

Warwickshire County Council

Reablement Services North Team

Inspection report

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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 on 30 June 2016 and was announced.

The Reablement Services North Team supports people in their own homes to achieve their pre-treatment, or pre-hospitalisation, level of independence within six weeks of support. At the time of our inspection, 70 people were supported with care.

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

People told us they felt safe with the staff who supported them. Staff received training to safeguard people from abuse. They were supported by the provider, who acted on concerns raised and ensured staff followed safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified and staff were aware of current risks, and how they should be managed.

People were administered medicines by staff who were trained and assessed as competent to give medicines safely. Records indicated people's medicines were given in a timely way and as prescribed. Checks were in place to ensure medicines were managed safely.

There were enough staff to meet people's needs effectively, and people told us they had a consistent and small group of staff who supported them, which they appreciated. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who lived in their homes.

Staff asked people for their consent before undertaking any care tasks. The provider supported people who were able to make their own decisions, and staff respected their right to do so. Staff and the registered manager had a good understanding of the Mental Capacity Act.

People told us staff treated people with dignity, kindness and respect. People's privacy was maintained. People were supported to make choices about their day to day lives.

People saw health professionals when needed, and the care and support provided was in line with what they had recommended. People's care records were written in a way which helped staff to deliver personalised care and gave staff information about people's communication needs, their likes, dislikes and preferences. Care plans focussed on the outcomes people wanted to achieve to regain their independence, and were regularly reviewed to ensure this happened effectively.

People and relatives told us they felt able to raise any concerns with the registered manager. They felt these

would be listened to and responded to effectively and in a timely way. Staff told us the registered manager and senior staff were approachable and responsive to their ideas and suggestions. There were systems in place to monitor the quality of the support provided, and the provider regularly sought feedback from people and their relatives with a view to improving 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 was safe.

People's needs had been assessed and risks to their safety were identified and managed effectively by staff. Risk assessments were up to date, and the provider ensured care staff minimised the risks to people's safety. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs, and people were supported by a consistent staff team.

Is the service effective?

Good ●

The service was effective.

People's rights were protected. People were able to make their own decisions, and were supported by staff who respected and upheld their right to do so. People were supported by staff who were competent and trained to meet their needs effectively. People were supported with their nutritional needs where they needed it. People received timely support from health care professionals when needed to assist them in maintaining their health.

Is the service caring?

Good ●

The service was caring.

People were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. People were supported to be as independent as possible by staff who showed respect for people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which had been

planned with their involvement. People's care plans were regularly reviewed throughout the period of the reablement care to ensure they were meeting people's changing needs. People knew how to raise complaints and these were dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

People felt able to approach the registered manager and senior staff and were listened to when they did. Staff felt supported in their roles and there was a culture of openness within the service. There were quality monitoring systems in place to identify any areas needing improvement.

Reablement Services North Team

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on 30 June 2016 and was announced. We told the provider 48 hours in advance, so they had time to arrange for us to speak with staff. The inspection was conducted by one 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 this type of care service.

We reviewed the information we held about the service. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

Prior to the inspection visit, we spoke by telephone to 15 people who received, or had recently received, care and support in their own homes. We also spoke to one relative of a person who used the service. During our inspection visit, we spoke with the registered manager and eight staff members. They were known as 'reablement' staff.

We reviewed seven people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care, and how the service operated to check how the provider

gathered information to improve the service. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People told us they felt safe with staff who supported them. When asked what made them feel safe, one person told us, "When I came out of hospital I was nervous to be on my own the carers encouraged me to be confident." Another person said, "I am safe with the care staff as they really encourage me to do things when they are here."

The provider protected people against the risk of abuse and safeguarded people from harm. Reablement staff attended regular safeguarding training and told us the training gave them a good understanding of what constituted abusive behaviour and their responsibilities to report it to the management team. Staff told us they would be watchful for signs that could indicate a person was concerned or experiencing abuse. One reablement assistant told us, "I would look out for people being withdrawn, signs of depression, things like that. There might be visual signs too. If I am helping someone with personal care, I might see marks or bruises." They added, "If I noticed anything I would ring the office straight away." Records showed the provider managed safeguarding according to their policies and procedures which helped to keep people safe.

