

Central Bedfordshire Council

Reablement - Urgent Homecare and Falls Response Service

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

Reablement - Urgent Homecare and Falls Response Service provides immediate care and support to people throughout Central Bedfordshire. They receive referrals when people have experienced a fall or require some urgent support with their individual care needs. Staff members undertake assessments of people's needs and are able to provide people with mobility aids, such as wheelchairs or walking frames. They can also instigate short term care packages to meet people's needs before long term care packages can be agreed with other provider. At the time of our inspection one person was receiving a homecare package from the service/

This inspection took place on 03 August 2016 and was announced. We also carried out telephone interviews on the 08 August 2016, to gain some insight from people who received care from the service and their family members.

The service did not have a registered manager; however they were in the process of interviewing for this post. 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. In addition, the registered manager was supported by two team leaders, who ensured the smooth running of the service in their absence.

People felt safe when staff from the service came to provide them with care and support. Staff member were trained in safeguarding principles and were able to report abuse if they suspected it. As part of the assessment process, risks to people's health and well-being were assessed and interventions put in place to help reduce the impact of these risks. There were sufficient numbers of staff on shift to meet people's needs and the provider was in a process of recruitment to help further develop the team. Where necessary, staff members were able to provide people with support or prompt them to ensure they took their medication correctly.

Staff members received training to help ensure they had the necessary skills to perform their roles. New staff had an induction to provide them with the basic skills they needed and all staff received additional specialist training to provide them with the skills necessary to carry out assessments of people's needs. Staff sought people's consent before providing them with care and there were systems in place to ensure the principles of the Mental Capacity Act 2005 were adhered to. Staff also supported people to make their own food and drinks if necessary, but promoted independence in this area. The service liaised with a range of healthcare professionals to ensure people received the care they needed.

There were positive relationships between people and members of staff, staff treated people with kindness and compassion and spent time getting to know them whilst providing them with care. People and their family members were involved in planning their care and were provided with information about the service and what they could expect from it. People's privacy and dignity were maintained and staff members

worked hard to promote people's independence.

Assessments were carried out on an individual basis to ensure that people received person-centred care. Care plans described people's individual and specific needs and outlined the actions that staff would take to meet them. If people's needs changed while the service was providing them with care, care plans were reviewed and updated to reflect these changes. There was also a robust complaints procedure in place to receive people's comments and feedback, and to take appropriate action to manage complaints.

The service had a positive culture and ethos. People were happy about the care they received from the service and staff were positive and motivated to perform their roles. Staff members wanted to help promote people's independence and support them to live in their own homes safely. Staff felt well supported by the manager and provider and felt they good seek advice when needed. There were checks and audits in place to monitor and analyse the performance of the service and therefore to drive improvements in the care being provided.

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 were protected from harm or abuse by staff members who had been trained in safeguarding and were aware of incident recording and reporting procedures.

Risk assessments were in place to provide people and staff with guidance regarding specific risks to people, as well as the control measures in place to manage those risks.

Staffing levels were sufficient to meet people's needs and staff members had been recruited following robust procedures to ensure they were safe to work with people.

Where necessary, people were prompted and supported to take their medication, however staff encouraged people to be as independent as possible with this.

Is the service effective?

Good ●

The service was effective.

Staff members received training and supervision to help ensure they had the skills necessary for their roles.

People's consent to their care was sought and there were systems in place to ensure the principles of the Mental Capacity Act 2005 were followed.

If required, staff supported people to prepare meals and drinks to ensure they maintained a healthy diet.

The service worked alongside other healthcare professionals to ensure people's needs were being met.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion by members of staff.

The service involved people and their family members in planning their care and provided them with information about the service.

People's privacy, dignity and respect were upheld by the service.

Is the service responsive?

Good ●

The service was responsive.

People received person-centred care which was specific to their individual needs. Care plans recorded the support people required, as well as areas of strength which they could manager for themselves.

There was a system in place to receive and act on complaints made, and any feedback was used to improve the service.

