

London Borough of Haringey

Haringey Community Reablement Service

Inspection report

River Park House
225 High Road
Wood Green
London
N22 8HQ

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08 June 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 ●

Summary of findings

Overall summary

This inspection was undertaken on 7 and 8 June 2016. We gave the provider 24 hours' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure the registered manager was available on the day of our inspection.

Haringey Community Reablement Service provides a domiciliary care service to adults of any age in their own homes. The service aims to offer a period of intensive reablement for up to six weeks to help people regain their independence after a period of ill health or hospital stay. At the time of our visit, the service was providing personal care for approximately 30 people living in the London Borough of Haringey. However, the short-term nature of this reablement service meant that up to 600 people a year used the service.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People told us they were well treated by the staff and felt safe and trusted them.

Staff could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate these risks.

People told us that staff came at the time they were supposed to or they would phone to say they were running late.

The service was following appropriate recruitment procedures to make sure that only suitable staff were employed.

People told us they were satisfied with the way their medicines were managed.

People who used the service were positive about the staff and told us they had confidence in their abilities and staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves and people's preferences and choices were recorded in their support plans, which were being followed by staff.

People told us they were happy with the support they received with meal preparation.

People were involved in the planning of their care and the development of their goals of reablement. They told us that the management and staff were quick to respond to any changes in their needs and that the service they received was flexible and effective.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The service had a number of quality monitoring systems including spot checks and exit surveys. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They were very positive about how the service was run and told us it had improved their independence.

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. People told us they felt safe and trusted the staff who supported them.

Where any risks to people's safety had been identified, ways to mitigate these risks had been discussed with the person and recorded. Staff were aware of the risks faced by the people they supported.

Appropriate recruitment procedures were in place to make sure that only suitable staff were employed at the service.

Good ●

Is the service effective?

The service was effective. People who used the service were positive about the staff and told us they had confidence in their abilities.

Staff were provided with training in the areas they needed in order to support people effectively.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care and treatment.

Good ●

Is the service caring?

The service was caring. People told us the staff treated them with compassion and kindness.

Staff understood that people's diversity was important and needed to be upheld and valued.

People confirmed that they were treated with respect and their privacy was maintained.

Good ●

Is the service responsive?

The service was responsive. People told us that the management and staff listened to them and acted on their suggestions and wishes.

Good ●

They told us they were happy to raise any concerns they had with any of the staff and management of the service.

Is the service well-led?

The service was well-led. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

Good ●

Haringey Community 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken on 7 and 8 June 2016. We gave the provider 24 hours' notice that we would be visiting their head office.

After our visits to the office we spoke with seven people who had either just finished the six week programme of reablement or who were coming to the end of the six week programme. We also looked at the results of "exit" surveys that were completed by the management when someone had just completed the six week programme.

The inspection and interviews were carried out by one inspector.

Before the inspection, we asked the provider to complete 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 reviewed the completed PIR and previous inspection reports before the inspection. We also reviewed other information we had about the provider.

We spoke with five staff, the registered manager and two healthcare professionals.

We looked at six people's support plans and other documents relating to their care including risk assessments. We looked at other records held by the service including meeting minutes, health and safety documents, quality audits and surveys.

Is the service safe?

Our findings

People told us they were well treated by the staff and felt safe with them. One person told us, "My carers were absolutely lovely. I felt safe. They were very careful [about security]." Another person told us, "They are very nice, they treat me well. I trust them."

Staff could explain how they would recognise and report abuse. They told us and records confirmed that they had received training in safeguarding adults. Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police or the Care Quality Commission.

Staff had undertaken first aid training and knew the procedure to follow if the person they were supporting became ill or had an accident. If someone had an accident this was recorded and the findings analysed to see if any potential repeat events could be minimised.

Records showed that on the day of discharge from hospital, a senior member of the reablement team visited each person. Part of that visit included developing risk assessments in relation to the agreed goals as well as any environmental risks faced by either the person or the care worker who would be supporting them.

Where risks had been identified, the management had thought about and discussed with the person ways to mitigate these risks. For example, we saw that risks to a person's safety had been identified in relation to them using a walking frame to mobilise. The assessment identified that, although they could mobilise with a frame they could become tired or giddy so staff had to give the person time. People told us that they had been consulted about risks to their safety and agreed with the measures taken to reduce any risks. One person told us, "They talked through my safety. The made me see things I hadn't seen." Another person commented, "[The staff] told me my limits."