The provider's recruitment process ensured risks to people's safety were minimised. Staff told us they had to wait for checks and references to come through before they started working with people. Records showed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

There were sufficient experienced reablement assistants and assessors to provide the calls people who used the service required. A reablement assistant is a member of care staff who supports people on a day to day basis. A reablement assessor is a member of staff who completes assessments and reviews to determine the level of support people needed. The registered manager told us they would not accept reablement care 'packages' unless they had the staff available to meet people's needs safely. They explained that flexible working between the north and south teams allowed for any gaps in staffing to be covered to ensure people received the support they required.

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. They had been updated with the most recent information, had action plans in place about how to manage identified risk, and linked clearly to people's day to day care plans and the outcomes they wanted to achieve.

The provider had taken steps to ensure people who required care at support at specified times, for example for the administration of prescribed medicines, could be supported in the event of something happening that would cause disruption to care services, such as flooding.

The provider protected care workers from the risks associated with late night visits, visits in remote locations, or where people could be challenging. There was a lone working policy and procedures staff

followed to ensure their safety. All staff were issued with a personal alarm and I-phones. Staff told us the procedures in place made them feel safe. One reablement assistant said, "We are sent out in two's if necessary, for example where there are risks around moving people, or if someone can get angry with the staff."

There was a procedure to identify and manage risks associated with people's care, such as risks in the home or when supporting people to walk.

Risks in people's homes were identified at the initial assessment, but reablement staff told us they would not hesitate to report any new risks which they became aware of when providing support. A reablement assistant told us, "We always go in and read the folder first to see if there are any moving and handling issues, that kind of thing. The best way is to talk to people too."

Staff told us they had received training to administer medicines safely as part of their induction. After this, they watched experienced members of staff administering medicines, and were then assessed by the registered manager or one of the reablement supervisors, to ensure they were competent to administer medicines safely.

People's care records included information about the medicines they were taking, what they were for and possible side effects. They also included information about how people preferred to take them. For example, a number of people managed their own medicines, with support from care workers. Where this was the case, care records gave staff guidance about how they could help people to do this safely. These were focussed on respecting people's wishes, whilst ensuring people had information they could understand in relation to what medicines were for and why they had been prescribed.

Medication Administration Record (MAR) sheets included relevant information about the medicines people were prescribed, the dosage and when they should be taken. We saw staff completed MAR sheets in accordance with the provider's policies and procedures, which indicated people who needed support were given their medicines safely and as prescribed.

The provider ensured calls were at set times where necessary, to help people take their medicines safely and as prescribed.

Is the service effective?

Our findings

People told us staff who supported them were well trained and knew how best to meet people's needs. One person said, "When I was in hospital I had no idea how I would manage at home because I had really hurt myself when I fell, but the service was amazing it got me sorted and back to full health in a couple of weeks the staff are so good and they really are so well trained."

Staff told us they had an induction when they first started working at the service. This included being assessed for the Care Certificate, and working alongside more experienced members of staff, before supporting people on their own. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. Records also showed new staff were 'signed off' as being competent by a senior member of staff after a 12 week period.

One staff member told us, "When I was coming to the end of my induction, I was offered the chance to do more shadowing if I felt I needed it, which I didn't feel I did. They checked every couple of days that I was okay with everything. I was well supported."

The registered manager told us all new starters were offered the opportunity to do a qualification in social care, once they had been assessed as competent following a probationary period.

As well as training considered essential, staff had received training about specific conditions such as supporting people who have had a stroke. An occupational therapist (occupational therapists are trained to support people to carry out everyday activities which are essential for health and wellbeing) told us, "The training is fantastic. There is mandatory training but you have scope to look at other more specific training. I have booked onto drug and alcohol awareness training, following working with someone on reablement." A reablement assistant commented, "When you have done the job for a long time you get on with it, but some of the training really makes you think. You look out for neglect for example when you have been reminded of it." We asked staff what they would do if a person had a diagnosis or a condition they were not familiar with, so were unclear how it impacted on people's abilities. They told us they would complete research and seek further advice from other professionals involved in the person's care.

