

Luton Borough Council

Luton Borough Council Reablement Service

Inspection report

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January 2016
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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 

Overall summary

We carried out an announced inspection on 3 December 2015. Between this date and 18 December 2015, the inspector spoke with staff and the expert by experience spoke with people who used the service and their relatives by telephone. Unfortunately due to unforeseen circumstances, we completed this inspection on 25 January 2016 when we had received the report from the expert by experience.

The service provides short-term care and support of up to six weeks to adults living in their own homes following discharge from hospital. The service also have 'step-down' flats where people could live until they were able to safely return to their homes or had been found a suitable care home. People supported by the service had a variety of needs including short term conditions

Summary of findings

following being treated in hospital or after surgery, were living with chronic health conditions, physical disabilities and dementia. At the time of the inspection, there were 55 people being supported by the service.

The service has a registered manager in 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from a risk of possible harm and suitable equipment was in place so that people were supported safely.

The provider had effective recruitment processes in place and there were sufficient numbers of staff to support people safely. Staff received supervision and support, and had been trained to meet people's individual needs.

Staff understood their roles and responsibilities to seek people's consent prior to care being provided. Where people did not have capacity to make decisions or consent to their care, this had been provided in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by caring and respectful staff. They were supported to access other health and social care services when required to maintain their health and wellbeing.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people so that they could use their comments to improve the quality of the service. People's comments suggested that they were happy with the service they received and the majority of them described the service as 'excellent'.

The provider had effective quality monitoring processes in place and these had been used effectively to drive continuous improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There was sufficient staff to support people safely.

There were systems in place to safeguard people from a risk of possible harm.

People's medicines had been managed safely.

Good



Is the service effective?

The service was effective.

People's consent was sought before any care or support was provided. Staff understood their roles and responsibilities to provide care in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Good



Is the service caring?

The service was caring.

Staff were kind and caring towards people they supported.

Staff understood people's individual needs and provided care in a way that respected their choices.

Staff respected people's privacy and dignity, and they supported them to maintain their independence.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People's care plans had been reviewed promptly when their needs had changed.

The provider had an effective system to handle complaints.

Good



Is the service well-led?

The service was well-led.

The manager provided effective support to staff and promoted a caring culture within the service.

People who used the service, their relatives and professionals involved in their care had been enabled to provide feedback about the quality of the service provided. The manager and staff worked closely with other professionals so that people's care and treatment needs had been met.

The provider had effective systems to assess and monitor the quality of the service provided. Audits had been completed regularly to identify areas where improvements could be made.

Good



Luton Borough Council Reablement 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.

The office visit took place on 3 December 2015. We gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office. The inspection was conducted by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the office visit, we spoke with the manager, a senior coordinator and one of the five area coordinators. We visited a person who had on that day stopped being supported by the service and we spoke with them, their relative and their new care staff. We looked at the care records for 10 people who used the service, the recruitment and supervision records for five care staff, and the training records for all staff employed by the service. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service.

Between the date of the office visit and 18 December 2015, the inspector spoke with six staff and the expert by experience spoke with seven people who used the service and a relative of one person by telephone. We contacted seven professionals by email and received responses from four of them.

Is the service safe?

Our findings

People told us that they felt safe and that they had no concerns about how staff supported them. One person said, “I feel safe in every way. I couldn’t find fault with them at all.” Another person said, “The carers seem to understand my needs. I’m just glad to feel safe.” Some people told us that they knew who to contact if they had concerns about how their care and support was being provided. One person said, “There’s a phone number I would ring in the file.”

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people’s safety. Whistleblowing is a way in which staff can report concerns within their workplace. Information about safeguarding was displayed in the care office and the notice board by the entrance to the building. This included guidance on how to report concerns and contact details of the relevant agencies to whom concerns could be reported. Staff had been trained in safeguarding people and those we spoke with demonstrated good understanding of safeguarding processes. A member of staff said, “All the staff in my team are really good and I have never been concerned about people not being safe. I have done safeguarding training many times and I will report to the team leader or manager if I felt that someone was not safe.”

There were personalised risk assessments for each person to give guidance to staff on how to support people in a way that minimised the risks. These assessments included for risks associated with people being supported to move, developing pressure area damage to the skin, not eating or drinking enough, medicines, and injuries caused by falling. We noted that where necessary, people’s risk assessments were reviewed and updated when their needs had changed. Although most people told us that they had no concerns around risk in their home environments, they said that risk assessments had been completed to ensure that it was safe for them to be supported in their homes. A professional said, “Staff work in a preventative manner by minimising risk and improving people’s potential to look after themselves.”

