

The London Borough of Tower Hamlets Reablement 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

About the service: The Reablement Service provides assessment, equipment and support to people in their own homes. The service is usually provided for up to six weeks and aims to help people to learn to live as independently as they can and to assess people's needs for longer term care. At the time of our inspection, the service was supporting approximately 100 people.

People's experience of using this service:

People told us they felt safe using the service.

Risks to people's care was appropriately assessed and mitigated.

People were prompted to take their medicines by well trained staff.

People were given safe and hygienic care by properly trained staff.

Care was provided in accordance with people's valid consent.

People's needs and choices were assessed before they were provided with a service and their support was based upon this.

People were supported by appropriately trained staff.

People's nutritional and healthcare needs were understood and met by the provider.

People told us their reablement officers were kind and respected and involved them.

People were supported to be more independent, with the aim of managing their own needs. People were supported with their goals at their own pace and their support was personalised to their needs.

People's complaints were handled appropriately.

People's feedback was sought in relation to the quality of care provided.

Rating at last inspection: At our last inspection the service was rated Good. (Published 11 April 2017).

Why we inspected: This was a planned inspection based on our routine scheduling programme.

Follow up: We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is

received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Reablement Service

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by a single inspector over the course of two days.

Service and service type:

The Reablement Service provides assessment, equipment and support to people in their own homes. The service is usually provided for up to six weeks and aims to help people to learn to live as independently as they can and to assess people's needs for longer term care. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 16 hours' notice of the inspection visit because it is small and the manager is often out of the office. We needed to be sure that they would be in.

Inspection activity started on 5 April 2019 and ended on 9 May 2019. We visited the office location on 5 April 2019 to see the manager, office staff and to review care records.

What we did:

Before the inspection we reviewed the information we held about the service which included the previous inspection report and the Provider Information Return Form (PIR). The PIR is information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection:

We spoke with eight people and six relatives of people using the service.

We spoke with five reablement officers the manager and team lead for the service. We also spoke with one social care professional about their working relationship with the provider.

We looked at nine people's care records, five staff records and records related to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe using the service. People's comments included, "Yes I feel safe with the staff" and "They collect my mail for me and I trust them to do that implicitly."
- Reablement officers had received training in safeguarding vulnerable people from abuse and understood their duty to report concerns.
- We reviewed a sample of the provider's safeguarding records and these indicated that appropriate actions were being taken to investigate safeguarding concerns. A clear and appropriate action plan was put in place to manage safeguarding incidents to keep people safe.

The provider had an appropriate safeguarding policy and procedure in place and the provider's care workers, known as reablement officers were aware of this.

Assessing risk, safety monitoring and management:

- People's records included assessed risks and actions that reablement officers were required to take to keep people safe. For example, we saw people had risk assessments regarding their risk of falls and there were details about how these occurred as well as what actions should be taken to keep people safe. For example, one person was at risk of falling due to an injury that had affected their mobility, an increase in their alcohol consumption and the increase of clutter within their home. The risk management plan for this person was to refer them to alcohol rehabilitation services, assist with a decluttering of their home and ensure they attended any hospital appointments whilst their injury healed.
- Reablement officers were required to report any changes to people's needs whilst they provided people with care. After the initial assessment which was conducted by a senior member of staff known as an independence planner or one of the in-house occupational therapists, reablement officers completed an initial 'reablement service welfare check' which was an initial assessment of people's needs completed within 48 hours of the commencement of care. If the package of care was not appropriate for any reason or not needed, the initial check identified this and further actions were put in place as a result. We reviewed a sample of welfare checks and found issues such as excessive clutter which contributed to an unsafe living environment were identified and rectified as quickly as possible.
- We spoke to reablement officers about the risks to people's safety and they had a good understanding of these.
- The provider assessed the equipment people used to ensure it was safe. This included items such as zimmer frames or wheelchairs. The provider had in-house occupational therapists who visited people and provided guidance as needed. For people with complex care needs, the occupational therapists conducted the initial assessment and ensured necessary adaptations were made to people's homes that could assist them to live more independently. This included recommending items such as grab rails. Where reablement

officers reported additional issues after the commencement of care, occupational therapists were on hand to assess these and advise on the necessary adaptations that could assist.

Staffing and recruitment:

- The provider employed a suitable number of appropriately skilled staff to provide people with support. We checked a sample of reablement officers rotas and these demonstrated that enough staff were sent to support people and they were given enough travel time to ensure they were able to attend visits on time and therefore meet people's needs as planned.
- People told us reablement officers were punctual in attending to them. One person told us "They show up on time... they show up when they're supposed to."
- Pre-employment checks were conducted prior to employment. Staff recruitment records included evidence of criminal record checks, a full employment history as well as two references as well as candidate's right to work in the UK. This helped to ensure that staff were suitable to work with people using the service.