Is the service well-led?

Good ●

The service was well-led.

There was a positive and open culture at the service.

Staff were well supported by the manager and provider.

Quality assurance systems were in place to monitor, assess and improve the care being provided.

Reablement - Urgent Homecare and Falls Response Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 03 August 2016. We also contacted people, their family members and members of staff by telephone on 08 August 2016, to seek their views about the service. We gave the provider 48 hours' notice of the inspection, as we had to be sure that members of staff would be available for us to talk to and that key documents could be shown to us.

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

Before the inspection we reviewed the information we held about the service. This included a Provider Information Return (PIR), which the provider completed to provide us with details of what the service did well and areas of planned improvement. We also looked at statutory notifications which the provider had sent us. A statutory notification is information about important events which the provider is legally obliged to send to us. We also contacted the local authority, who has a commissioning role with the service.

We spoke with two people who had received care from the service, as well as two of their family members, to seek their views and opinions. We also spoke with two staff members, the lead administrator, the interim manager and the operational manager.

We reviewed key documentation, such as care plans and risk assessments for people receiving care from the

service. We looked at care plans for three people as well as staff training and recruitment records for five staff members. In addition, we reviewed paperwork and processes for the management of the service, such as quality audits, to ensure there was robust quality assurance and monitoring processes in place.

Is the service safe?

Our findings

People felt safe when receiving care from the service. They told us that they were always comfortable and at ease when staff members came to visit them and they felt that they were able to trust members of staff in their homes. One person said, "Yes I do feel safe." Another person told us, "They are wonderful and I know they will keep me safe." Family members also felt that staff worked to keep people safe. One relative told us, "They made me feel comfortable and at ease, I was confident he is safe with them."

Staff members told us that they received training in safeguarding and abuse, to ensure that they were able to keep people safe and take appropriate action in response to incidents if they occurred. They were able to describe to us the different types of abuse and potential signs that abuse may have taken place, as well as the action that they would take to keep people safe. One staff member said, "Yes, we get safeguarding training on a regular basis." Another staff member told us, "We can report anything and have access to the forms we need to do this." The manager explained that staff members would report safeguarding incidents and that these would be referred to the local authority safeguarding team. They showed us that a log of incidents was kept, along with the actions taken to manage and investigate these. There were suitable systems in place to ensure that people were protected from harm or abuse.

People told us that they were aware that risk assessments had been completed as their care package with the service started. They told us that staff members had come to check them and their home to make sure it was safe and make any changes they could to help reduce the chances of them being exposed to risk. People's relatives also told us that they had been involved in discussions around risk, to help ensure that people were as safe as possible, whilst promoting their independence. One relative said, "They spoke to us about risks and did their paperwork."

Staff members told us that completing risk assessments was an important part of their role and they were used to help keep people as safe as possible. They told us that, as the service only provided people with care for a short time, risk assessments were vital to ensure that staff knew what to do to keep people safe. One staff member said, "Risk assessments are part of the care plans. They are very useful; we go by them and make sure people are safe."

The manager showed us that specific risk assessments had been put in place for each person before they provided them with care. We saw that they identified potential hazards to people and provided staff with control measures to help reduce the chances of people coming to harm. There were also general risk assessments in place to manage risks to staff and the service, including a business continuity plan which had been implemented by the provider. This provided guidance on actions for the service to take in emergency situations, such as inclement weather or high levels of staff absence.

People told us that staffing levels at the service were sufficient to meet their needs. They told us that staff members were always on time for their care visits and there had never been a missed call. One person told us, "Yes they are always here when they say they will be." Relatives also felt that staff were dependable and made sure they arrived at people's home at the correct times.

The manager showed us that staffing rotas were consistent, and given to staff well in advance, to ensure that any gaps were covered. They explained that the service was currently recruiting new staff members, but the current workforce was able to cover additional shifts to ensure that people's needs were always met. They told us that staff members could only start working at the service following a series of recruitment checks, including past employment references and a Disclosure and Barring Service (DBS) criminal records check. We checked staff records which showed that suitable checks had been completed to ensure staff were of good character and suitable to be working with people.