People said that there was enough staff to support them safely and at agreed times. One person said, “I’m happy that someone always turns up at the right time.” A relative of another person said, “They come in on time in the

morning and evening. Its suits me and it suits them too.” We saw that the provider had an effective system to manage staff rotas and these showed that enough staff were available to support people. They used an electronic system called ‘Staff Plan’ to plan and monitor staff rotas. Staff could access their rotas through a secure connection, using their mobile phones and the manager told us that this meant that updates could be sent to staff as they occurred. The service had an administrator whose main role during office hours was to monitor the system so that any alerts of late or missed visits could be dealt with promptly.

The service operated an on-call system out of normal office hours and this seemed to work well. The electronic system was also used to record and monitor staff training, supervision, appraisals, and other employment records. There were five areas based on the GP areas set up as part of the ‘Better Together’ programme, a national initiative that aims to ensure that services are provided in a more co-ordinated way. Each of these areas was led by a coordinator and staff were allocated to a specific area. A senior coordinator told us that the staff rotas were managed this way so that as much as possible, people were supported by the same staff to promote consistent care. Staff told us that working within a specified geographical area limited their travel time between visits and this meant that they were hardly ever late. A member of staff said, “I have never been late because we are allowed enough travel time between visits.”

We noted that the provider had an ongoing recruitment programme so that they covered any vacancies as they occurred. We looked at the recruitment records for five staff and we found that the provider had effective systems in place to complete relevant pre-employment checks, including obtaining references from previous employers, checking each applicant’s employment history and identity, and requesting Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

Some of the people who used the service were being supported to take their medicines and they told us that this had been done safely. A person said, “I always get the help I need with my medication. There hasn’t been any problem at all.” Another person said, “I’m terrible with my tablets and they help me with this.” We saw that staff had been

Is the service safe?

trained to administer people's medicines safely and their competency was occasionally assessed. They had also

been given the provider's policy and procedure to guide them on how to manage medicines safely. The medicines administration records (MAR) we looked at had been completed correctly with no unexplained gaps.

Is the service effective?

Our findings

People were complimentary about the way staff supported them and that they appropriately met their individual needs. However, they were not always able to tell us whether they thought that staff had been well trained. One person told us, "I suppose they are competent in what they do. They do what I ask them to do." Another person said, "I think they are experienced enough, but [Staff] knows more of what is going on. I think she would relay it back to other carers." A third person who had recently stopped using the service said, "They did have the skills because they did everything they had to." A member of staff told us that everyone was committed to their work and they worked very hard, adding, "We are very privileged to do this kind of work." A professional said, "They decrease the need for long term care. Staff promote independence, self-confidence and wellbeing."

We saw that staff had received a range of training so that they had the right skills and knowledge to support people appropriately. They were complimentary about the provider's training programme and they said that they had been given opportunities to further develop their skills and knowledge. A member of staff said, "The training is good. Luton Borough Council are good at keeping staff up to date with their training." Another member of staff said, "I find the training really good and as a learning organisation, we always find ways to improve all the time. I am always enthusiastic to seek ways to do my work best." They further told us that they attended conferences in their own time in order improve their knowledge and they were happy to share their learning with others in their team.

A member of staff said that if they were not sure about how to support a person with a specific complex need, they could ask for further training or support. For example, another member of staff told us that community nurses had taught them how to provide stoma care for a person they were supporting and they found this helpful. A new member of staff found the induction programme detailed and they told us about the training they had completed so far. They also said that working alongside experienced staff meant that they learnt by observing how they provided care to different people and this had boosted their confidence. We saw that staff's training was monitored to enable them to update their skills and knowledge in a timely manner.

There was evidence that regular supervision and annual appraisals had been provided to all staff. The manager provided supervision for the senior coordinators and they supervised the five area coordinators, who in turn, provided supervision for staff in their teams. We saw that a supervision plan had already been developed for 2016 so that this could be done in a structured way. Staff told us that they had regular supervision and they found these meetings to be positive and beneficial to their development. A member of staff said, "I get supervision every three months and the support from the team leader is really good." Another member of staff said, "I have a say during my supervision meetings and it is noted down. All in all, it is pretty good." A third member of staff said that the pressures of work could sometimes make staff feel not fully supported. However, they added that their team leader had gone out of their way to ensure that they had the support they needed with a personal issue, so that they were able to do their work well.