People told us, and records showed, how health professionals had been contacted when people needed this. They also showed how people were supported to attend medical appointments. One person commented, "I needed to go to the hospital so the company changed my (care) times so I was ready to go." Where people had specific health conditions, records showed staff communicated well with health care professionals to ensure people's health could be maintained. Where necessary, staff had been trained to use specialised medical equipment and to understand specific medical conditions.

One of the occupational therapists told us about regular learning meetings they had, and how these helped improve their practice. They commented, "There is certainly scope for professional development. It helps staff have a good understanding of people and how they might challenge the service, for example." This

helped staff to ensure they continued to provide a good service?

The registered manager kept a training record of what training each member of staff had undertaken and when. The provider had guidance in place which outlined what training staff should complete depending on their role. The registered manager told us they ensured this guidance was followed, so they could be assured staff had updated their knowledge and skills.

Staff told us they had regular supervision meetings with their manager, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance. One told us, "We have regular supervision and regular appraisals. My supervisor is very good."

The registered manager told us, and records confirmed, all staff were observed delivering care, with people's agreement, on an annual basis to ensure they remained competent and were supporting people in a caring and dignified way. They told us this was recorded and action was taken should there be any concerns. A reablement assistant commented, "We always get feedback from these. They link to our appraisal too."

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.

The registered manager told us the reablement service would not usually support people, unless they had capacity to consent to reablement, and to understand what they needed to do to regain their independence. They told us that if there were any concerns about someone's capacity, or if they were concerned people might be deprived of their liberty, they would speak to social work colleagues. An occupational therapist commented, "We don't tend to take people onto reablement if they lack capacity but people can develop lack of capacity. If this happened we would need to consider what was in people's best interests and involve other professionals like the GP for example." A reablement assistant told us, "The people we support have capacity to make their own decisions. If I had any worries I would ring the office who would get an assessor out to look into things."

Reablement staff we spoke with knew they could only provide care and support to people who had given their consent. We asked them what they would do if anybody refused their planned care and support. One responded, "I would explain that I was not taking over, and that I was just there to help with the things they struggled with. You can't force things. I would also speak to the office about it so they knew." A reablement assistant explained, "I always ask for consent. For example, I might say, "Do you want me to help with this bit?" It is just about good communication all the way through."

None of the people we spoke with were supported with the preparation of their meals. However, we looked at care records for someone who had been assessed as being at risk of malnutrition, and needed a soft diet. These showed there was information for staff on what sort of diet the person needed, and how they should support with this. Records also showed the person had been prescribed nutrient drinks to help ensure they got the right amount of nutrition. These had been added to the person's MAR sheet as directed and staff had signed to show they had been supporting the person to take these safely and as prescribed.

Is the service caring?

Our findings

People told us staff were kind and caring. Talking of the care staff, one person commented, "Best care ever." Another person told us, "They [care staff] gave good class care." People also told us they were supported by a consistent staff, with whom they could quickly form a bond. Comments from people included, "The same two staff came the whole time and it was really good, we got to know each other well." And, "My carer seems to have plenty of time to do the jobs without having to rush."

Staff told us they were encouraged by the provider and the registered manager to support people in a compassionate and caring way. Reablement staff were confident the service provided was delivered by caring staff. One told us, "I always introduce myself, make sure I am friendly. It is all about the way you come across to people. Part of the job is being a caring person."

The ethos of the service was to support people so they could live as independently as possible in their own homes. An occupational therapist said, "I think it is a fantastic service. We are trying to promote people's independence and well-being. Trying to focus on what is important to people." Another staff member told us, "There are a lot of positives. People are getting help to get back into as good a way of living as they can." A reablement assessor talked about working with families who may have been supporting someone and felt anxious about others getting involved in their relative's care. They said, "It can be difficult for families, so we try to make them feel less anxious. I might say, 'You have been amazing, but let's see how Mum gets on with us supporting her.'"

