Islington Social Services

Reablement and Home Support Service

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 24 October and 1 November 2017and was announced.

There was a registered manager in post. A registered manger is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of law, as does the provider. The registered manager was present during the second day of our inspection.

The service had undergone a major change 18 months ago. The reablement and the long-term home support services were merged into one service with the emphasis put on the reablement part of the provision as the primary part of the service. The service was providing five different types of support and worked primarily with people aged 65 and over. The service offered long term home support for people with care within their own home. The service also offered four types of reablement services: a rapid response service which helped prevent hospital admissions; a discharge service which assessed the support people needed when leaving hospital; enhanced reablement services which provided 3 days of 24-hour care assessment and support and reablement services which provided six weeks of care and support for people requiring rehabilitation. At the time of our inspection, seven people were receiving the home support service and 65 people were receiving care from the various reablement services.

At our previous inspection in May 2017, we had served a warning notice in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we checked to see what action had been taken to address this and we also checked to ensure that people's care was planned in a person centred way.

The service had quality monitoring systems to ensure the recently introduced changes to risk assessment and care planning had been reflected in all care files. However, the system was not robust enough to ensure that the improvements were implemented consistently across all of the care files.

At this inspection we found that improvement in relation to risk assessment and person centred care planning had been made. Further work was needed to ensure that these improvements were consistent across all of the care files. We found that the service demonstrated that they had taken action to comply with the warning notice issued by us in May 2017.

During this inspection, we found that in general care plans had improved. The home support care plans were person centred and individualised. However, care plans used in the reablement part of the service needed more detail about people's preferences when supporting them to achieve their reablement goals through the daily care provided by staff. During the inspection we found that risk assessment and care plans for the home support were reviewed and up to date. However, risk assessment and care plans for people who received the reablement support were not reviewed weekly as guaranteed by the service. The registered manager was aware of the issue and they were working towards recruiting another care manager to increase the care manager's capacity and ensuring all care plans within the reablement service were

reviewed weekly.

Staff felt supported by their managers through one to one and team meetings and they thought managers were always available and ready to help. Staff who were still getting used to their new roles as reablement workers had also commented positively about the management's efforts to improve the service. They said these improvements had been noticeable. Staff had received risk assessment and person centred care planning training and they said it informed and improved their work with people.

People using the service spoke positively about the staff and the management team they also commented on positive improvements within the service within the past months and they were happy with the support they received. People thought they were supported by staff who were well trained and had the right skills to care for them. The majority of people said they had taken part in planning and reviewing of their care and staff supported them adequately when their needs had changed.

The service helped to protect people from abuse. Staff received appropriate safeguarding training and they knew what to do it they though people were at risk of abuse. There was an appropriate recruitment procedure, which ensured that only suitable staff supported people. There were enough staff employed to care for people and to ensure all scheduled calls had taken place as planned. Staff prompted or assisted people to take their medicines as intended by the prescriber and according to the provider's medicines policy.

The service was working within the principles of the MCA and staff knew and understood these principles. People or their representative, where appropriate, gave their written consent to be supported by the service. People also said staff asked for they permission before providing support.

The service helped people to meet their nutritional and dietary needs and this was done with respect to people's cultural needs and personal wishes and preferences. This was especially well documented within the home support part of the service. We noted that care plans for people receiving the reablement service would benefit from more detailed guidelines for staff on how to support people with their meals so it was non-intrusive and effective. Staff supported people when their health needs changed and they ensured appropriate referrals had been made when people needed to see other external health and social care professionals.

People spoke positively about staff who supported them and they were happy with the service they received. Staff appeared kind and caring towards people they supported and they knew people's needs well. People felt listened to, they thought their wishes and preferences were taken into consideration when planning their care. People said their privacy and dignity was respected by staff who helped them with personal care and the majority of people said they were asked if they preferred a female or male worker.

Staff supported people in accessing the local community and doing things they liked to do. People knew what to do if they wanted to make a complaint and the majority of people said they never had to complain because they were happy with the support they received.

People were asked for their feedback on the quality of the service they received. The service had appointed an external organisation to carry out quality surveys and we saw evidence of completed quality assurance questionnaires. . When people raised any queries or requests action was taken by staff to support people effectively as they required.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and

made two recommendations related to risk assessment and person centred care planning.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

We found that risk assessments had improved, however, the improvement were not consistent across all of the care files therefore further improvements were needed.

Staff had good understanding of various types of harm and abuse that people might be subjected to and they knew what to do if they were concerned about people's safety.

The service had adequate recruitment procedures to ensure only suitable staff were supporting people who used the service.

People were prompted or assisted people with taking their medicines and this was done according the provider's policy.