Staff ensured that people gave consent before any care or support was provided. We saw that consent had been sought from people in relation to their care and support including for support with their medicines. A member of staff said, "I always explain what I am going to do and make sure people are happy before I support them." There was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental capacity assessments had been completed and decisions were made to provide care in line with the requirements of the Mental Capacity Act 2015 (MCA). The 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.

Some of the people were being supported to ensure that they had regular and nutritiously balanced meals. People we spoke with said that this had been done with care and respect for their food preferences. One person said, "I get help with my breakfast." Another person said, "I can prepare my own food, but the carers kindly offer to make me a cup of tea when they come to see me." Staff told us that they did not support many people with their meals, but were happy to do so when required. They also told us that they had no concerns about people not eating or

Is the service effective?

drinking enough. However, if they observed this, they would record their concerns in the person's daily records and also report it to their team leader so that appropriate action could be taken to support the person.

People were complimentary about how staff worked with other professionals to ensure that they received the care and support they required. A relative of one person said, "[Relative] needed a toilet seat, a carer organised this very quickly and it was delivered the next day." The nature of the service meant that they worked closely with other health

and social care professionals to ensure that people received the care and treatment they required to maintain their health and wellbeing. We saw that they worked closely with the local Discharge, Assessment and Rehabilitation Team (DART) and social workers, where the bulk of the referrals to the service came from. The manager or coordinators attended regular multidisciplinary meetings where new referrals to the service were discussed and others' progress reviewed.

Is the service caring?

Our findings

People told us that staff were kind and they provided their care in a caring manner. One person said, “I have found the carers very good, kind and helpful.” Another person said, “They are very pleasant on the whole, but some are chattier than others.” A relative of another person told us that staff were very professional and careful in how they supported their relative with a fracture on their shoulder. They said, “The staff make it a pleasure. They make sure the care is not rushed so that they do not pull her around too much and cause her pain.” A professional said that they had always found staff to be very caring, co-operative and helpful.

There were mixed views about whether staff took time to get to know people as individuals. However, this was likely because people were only supported by the service for short periods and this would not have allowed staff enough time to get to know them well. One person said, “I wouldn’t say they know me, but they certainly understand just what I want and need.” Another person said, “They are usually on a very tight time schedule and so they can’t sit down and chat.” A third person said, “They do understand me. If I asked them anything they would do it for me and nothing was too much trouble for them.”

People told us that staff treated them with respect and dignity. One person said, “They are always respectful.” Another person said, “I feel they do treat me with dignity and respect.” A third person told us how staff promoted their privacy while providing personal care. They said, “I get support to have a wash. Although a male carer sometimes

comes with [Staff], they respected that I only wanted a lady carer during my wash.” Staff demonstrated that they understood the importance of respecting people’s dignity, privacy and human rights. They also told us that they supported people in a way that ensured that they maintained their independence as much as possible. A member of staff said, “The whole aim of the service is that we support people to gain their independence as quickly as possible following being in hospital.” This was supported by a person who said, “The carers let me be independent when I am having a wash because they only wash areas I cannot reach.” A professional said, “They promote independence and will always go the extra mile to ensure the wellbeing of service users and their families.”

Staff also said that it was important to keep people’s information confidential by not discussing about people outside of work or with agencies not directly involved in their care. We also saw that copies of people’s care records were held securely within the provider’s office and information held in computers was protected by use of passwords.

We saw an example of a file kept in people’s homes which showed what information they had been given when they started using the service. This included the ‘service user guide’ and ‘statement of purpose’, which gave people details about what the service does. Also, there was a questionnaire that people had been asked to complete at the end of their care period. Some of the people we spoke with could not recall if they had been given any information about the service. However, those who did found it easy to understand.

Is the service responsive?

Our findings

The service supported people to regain their independent living skills for a period of up to six weeks following ill-health, surgery or an injury. Most of the referrals to the service were from a hospital discharge team, but some came from the community team that supported people who had a fall. We saw that people's needs had been assessed prior to them being supported by the service, and a decision whether the service could meet the person's needs was made by the manager or other senior staff. Detailed care plans were in place so that people received the care they required and that appropriately met their individual needs. Although some of the people we spoke with could not recall if they had been involved in planning their care, those who could said that their wishes, preferences and choices had been taken into account.