Reablement staff understood the aims of the service provided and valued the outcomes they achieved for people. One explained, "Seeing someone that comes into reablement needing a large amount of support at first, and through their journey with reablement you can see people becoming more and more independent. They have a better quality of life at the end of it. We all feel that, especially the reablement assistants."

People told us they were involved in deciding how their care and support should be delivered, and were able to give their views on an ongoing basis. One person said, "Before it started we discussed what I needed and how they would meet my needs on a daily basis, only one word to describe them brilliant." Another person commented, "The carers did everything I wanted them to." People had signed to say they agreed with their reablement care plans.

People told us they were supported in ways that promoted their dignity and privacy. One person said, "Yes of course they respected my dignity I would have complained if they hadn't." Staff understood the need to promote privacy and dignity when providing support.

The service had received a number of compliments in the last twelve months, a common theme being the caring and supportive nature of staff. Comments included: "I hope you are very proud of your professional, caring team." And, "All of the staff have been superb. I have nothing but praise for them and cannot fault any of them."

Is the service responsive?

Our findings

People told us they made choices about what they wanted and how they wanted to be supported. One person told us, "Yes they do listen, I don't use soap to wash I only told the carers once and they remembered straight away."

Care plans explained people's individual likes and dislikes and how they preferred to be supported. Care plans were detailed, and described the outcomes people had agreed they wanted to achieve through reablement, and the steps people wanted to take to achieve those outcomes. There was also information about how staff should support people to take each step. Staff told us they were confident people's care plans gave them the initial information they needed to support people according to their needs. In addition to the information the service had from medical professionals, for example where a person had been in hospital and needed reablement support, the service got information from people themselves about what they needed. A reablement assessor, who was responsible for determining the level of support people required, explained how they went about assessing this. They said, "I will do a run-through of the person's day with them to get a picture."

Support was responsive to people's needs and preferences. People's abilities were assessed at two weekly intervals and visits were adapted in response to people's changing needs. This could mean a reduction in the number of calls or the length of calls. Each week, reablement assistants completed an assessment of what the person had achieved that week. This then fed into the fortnightly reviews by the occupational therapist or reablement assessor to evaluate the progress people had made. One reablement assessor commented, "People can come from hospital and be identified as needing a morning call. But, people might say to you, "I don't want a shower in the morning", so we have got to be flexible and adapt. It is all about being person-centred."

Staff told us they were encouraged and enabled to work flexibly in order to support people more effectively. An occupational therapist commented, "It is very flexible. You are encouraged to work flexibly. You can make good use of your team."

The provider had effective links with other professionals, such as social workers for example, so they could liaise with them quickly and effectively where people's needs changed.

Reablement staff told us they had enough time during their visits to respond to people's needs in a relaxed and unrushed manner. A reablement assistant commented, "There is never any problem with going over time with people. You don't feel under any pressure at all." Staff told us, and records showed, there were gaps between calls to help manage this.

Reablement staff told us the communication procedures in place ensured they could respond to changes in people's support needs or health. Staff recorded all the support they had provided on a contact sheet in the care plan. A reablement assessor told us there were also automated systems in place to ensure important information was available to staff at all times. For example they told us if there were any safeguarding

concerns about a person, the computer system colour coded the person's record so staff could be alerted and help to monitor and keep people safe. We looked at a number of records and found they provided sufficient detail so people received consistency of care.

Sometimes the service was asked to assess people who were not suitable for reablement due to their health condition and required a care package to support their needs. However, in emergency circumstances a 'bridging' service was provided until a suitable care package could be put in place by the social work team. The service was also flexible if someone needed more than the six weeks reablement support that would ordinarily be provided. If someone required longer than six weeks to reach their potential, but was making good progress, the support could be extended for a short while longer.

People told us they had information from the provider on how they could complain if they wanted to. Staff were aware of the provider's complaints procedure and told us they would support people to complain if they wished to. There had been two complaints in the last 12 months. Both complaints had been investigated and responded to in writing in accordance with the provider's complaints procedure. The provider used a 'learning from complaints' form to record anything that needed to be learned from complaints. The registered manager told us where this was the case, this would be shared at staff meetings.