Using medicines safely:

- At the time of our inspection the provider was not administering people's medicines, but they did prompt people to take their medicines.
- Reablement officers understood their responsibilities regarding medicines. One reablement officer told us, "We only prompt people to take their medicines, but we have had training."
- The provider had a clear medicines administration policy in place. Reablement officers had received medicines administration training and records demonstrated this. People's records included details of the medicines they took.

Preventing and controlling infection:

- People's relatives confirmed that reablement officers were clean and tidy when doing their work. One relative told us, "They leave the place very clean."
- Reablement officers understood the importance of providing people with hygienic care. Their comments included, "We always wear gloves and aprons" and "We clean and tidy as we go along."
- The provider had an appropriate infection control policy in place. People's care records contained reminders for reablement officers about their responsibilities. Reablement officer's supervision and spot check notes contained a check as to whether appropriate techniques and personal protective equipment were being used to prevent and control the spread of infection.

Learning lessons when things go wrong:

- We reviewed accident and incident records and found that these were responded to appropriately. For example, we read one record about a person who had been found on the floor by their reablement officer. They were seen straight away by the in-house nurse who attended to them and assessed whether they were safe to be placed back in their chair or if emergency assistance was required.
- The provider confirmed that accidents and incidents were analysed at a senior level within the organisation to identify any trends, but this analysis was not recorded. The team manager told us that if any trends were identified, the learning would be disseminated through team meetings with reablement officers.
- The provider had a clear accident and incident policy and procedure in place, which reablement officers were aware of. This included details of employees and managerial responsibilities of investigating and reporting incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance:

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.

We checked whether the service was working within the principles of the MCA.

- The provider was working within the principles of the MCA. All people using the service were able to consent to their care and specific consent forms were signed by them to attest to this. We spoke with the team manager for the service and they confirmed that they only provided support to people who lacked capacity in very rare and specific circumstances.
- Reablement officers understood the importance of obtaining people's consent prior to providing people with care, although they had not received specific training in the MCA. They told us they would report any concerns about people's capacity to consent to their care to their line manager. One reablement officer told us "We observe people closely and report any concerns."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs and choices were assessed and their objectives were based on the support people felt they needed. Initial assessments were conducted by an independence planner or one of the in-house occupational therapists for people with more complex moving and handling needs. People's records contained details about the results of these assessment and included people's views about the support they felt they needed.
- The provider delivered care in line with current standards and legislation. The manager of the service explained that policies and procedures were reviewed every year and reablement officers were given annual refresher training to ensure they worked within current standards. We reviewed a range of policies and procedures including safeguarding, infection control and medicines administration and found these were up to date and reflected current legislation.
- The service had in-house registered occupational therapists and a nurse who provided expert guidance in line with recognised standards.

Staff support: induction, training, skills and experience:

- Reablement officers received an appropriate induction to the service. This included training in line with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Thereafter, reablement officers were required to complete a 26 week probationary period which was assessed and provided they met their required competencies, they were able to progress to their role on a permanent basis.
- Supervision meetings were conducted on a quarterly basis and we saw records of these. These included checks of the training conducted as well as any specific issues that related to the reablement officer.
- Records also indicated that quarterly spot checks of reablement officer's performance were conducted. Spot checks included an interview with the person receiving a service to obtain their feedback as well as an observation of the reablement officer whilst they were providing care. The records we saw did not identify any issues.
- Appraisal meetings were also conducted annually. These included an assessment of the reablement officer in line with identified objectives and further objectives were also listed for the coming year.
- The team manager confirmed that training was conducted every year in mandatory subjects such as safeguarding adults. Reablement officers also received specific training which was geared towards supporting people to regain their independence. We reviewed the provider's training records and found reablement officers were up to date in their completion of training modules.

Supporting people to eat and drink enough to maintain a balanced diet:

- Reablement officers had a good understanding of people's nutritional needs and how they were expected to meet these. One reablement officer told us, "Where people need support like nutritional drinks we ensure they get what they need. We remind and encourage people."
- People's records included details of the support they required. These were geared towards supporting people to manage their own needs. For example, some people required support to get out of bed and conduct their own personal care, other people required assistance in the preparation of their meals and some people also required assistance in maintaining a safe environment and conducting domestic tasks. Where people had family members who provided this support, this was stated.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support:

- The provider supported people with their healthcare needs.
- Reablement officers had a good understanding of how to support people with their healthcare needs and could explain the different health conditions of people they supported. One told us, "There is information on the care plan. We read up about people before we go in- we also read the referrals from the hospital and discuss anything with our supervisors."
- People's care records contained a history of their health conditions and how this affected their support needs.
- Records indicated that the provider worked closely with a range of health professionals to provide people with specific support. For example, we saw records included details of referrals to drug and alcohol services where this was needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People gave good feedback about the support they received. One person told us, "They were kind and polite. They showed up on time and they were very helpful."
- We saw people's support plans included details of their cultural needs. Where people needed reablement officers who spoke their native language this was accommodated. One relative told us, "The reablement officer speaks my [family member's] language. My [family member] likes the company."

