Our findings

The service was well-led. It had an experienced and skilled registered manager in post, which provided stable and consistent leadership. This was supported by what people and relatives told us. One person said, "They [staff] were so professional and organised." Another person said, "The communication was very good. I knew exactly what was happening."

Staff told us the service was well-led and the registered manager was extremely approachable and supportive. One staff member said, "I think [name of registered manager] is so professional and very experienced. If you [staff] need to know anything [registered manager] has got an open door." Another staff member said, "I keep pinching myself and asking have I really got this dream job. [Name of registered manager] is a fantastic support."

The service has an experienced registered manager who was registered with the Care Quality Commission in November 2013. Prior to this they had managed other adult social care settings.

There was a clear management structure in place at the service. The registered manager was supported by their line manager, a deputy manager and co-ordinators. Each member of the team played an effective part in the running of the service. The registered manager recognised individual skills of staff and utilised these through effective delegation. The registered manager empowered staff by sharing responsibilities whilst monitoring their performance. The management team worked extremely hard to ensure people who used the service and relatives were involved in how the service developed and delivered care.

In 2016 the registered manager was the winner of the Employee of the Year Award in Redcar & Cleveland Borough Council Pride Awards. The authority recognised the dedication and commitment that the registered manager had made to make the Recovery and Independence Team the success it is.

The registered manager and staff had signed up to the Social Care Commitment which is the adult social care sector's promise to provide people who need care and support with high quality services. The commitment aims to increase public confidence in the care sector and raise workforce quality in adult social care. Making the commitment involves agreeing to the seven statements and selecting tasks to help put those statements into practice. Tasks cover activities such as recruiting the right staff, having a thorough induction and appropriate training, ensuring a strong culture that values dignity and respect and effective communication. One staff member told us how the registered manager was effective at supporting them with their training. They told us how they had some difficulties with learning and how the registered manager had made individual changes to support them with this and how they had contacted other organisations who provided some coping strategies. This staff member said, "[Name of registered manager] is absolutely fantastic. I could always do the physical side of the job but now with [registered manager's] fantastic support I can now do the written side of the job."

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with any changes

within the service and to provide feedback. The registered manager told us meetings were also used to celebrate success. Staff at each meeting nominated other staff for individual reasons. The registered manager provided us with examples of staff going the extra mile and this included a staff member working in their own time and staff providing support to other staff. Staff told us how this award made them feel valued. One staff member said, "I was nominated by the seniors who said I was professional and always there for them. It feels good to be nominated and appreciated."

People who used the service were asked to complete an exit interview at the point of discharge from the service to gather feedback on the care and service provided. We looked at the results of exit interviews and saw that people had been very happy with the care and service received. Comments included, 'An excellent service helping me towards independence at a great age.'

We looked at the culture of the service, including if it was open, transparent and accountable. Throughout the inspection the registered manager and staff were open and cooperative, answering questions and providing the information and documents that we asked for.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.