People told us that the care provided was focussed on the support they needed to regain their independence. One person said, "I get the support I need. It's all very good." A person who had recently stopped being supported by the service said, "I would have loved to have stayed with the reablement team. I had trust in them and they were very good." We noted that weekly multidisciplinary meetings were held to review each person's progress. During these meetings, decisions were made by professionals whether a person could be discharged from the service or they needed a referral to other services if they were deemed to require on-going care and support. The manager told us that at times if required, some people had been supported

for slightly longer than six weeks. A professional said, "I find the service very good. They often have the capacity to support people at short notice to facilitate a hospital discharge or to prevent a hospital admission."

Staff were happy about the standard of care they provided to people and had seen how the service enabled people to remain living in their own homes during a period when they needed support to carry out their daily living activities. A member of staff said, "I think it is a brilliant service. I can see the benefits of the service for people. It has been lovely to see people regain their independence." Another member of staff told us that the success of the service was that they worked closely with other professionals to ensure that people received the support they required in a timely manner. They also said, "Teamwork with the physiotherapists is excellent. We have started using the 'Stroke Association' to signpost people to additional services and support." They also told us that they liked the 'Better Together' programme and that it could be really good for people using local services.

The provider had an up to date complaints policy and procedure in place. People had been given a copy of the complaints procedure when they started using the service so that they had information they needed to raise a complaint. People we spoke with were happy with how their care and support was being provided and they said that they had no reason to complain. One person said, "I have no complaints at all, I get the care I need." Another person said, "I couldn't fault anything, the service is good in every way." We noted that there had been no recorded complaints in the 12 months prior to the inspection. However, we saw that the provider had an effective system to handle any future complaints.

Is the service well-led?

Our findings

There was a registered manager who was supported by two senior coordinators and five area coordinators. People were very complimentary about the quality of the service provided, with the majority of them describing the service as 'excellent'. One person said, "They are a fantastic team of people." A relative of another person said, "In my view, they provide a good quality service. It's because they are always on time and they provide support I wouldn't be able to provide to my [relative]." A professional said, "The manager is very knowledgeable, always eager to share her knowledge and she works to achieve the best outcome for service users."

Staff told us that the team leaders and the manager were approachable and promoted a caring culture within the service. They supported staff in a way that enabled them to provide good care to people who used the service. None of the staff we spoke with had concerns about how the service was being managed and they all said that they provided good quality care to people they supported. A member of staff said, "The service is really good. The manager is good and very supportive." Another member of staff told us, "This is a wonderful service. I have received many compliments from service users who are very happy with what we do." A third member of staff said, "I am happy in my job. I love the work we do to support people." This was supported by a professional who said, "I have found the Reablement team warm, approachable, supportive, knowledgeable, proactive and professional. They provide an invaluable service and they work well with other professionals."

Staff told us that they were encouraged to contribute to the development of the service so that they provided a service that met people's needs and expectations. Staff meetings had been held every two weeks so that they could discuss issues relevant to their roles. The meetings were held in the evening to enable as many staff as possible to attend. The

minutes of previous meetings showed that these were normally well attended and a variety of issues had been discussed. A member of staff told us they had always felt able to contribute to discussions during the meetings and that their opinions were valued. Another member of staff said, "We are asked for suggestions to improve the service." A third member of staff suggested that the service could become more effective if the manager and team leaders found ways of maximising the talent and knowledge within the staffing group. They added, "There are a lot of staff with skills that they do not always use. I think reinstating the key-working system will enable staff to support a consistent group of people and this will help us to better understand their needs." This view was supported by another member of staff who said, "Supporting the same people for the duration of their care period will promote continuity of care. Service users are more confident with staff they have got to know well."

People had been given a questionnaire in order to provide feedback at the end of their support period. We noted that after February 2015, the provider had updated the questionnaire to enable them to gather information in line with the Care Quality Commission's key questions. 21 new style questionnaires had been returned, but these had not yet been analysed. We looked at some of the forms and we noted that people's comments were vastly positive. The manager said that they would consider analysing the returned forms on a quarterly basis in the future. A number of compliments had also been received by the service and we noted that people were very complimentary about the quality of the service provided.

The provider had effective systems in place to assess and monitor the quality of the service provided. A review by the provider in September 2015 had rated the service as 'good'. The manager and other senior staff regularly completed audits to ensure that people's care records were up to date and that they contained the information necessary for staff to provide safe and effective care.