Supporting people to express their views and be involved in making decisions about their care:

- People confirmed they had been involved in the assessment process. One relative told us, "I was there when they did the assessment... they asked us questions and wrote it all down. They have given us the help we asked for."
- Records indicated that people were involved in their assessments and the development of their support plans. Support plans were goal orientated and centred on the care people felt they needed.
- People were supported to communicate their needs. The records we reviewed concerned people who either spoke English or had relatives who could assist them to communicate with the provider.
- The provider met the Accessible Information Standard for people using the service. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The team manager explained that all information was communicated to people using the service directly and if needed, they were able to translate information into an easy read format or other languages to assist people in understanding this. At the time of our inspection, the provider did not have any examples of having shared information in any other formats as they had not yet needed to.

Respecting and promoting people's privacy, dignity and independence:

- People confirmed their privacy and dignity was respected and promoted. One person told us, "They do respect me. They're polite."
- Reablement officers gave good examples of how they respected people's privacy and dignity. One reablement officer emphasised the importance of maintaining people's dignity during personal care. They said, "We make sure people are covered and not in an open space."
- People were supported to be as independent as they could be. The purpose of the service was to support people to live their lives independently and we saw people's support plans were geared towards this aim. Daily records completed by the reablement officers demonstrated how they supported people to work

towards their goals and people's progress was periodically assessed to ensure that support plans were updated as needed.

- Where people had met their goals and fulfilled their aims, their package of care ended. Where people's needs deteriorated, a further assessment was conducted to determine what further support they needed. We spoke with one relative who told us their family member had been discharged from the service. They told us, "My [family member] has been discharged, but they were very useful to them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's support plans were personalised to ensure they met their individual needs and preferences. They contained clear guidance about how people should be supported to meet their aims. This included aims such as managing their own personal care and conducting housework.
- People were supported to progress with their goals at their own pace. Reablement officers supported and advised them at each care visit in accordance with people's preferences about what they wanted to achieve at each visit. One read people's daily visit notes and these confirmed that visits were conducted at a pace that was appropriate to people's individual needs. For example, we read examples where people did not require any support at all and had completed tasks such as their own personal care, fully independently.
- People's support plans contained information about their interests where this was relevant. For example, we saw one person's aim was to be able to independently access their local community. Reablement officers were required to support them to manage their own needs, particularly in relation to their mobility with the eventual aim of being able to access facilities in the community.

Improving care quality in response to complaints or concerns:

- The provider had an appropriate complaints policy and procedure in place and this was provided to people.
- Both informal and formal complaints were dealt with appropriately. We saw the provider maintained a spreadsheet of informal complaints for their learning purposes.
- We reviewed a sample of the provider's complaints records and saw that appropriate investigations were conducted and action taken as needed.

End of life care and support:

- Due to the nature of the service, the provider was not supporting anyone with end of life care needs. Where people's needs deteriorated they were referred to alternative care services in accordance with their needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The provider and reablement officers demonstrated a commitment to promoting high quality care. One reablement officer told us "I love working here because you can really see that you're helping people to get their lives back." The team leader explained the benefits to having in- house occupational therapists and a nurse was so they could quickly identify issues and provide high quality targeted assistance that people needed. They told us "We have so much expertise in- house, so we can really pinpoint what help people need and provide this quickly."
- The provider had transparent investigation processes in place and understood their duty of candour responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Managers had a clear understanding about their responsibilities within the service and there was a clear internal staffing structure in place as well as job descriptions relating to personnel.
- Reablement officers understood their roles and their responsibilities in relation to the people they were supporting. One reablement officer told us, "Our purpose is to support people to be as independent as they can be."
- The provider sent notifications to the CQC as required in line with their responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- Annual surveys were conducted into people's views of the service and the results of these were collated and action taken as needed. People were also interviewed during quarterly spot checks to ensure that they were satisfied with the support they were receiving. We reviewed a sample of spot check documents and saw feedback from people was positive.
- The provider also completed a staff survey on an annual basis. This survey collated feedback from staff members about what was working well within the organisation and how staff members were happy working at the service. Following the results of this the provider arranged a Staff Survey Team Talk which was completed at Team meetings as a means of discussing the feedback that had been obtained.

Continuous learning and improving care:

- The provider audited various aspects of the support provided. This included a 'welfare concerns analysis' which looked at the concerns people were reporting within 48 hours of receiving a service. The analysis summarised people's main concerns and included an action plan for dealing with these. The provider also completed a complaints and compliments audit which involved analysing and taking action in relation to feedback received. The provider also audited care records once at the beginning and at the close of the reablement process to ensure that records were complete. Where issues were identified, these were dealt with directly with the staff member involved. The team manager also sat on a directorate quality assurance board which was in the process of improving the quality monitoring framework for the service.

Working in partnership with others:

- The provider worked closely with a range of healthcare professionals on a case by case basis. This included specialist services such as rehabilitation services or psychiatric services where this was needed. The provider had in-house occupational therapists as well as a nurse specialist, so advice could be obtained quickly when needed.