Is the service well-led?

Our findings

People told us they were happy with the provider and what they had been able to achieve with the support they had received. One person said, "Brilliant care, well trained girls." Staff we spoke with were positive about the provider. One told us, "I think it is a really good service. Most customers will tell you it has given them the time to get back on their feet."

Staff told us they felt rewarded by the work they did, and this helped them remain enthusiastic about the job and how they supported people. A reablement assistant commented, "I really enjoy the job. Seeing people come on and hopefully seeing people become more independent. It feels like you have done a good job."

People were positive about the management and leadership of the service. One person told us, "I thought the office staff were great they rang me once a week to check everything was ok for me." Staff were positive about the support they received. One staff member said, "We are very supported by the manager, and the duty manager too. There is always someone you can phone for advice. We have a supportive staff team too." Another staff member said, "They are there if we need anything. I find my supervisor very easy to talk to." "Things are responded to and we hear back at the team meeting."

Staff told us the registered manager was visible and approachable. They said, "She is a really good leader. Really supportive and very knowledgeable and approachable. It doesn't matter how busy they are, if you need a minute you can always have the time."

The provider had invested in some technology to ensure people received a rapid and responsive service. For example, some staff had been provided with handheld computer devices, through which they could order certain types of equipment to help people live more independently.

Staff told us they had regular meetings where information was shared and they were encouraged to share their views. One staff member told us, "We have an agenda and we all get the chance to say anything we want to say." Records confirmed staff had the opportunity to discuss the developing needs of people being supported and share any concerns they might have. Records of staff meetings showed the registered manager ensured staff were kept up to date and that learning which could improve the service, was shared. They also showed the registered manager was keen to get ideas from staff, for example staff had been asked for suggestions on how meetings could be more interactive, and who they would like to come and speak at future meetings.

The provider used a number of methods to measure how effective the service was in order to continually improve. For example, it measured how many people had achieved the reablement outcomes that had been agreed when their support started. In the most recent period of this year, the provider had identified that 99.8% of people had achieved one or more of these outcomes.

People told us they were given opportunities to feedback about the service. One person said, "I filled in a form when they stopped coming, it asked my opinion." The registered manager showed us a 'weekly

dashboard' which included information on how satisfied people were about the service being provided. For example, as reablement support ended, people were asked how satisfied they were with the support they had received. Of people using the service (when one of the recent weekly dashboards was completed), 100% of people said they were either very satisfied, or satisfied. The registered manager told us this helped them to know whether or not the service provided was what people wanted.

Staff told us comments, compliments and complaints made about the service were shared with them through supervision meetings and staff meetings. This helped them understand how the way they worked could impact on people being supported, as well as making them aware of what might need to change.

Staff understood their roles and responsibilities and were given a handbook which ensured all staff were working consistently. They told us they felt valued and enjoyed their work. Compliments received about the service were shared in team meetings and copied to any staff members mentioned specifically, as well as being recorded in their staff file. This made staff feel their work was appreciated.

The provider had plans in place to ensure staff had the knowledge and skills they needed to support people effectively, both now and also in the future. The provider had written a 'Reablement Workforce' plan for 2016 to 2020. This plan looked at the development of staff, working practices, and also future considerations. The plan looked at how the provider could empower staff to make appropriate decisions. It also looked at how it could continue to encourage a style of management and leadership which 'coached' staff to become more confident. There were a series of actions identified in the plan, who was responsible for achieving them, and how they would be measured.

The provider encouraged staff to pass on their ideas for how people could be supported more effectively. For example, one member of staff in another of the provider's reablement services, had submitted a suggestion for making information about medicines people were taking more useful for staff. We saw the suggestion had led to a 'medicine information' sheet being added to people's care records across the provider's reablement services. Care records showed staff had more information about the medicines people were taking, and how they needed to be supported to remain well. Talking about suggestions, one staff member said, "We get asked for suggestions all the time. There is a 'suggestion box' although I have never used it I know it is there."

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months.