The service encouraged people to manage their own medication. People told us that staff were willing to help them with medication, however they encouraged them to do as much for themselves as possible. Staff members confirmed that they were trained in medication administration; however they prompted people to take their own medication where possible, to help them be as independent as possible.

The manager showed us that there were recording systems in place to record when medication was administered. These included Medication Administration Record (MAR) charts, which staff members used to record when they gave people their medication. Records showed that when these were needed, they were signed by staff to show that they had given people their medication. We also saw that care plans detailed the support levels that people needed and that the manager checked MAR charts to ensure they were completed correctly.

Is the service effective?

Our findings

People told us that staff members knew how to perform their roles and had the right set of skills to meet their specific needs. One person said, "I would say they definitely know what they are doing." Another told us, "Yes, I suppose they must get the training they need." Family members were also confident that members of staff had the skills needed to meet the needs of their loved ones. One relative said, "Oh yes, they definitely seem to know what they are doing."

Staff members told us that from the moment they started working at the service they received training and support. New staff were given an induction which included completing mandatory training courses and shadowing more experienced staff members, to help them learn about their roles and develop their skills. One staff member told us, "The induction was good and shadowing helped a lot." The manager told us that inductions were flexible to ensure they met each individual staff member's needs, for example, the shadowing period could be extended to help staff feel more confident. They also told us that the provider was currently assessing how the Care Certificate could be incorporated into the induction process, to ensure staff were competent in their roles.

On-going training was carried out on a regular basis, to help develop staff skills and knowledge. Staff told us that they completed new and refresher mandatory training courses. They also told us that they completed specialist courses, to enable them to perform their roles. This included a 'Trusted Assessor' course, which enabled them to assess people for certain mobility aids and equipment, which was an essential part of their falls response function. Staff were positive about the training they received and felt it enabled them to meet people's needs. One staff member told us, "The training is very good, we all have regular training and get email prompts about courses we need to do." Training records showed that staff members received regular training in mandatory areas, as well as additional courses which were specific to the requirements of their roles.

Staff also received regular supervision sessions. They told us that these were useful as it allowed them to discuss any concerns they may have about people or their roles, as well as an opportunity to discuss development or performance issues. The manager showed us that staff supervisions were carried out on a regular basis and that they were used to help members of staff develop in their roles.

People told us that members of staff always checked with them before they provided them with any care or support. They explained that staff members offered them different choices and only did the things they wanted them to do. One person said, "Yes they always ask first, before they do anything."

Staff members told us that seeking people's consent was an important part of their role. They explained that this process started from when people were first referred to them as sometimes people did not want a visit from them, therefore they respected that. During the inspection visit we heard a staff member speaking to a person on the phone, as they had been referred to the service after sustaining a fall. The staff member explained who they were and why they were contacting them and clearly offered them the choice whether or not they wanted to receive a visit and assessment from the service. Documents showed that people's

consent had been sought, and that they had agreed to the care packages put in place by the service.

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 and found that there were systems in place for this.

Staff members told us that they received training in the MCA and were aware of the need to act in people's best interests'. The manager explained to us that, due to the nature of the service that they provided, they did not routinely have to apply the MCA. They told us that if they were unsure as to whether a person had the mental capacity to make decisions about their care, they would involve the person's family members and other key people, such as social workers, to make sure any decisions made were in their best interests.

People told us that staff members were able to help them prepare meals, drinks and snacks. One person said, "They ask if I want any help with meals or anything like that." They explained that they got the food in themselves and they chose their own meals each day. Staff members would support them to heat meals up and provide any assistance that may be needed. Staff members confirmed this and explained to us that as the service was about reablement, they tried to encourage people to do as much for themselves as possible.