Is the service effective?

Good

The service was effective.

People were supported by experienced staff who received regular training to ensure continuous review of their skills and knowledge.

Staff were supported through regular supervision and a yearly appraisal of their skills to help them support people effectively.

The service worked within the requirements of the Mental Capacity Act (MCA) 2005 and staff knew and understood its principles.

Staff supported people to have enough food and drink, in maintaining good health and in having access to healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People spoke positively about staff who supported them and they described staff as kind and respectful.

Staff who supported people appeared caring and compassionate towards people they supported.

People were involved in planning of their care and they felt staff met their needs sufficiently as they wanted it.

Staff respected people's dignity and privacy at all times and people felt comfortable with the staff who supported them.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

The service had improved how they planned people's care. However, this was not consistent across all of the files we saw and further improvements were needed.

People's care needs were reviewed, however, more frequent reviews within the reablement service were needed to better reflect changes in people's needs.

Staff supported people to access the local community and do things they enjoyed doing.

There was a complaints policy and people and their relatives knew what to do if they wanted to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Existing quality monitoring systems were not sufficient enough to ensure consistent good quality of risk assessment and care planning for all people that used the service.

The management team, had been working towards improving the service and acted on the action plan submitted to the Commission following our last two inspections.

Staff thought the service had improved in the recent months and they felt supported by their managers.

People and their relatives also saw improvements and they were happy with the support provided by the service.

Reablement and Home Support 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.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone was available.

The last comprehensive inspection of the service took place on 13 and 14 December 2016. During this inspection, we found that the some aspects of risk management were not safe and there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to the serious nature of the breach, we took enforcement action against the registered provider.

During the inspection in December 2016, we also found a breach related to person centred planning because care plans did not state people's likes, dislikes or how they wanted their care to be provided.

We carried out an unannounced focused inspection on 5 May 2017 to check that action had been taken to comply with the warning notice regarding the breach of Regulation 12. During the focused inspection we found that the provider had not adequately addressed this issue and people's risks were still not appropriately identified. There was insufficient guidance provided to front line staff to ensure that they were aware of how to work with people's known risks. Consequently, we took further enforcement action relating to the lack of adequate risk assessments. We issued a warning notice in respect of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This inspection was carried out by two adult social care inspectors, and two Experts by Experience. An Expert by Experience (ExE) is a person who has personal experience of using or caring for someone who uses

this type of care service.

Prior to the inspection, we looked at all the information we held on the service including the last inspection report. We also reviewed progress regarding the provider's action plan which set out the action they stated they would take to meet the legal requirements and notifications of significant events. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about

During our visit, we spoke with the members of the management team including the Head of Service, the service manager, the deputy manager (who was also the registered manager), two senior practitioners (who were also the service's occupational therapists) and one team leader.

Prior to our visit our ExE's carried out phone interviews with 16 people who used the service, and three relatives who gave us their feedback on the support they received from the service.

We looked at records that included 19 care records for people who used the reablement part of the service and five records for people who received home support. We looked at disclosure and barring service [DBS] information for all of the staff employed by the service. We also looked at training and supervision records for 10 staff members, and other documents relating to the management of the service.

Following the inspection, we contacted 15 staff members who gave us feedback about their work at the service. We also received feedback from one health care professional.

Requires Improvement

Is the service safe?

Our findings

At the inspections in December 2016 and May 2017, we found that the service had not assessed individual risks to people using the service and had not provided staff with enough guidance on how to mitigate known risks. At our last focused inspection in May 2017, we found that the provided had failed to address issues identified by us related to risk assessment to a standard that met the regulatory requirements. During this inspection, we found that some improvements had been made, however, they were not consistent across all of the files and further improvements were needed.

In the majority of files we looked at, individual risks to people's health and wellbeing had been taken into consideration and there were sufficient guidelines for staff on how to support people safely. However, this was not consistent. For example, care documents for one person stated they had been diagnosed with asthma and obesity and the person was prone to self-neglect. This had not been mentioned in their risk assessment. In another example, a person had recently undergone a major operation and they had a post-operative wound they needed to keep dry. The reablement staff supported the person with personal care, however, the risks around providing personal care in relation to the wound had not been assessed. Therefore, there was a risk that if staff did not take the appropriate action this could affect the person's healing process. We spoke about this issue with one of the occupational therapists at the service who assured us that immediate action would be taken to update the document. We followed this matter up during the second day of our inspection and we saw that the respective risk assessment was updated and consisted of information for staff on how to support the person safely.

We recommend that the provider seeks further support and training from a reputable source on sufficient and consistent risk assessment to health, safety and wellbeing of people who use the service.