Risk assessments were being reviewed on a regular basis and information was updated as needed. This usually involved risks reducing over the six week period as the person became more independent. Staff knew the risks the people they supported faced and were able to describe these risks to us. These matched the risk assessments recorded in people's support plan. Staff also had input in identifying, assessing and minimising risks as they supported the person. For example, we saw that staff had suggested aids and adaptations to the person's home during their work with the person.

Environmental risk assessments had been completed to ensure both the person using the service and the staff supporting them were both safe. For example, we saw risk assessments had been developed for staff who were working alone with people as well as having safe access to people's homes. Staff told us about recent training they had undertaken in lone working and how this had proved very helpful and informative.

People told us that staff came at the time they were supposed to or they would phone to say they were running late. One person told us, "[The staff] come on time." Another person commented, "They ring if they are a bit late."

Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required and to support people with their reablement.

Staff had undertaken training in the management of medicines and were aware of their responsibilities in this area including what they should and should not do when supporting people or prompting people with their medicines. Staff told us that they could only prompt people with their medicines and only if these were already in a special dosage system prepared by the pharmacist.

At the previous inspection of this service in July 2014 we checked a random selection of staff files to see if the service was following appropriate recruitment procedures to make sure that only suitable staff were employed at the service. At that inspection we saw that recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual. We did not check recruitment files at this inspection as we were informed that no new staff had been employed.

Is the service effective?

Our findings

People who used the service told us they had confidence in the staff who supported them and that their period of reablement had been effective. One person commented, "It's worked for me. They have encouraged me and I've become a lot more independent. I feel quite strong."

Staff were positive about the support they received in relation to training. One staff member commented, "We have regular training." Another staff member told us, "The training is very good. We are encouraged to develop." Staff told us about recent training they had undertaken in lone working. They said this had improved their awareness of how to keep themselves safe. A person told us, "You can tell they are well trained."

All the staff we spoke with told us they had been with the service from its inception in 2012. All staff had completed an intensive induction period which included a training programme that was specially designed for the reablement service. Staff told us they were provided with training in the areas they needed in order to support people effectively and safely. They told us that this covered safeguarding adults, food hygiene, moving and handling, infection control and the management of medicines. There were systems in place to ensure staff attended refresher training as required. One staff member told us, "I'm on top of my training." In addition to the mandatory training, staff told us that they were also offered nationally recognised vocational training. Staff told us that they could also discuss any training needs in their supervision.

Staff confirmed they received regular supervision and annual appraisals. Spot checks and observed competencies were also part of the staff supervision system. Staff told us that the spot checks, undertaken by team leaders, were a good way to improve their care practices. They also told us that the management praised them when they saw good practice which they said was reassuring and supportive. One staff member told us that supervision was a positive experience. They said, "It's very useful, any concerns can be discussed in detail." Another staff member told us, "Supervision is very good, very supportive."

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.

Staff understood the principles of the MCA (2005) and told us they would always presume a person could make their own decisions about their care and treatment. Staff told us that the people they supported did not lack capacity as one of the requirements of the reablement service was that the person needed to agree with the care and support plan. Staff told us it would be difficult to encourage a person to become more independent if they did not understand or agree with the process. A staff member told us, "If you're promoting independence the person must be involved." We saw these agreements on support plans we looked at.

People told us that staff always asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do.

Staff supported people to become more independent in preparing their own meals if this was part of their agreed care package. Staff had undertaken training in food hygiene and the people we spoke with told us they were happy with the support they received from staff around food preparation.

Support plans showed that the management of the service had obtained the necessary detail about people's healthcare needs and had provided specific guidance to staff about how to support people to manage these conditions. Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts. We saw evidence that staff had called out GPs or emergency services if they had concerns about people's health.

As the service provided an intensive six week reablement programme, staff did not take primary responsibility for supporting people with their on-going healthcare needs such as seeing the dentist, optician and chiropodist. However, healthcare support was provided by occupational therapists and physiotherapists as part of each person's support plan. We spoke with two healthcare professionals that were involved in the reablement service. They told us there was good communication and that they were kept up to date with how people were achieving the goals that had been set and agreed.

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated with warmth and kindness. Comments from people about the staff were very positive and included, "They treat me with respect," "[The staff] are friendly and warm but professional" and "[The staff] come in happy."