The service also provided people with support to access appropriate health care professionals. People told us that staff members had carried out assessments and also involved other professionals to help maximise their independence. Staff explained that they were able to assess people to a certain extent however; some interventions such as hand rails being installed in a person's home, required assessments from other professionals. We looked in people's records and saw that the service liaised with a large number of different professionals to help people get the support they needed. For example, some people had been referred to occupational therapists for further assessment. The service maintained communication with people's GP's and social workers, to ensure all groups were aware of the latest developments for people.

Is the service caring?

Our findings

People told us that staff members treated them with kindness and compassion. They explained that, although they only received short-term care from the service, the staff worked hard to develop a relationship with them, which helped to make them feel at ease and comfortable with the care they received. One person told us, "We couldn't fault them at all, they have been brilliant, each and every one of them" Another person said, "They are all lovely."

Relatives were also positive about members of staff and the impact that they had on people's lives. One relative said, "They've been very helpful. They've helped with showering, washing and dressing. We have no concerns; all the carers have been brilliant." They explained that staff spent time talking to people and their family members to make sure they were happy and had built up relationships with them, which made it easier to receive care and have staff come into their home.

Staff members told us that they were motivated by the people they cared for. They explained that they wanted to help them achieve the best results they could and, although they usually only cared for people for a short period of time, they tried to establish meaningful relationships with people and their family members. They tried to establish interaction with people and were aware of the need to adjust their communication to meet different people's needs. During the inspection we heard staff speaking on the phone to people. We noted that they were calm and patient with people and sought to put them at ease about the care that would take place.

People told us that they received information from the service about the care that they would receive, and that they were involved in decisions which were made about care. One person said, "Well they told me all about what they would do, but only after they spoke to me about what I wanted first." Another person told us, "Yes they made sure they asked me before they did anything." Relatives also told us that they were involved in planning care and that they were provided with information about the service and what they could expect from it. One relative said, "The first thing they did was meet with [Person's Name] and I and talk about his needs and what they could do."

The manager explained to us that the service worked with people and their families to identify their care needs and made sure that they were happy with care plans before putting them into place. We saw that care plans demonstrated people's involvement, and that that they were happy with the plan put in place.

People felt that staff members treated them with respect and took steps to preserve their dignity whenever they provided them with care. One person said, "They are always very polite and respectful. I liked that they spoke to me about what I needed." People told us that staff addressed them by their preferred name, and never made them feel rushed or an inconvenience. One person told us, "They take as long as they take, it's never a rush."

People's relatives also told us that staff members made sure they treated people in a dignified way and that they made sure things were done as people wanted them to be done. One relative said, "The carers are very,

very nice. They are always here until things are sorted." Another relative said, "They take him as an individual. They talk to him and offer him support. They are mindful of privacy and dignity and treat him with respect all the time."

We spoke with staff about privacy and dignity. They explained that they received training in this area, but also felt that as they were caring people, this came naturally to them. They told us that they always tried to treat people as if they were caring for their own family member and made sure they respected people and their homes. We saw that the provider had policies in place to guide staff in this area, as well as training and refreshers to remind them about treating people with privacy, dignity and respect.

Is the service responsive?

Our findings

People received care which was person-centred and specific to their individual needs and wishes. People told us that staff only provided them with care that they had discussed and agreed with. One person said, "They are very good, they help me the way I want to be helped." Another person confirmed that they had agreed with the care that they received. Relatives told us that they had been involved in the planning process and knew that what staff did for people had been discussed with them.

The service took action in response to people's individual circumstances, and was able to put immediate interventions in place to help meet people's needs and make them safe. The manager showed us that the service received referrals to them, usually following a fall in the community. They took action to contact people by phone as soon as possible to discuss the details of the fall with them and to see if people wanted to be visited by the team. They explained to us that they were able to send staff to each fall if necessary, but sometimes people did not want staff to visit them. When staff did visit, they were able to carry out an assessment then and there, as they had been trained to a sufficient level to do this. They carried specific equipment in their vans such as walking frames or sticks, which they could measure people for and leave with them, to ensure that they were safe. We saw that there were records which showed the action taken from the moment the service received a referral and included calls made to the person and the specific visits which took place.

We also saw that some people required urgent homecare support. Staff members explained that was usually for people who needed a 'stop-gap' care provision until a suitable domiciliary care package could be established for them. They explained that they usually provided people with up to 72 hours of support; however this could be extended if the situation required it.

Staff members told us that in the case of people receiving homecare from the service, an assessment of their needs was carried out and an initial care plan was implemented. This provided staff with guidance about the specific areas of care that people required support with, as well as things that they were able to do for themselves. Staff explained that it was important to try to help people to remain as independent as possible, therefore they tried to maximise the areas of care that people could maintain for themselves. We saw that care plans were specific to each individual and contained information regarding the support they required, as well as their own areas of strength.

The manager explained to us that most homecare packages lasted for under 72 hours, therefore it was not possible or practical to regularly review people's care plans. They did tell us that staff members were empowered to work with people and make immediate changes if they were required, in order to ensure that the care plan remained up-to-date.

People told us that they were aware of the process for making a complaint about the care that they received, however none of the people we spoke with had felt the need to make a complaint about the service. One person told us, "I never had to complain, but I'm sure things would be sorted if I did." Another person told us, "I have no complaints whatsoever." Relatives told us that they knew they could raise any

issues they had about people's care, however none had needed to make a formal complaint about their family member's care.

The manager showed us that the provider had a clear complaints policy and a process in place to receive, log and act on any complaints received. We saw that there were few complaints on file and that the service had taken appropriate action to manage these and resolve people's concerns. They were also used to help develop the service for the future.

Is the service well-led?

Our findings

There was a positive and open culture at the service. People were happy with the care that they received and felt that the service had helped them to remain as independent as possible, within their own homes. People told us that the service had made a real difference in their life and they were happy to have been able to receive care from them. One person told us, "It's been a really helpful service." Another person said, "Oh yes it's a good thing I think. They help people that can't do things for themselves."

People's relatives felt that the service had helped to make sure their family members were safe and supported them to get back on their feet. It was important to them that people were supported to remain in their home and be provided with the equipment and care that they needed. One relative said, "They have been very helpful." Another told us, "I don't know what we'd have done without them."

Staff members were positive about their roles and were motivated to work with people and provide them with the support they needed. They told us that they were happy to be able to visit people's homes and help them to re-gain some of their independence and put steps in place that would help them to remain as independent as possible in the future. One staff member said, "I love it, the fact that you are out and about helping people is fantastic."

The manager and staff members were enthusiastic about the service and were keen to talk to us about what they did and how they did it. Staff members demonstrated a good understanding of people and their individual needs, as well as the organisations policies and procedures. Staff members also told us that they were aware of whistleblowing procedures and were willing to raise any concerns they had about people's care or welfare.

Staff members also told us that they felt well supported by the manager and the provider. They told us that they were always able to seek advice or support from the manager and the operational manager, which helped them to feel confident that they were taking the right action. One staff member said, "They are very supportive, we can go and ask them anything at any time." Another staff member told us, "If I have any problems the first thing I'll do is ring the manager for some help or advice."

There were a series of checks and audits which were carried out by the provider and manager, to help them have some oversight of the service and identify areas for development. They told us that they conducted checks to assure themselves that people were receiving the right care, treatment and support, and to demonstrate to the provider the work that was taking place. We saw that there were quality assurance processes in place, including a detailed analysis of the referrals made to the service and the actions taken as a result. This included information such as when falls took place, how many falls people had and how many people required homecare following the service's response.

A satisfaction survey was also carried out following the end of a period of care for people. The manager explained that they were not able to conduct a regular annual survey as people did not receive care for an extended period of time. They used the feedback given at the end of people's periods of care to identify

what had gone well as well as areas which needed to be developed. We saw that these surveys were reviewed by the service and the results logged, to provide an analysis, which helped to identify areas for improvement.