People confirmed that they were very much involved in setting their goals and the planning of their care and support. People told us that staff listened to them and respected their choices and decisions. One person told us, "I do make the decisions."

All the staff we spoke with had undertaken training in equality and diversity and understood that racism, homophobia, transphobia or ageism were forms of abuse. They gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs when visiting and gave us examples in relation to food preferences and ensuring visit times did not impact on people's religious observance. Staff told us they would always wear shoe covers when visiting someone if this was requested. A person who used the service told us the staff were, "Respectful of my culture."

People confirmed that they were treated with respect and their privacy was maintained. One person told us, "They were very respectful, very attentive." Another person commented, "When I'm having a shower they pull the [shower] curtain but they are always there if I need them."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Is the service responsive?

Our findings

Each person had a support plan that was tailored to their individual reablement goals and designed to improve their independence. We checked the support plans for six people. These contained an initial assessment from the hospital and a further assessment by the occupational therapist who worked with the reablement team. The support plans listed the goals for each person and included the action and support required to achieve these goals.

People confirmed that someone from the service had visited them to carry out an assessment and developed the support plan with them. Each week staff provided a written report regarding the progress each person was making to achieve their goals of becoming independent.

People's goals were constantly being monitored by staff supporting the person and discussed at weekly meetings with the registered manager and healthcare professionals. This was to ensure that people were making progress and to see if any changes were required. Where these needs had changed, usually because someone had become more independent, the service had made changes to the person's support plan.

Staff told us that overall the goal was to physically support and assist the person less and just observe the person carrying out tasks themselves. People that we spoke with, who had completed the reablement programme, all confirmed they had become more independent and were grateful to the staff for their help and for improving their confidence.

People using this service told us that the management and staff were quick to respond to any changes in their needs. One person told us, "I was keen to get more independent. The staff were very flexible" and another person told us, "I've improved."

Staff gave us examples of where they had called out the GP or an ambulance if someone had become ill or had an accident.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management. People's comments included, "I've got no complaints" "If I had a concern my daughter would ring the office" and "I've got nothing to complain about."

We saw that, two complaints had been received in the last year. These had been appropriately investigated and dealt with by the registered manager. There was a recorded outcome of the investigation, the complainant's satisfaction with this outcome and action taken to make sure the issue was not repeated.

Is the service well-led?

Our findings

People using the service very positive about the way the service was run. One person commented, "It's a well-run service." Another person told us, "I would recommend them."

As part of the on-going quality assurance process, spot checks were undertaken by management and people were asked for their comments. These comments included, "A wonderful service," "The service has been an absolute godsend" and "Excellent service, very helpful." Spot checks also included making sure that the staff treated people with respect and showed an awareness of safety issues. These spot checks were undertaken on a regular basis and records were maintained to ensure any learning objectives and improvements could be identified and acted on. People confirmed that they were asked for their views about the service.

Another aspect of the quality assurance process were telephone interviews carried out three weeks after the person had finished the service. We saw that these 'exit surveys' contained positive feedback. People's comments included, "The service was very good. I was given the equipment I needed to manage. The staff were very supportive and helpful" and "I was very happy with the service. All the care workers were very good and efficient."

People had also written to the registered manager with positive comments about the service. This included the following comment, which was typical of the feedback we saw, "Thank you so much for looking after me for a few weeks after I came out of hospital. You enabled me to gain in strength so that I now feel more secure and independent."

Information and feedback obtained from the various quality assurance systems were used to develop the on-going service improvement plan. This plan included information from previous CQC inspection reports. We saw that, following feedback from the last CQC inspection report, the registered manager had improved the system of monitoring staff supervision and planning spot checks of staff.

Staff were very positive about their work and they said they enjoyed seeing people improve and become more independent over the time they supported them. A staff member told us, "It's a good service. I see improvements in people; we are doing a good job." Another staff member told us how happy they were to meet former clients out shopping and to know they had played a part in people's recovery.

Staff told us that the registered manager was, "Very supportive," "Approachable" and "Gets things sorted." One staff member told us that, "The manager makes sure that the customer always comes first." They told us they felt involved in the service and had made suggestions for improvements. One staff member told us, "We have our say." Another staff commented, "You have to let others know how you feel."

Staff told us that they were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect. Staff confirmed that the overarching goal of the service was to promote independence. When we discussed these visions

and values with the registered manager and management team it was clear that these values were shared across the service.