There was evidence of improved and comprehensive assessment of people's risks including guidelines for staff on how to support people safely. Risk assessment included assessment of risk around people's safety at home, moving and handling, risk of falls, self-neglect, malnutrition and social isolation. Additionally protective factors such as the support of the family and other health and care services were incorporated into risk assessment management plans. Staff we spoke with confirmed that they had access to documents and they thought they were informed about how to support people safely. One staff member told us, "When I arrive at someone's house I read the care plan and risk assessments which make it very clear what I have to do to keep people safe." Staff also told us that since the last inspection they had received risk assessment training that they found useful and helped them to improve their practice.

We saw that all of the risk assessments for people who received long term home support were reviewed and up to date. The registered manager told us that risk assessments for people receiving the reablement support should be reviewed weekly. This was due to the short term, six weekly nature of the support. We saw that this had happened in the majority of the cases but not all of them. We spoke with the registered manager about the frequency of the reviews. They told us they were aware of this issue and that they were in the process of recruiting another case manager to increase the capacity of the service's case managers to enable them to visit and review people's care weekly.

The service helped to protect people from abuse. The majority of people we spoke with told us they felt safe and comfortable with staff supporting them. They told us, "I feel very safe, they care for me so well", "I feel safe with them and they just help me with the things that I can't do" and "I do feel safe with the staff. They talk to me and I feel that I can talk to them, and ask them for any kind of help that I need." One person told us that they usually felt safe with staff. However, two staff members had not read the person's care plan and consequently had not provided the support correctly. We discussed this issue with a member of the management team who told as they would look into this issue immediately.

Staff we spoke with had a sound understanding of various types of abuse that people might be subjected to and they knew what to do if they were concerned about people's safety. They told us, "If I saw anything wrong I would immediately report it and if nothing was done I would call CQC" and "keeping people safe is the most important thing I do."

The recruitment procedures ensured that new staff were appropriately recruited. The recruitment process was managed centrally by the provider's human resources department. The registered manager was involved in some aspects of the process to ensure only suitable staff were employed by the service. The registered manager formulated job descriptions, conducted the interview process and made the final decision on which candidates were suitable to support people who used the service. The registered manager also managed the details of criminal records checks for all of the staff employed at the service to ensure they were up to date and renewed when required. The service had used a small number of agency staff to ensure all schedule calls were covered. We were told that appropriate checks were carried out on the agency staff including their right to work in the UK and current DBS. This information was then stored centrally within the provider's human resources department. The registered manager showed us a criminal checks tracker, which they used to ensure all staff criminal checks were up to date. This kept track of staff checks and whether they were due for renewal. This meant the registered manager ensured people were supported by staff who were suitable to care for them.

There were enough staff to support people using the service. Care calls varied between 30 minutes and one hour depending on people's needs. The service had divided staff into seven geographical areas in which they supported people. By doing so, they ensured that staff had enough time to travel between calls and reduce any risk of calls being late or missed. People and their relatives told us staff were usually on time and they had enough time to support them. Some of people's comments included, "for a few months now it has been very good, always on time and lovely people" and "There are enough [staff] now, I get a call from the carer if they are running late. The traffic is bad at the time in the morning I need help but I understand and it's only 5 minutes." A relative told us, "They are always on time and the one time they weren't [my relative] got a call. The woman in the office called me to explain too, they had a good reason." Two staff members told us that they would benefit from more travel and support time especially when they go to visit a new person, as it takes longer to find where a person lives and what their needs are.

At the time of our inspection, staff did not administer medicines to any of the people they supported. When required staff had prompted or assisted people with taking their medicines and this was recorded in people's care plans. Records we looked at showed that staff followed the provider's policy when supporting people with their medicines. The registered manager told us that the service was in the process of updating their medicines policy to ensure it was in line with The National Institute's for Health and Care Excellence (NICE) recently updated guidelines on how to manage medicines for adults receiving social care in the community.

People confirmed that staff supported them with taking their medicines effectively. They told us, "I have medication in the morning and evening. I forget what it is for and my lady [a staff member] tells me and

writes it down in my folder" and ", "I take my medicine and they watch me. My GP gave me some new ones and the carer told me what they were for because the GP forgot." Relatives told us, "I chatted with the managers about [my relative's] medication and then the carer when she started. We all know and I tell them if there are any changes. They tell him when they give it to him what it is for. Now it's all recorded" and "I like to check the care plan notes when I come in and then I see that [my relative] has had what she is meant to [medicines]. They are always up to date". Staff confirmed they received training to support people with their medicines safely.

Good

Is the service effective?

Our findings

People thought staff were well trained and had the right skill set to care for them. They told us, "They seem very well trained. I like them and especially my main one, she has empathy", "I feel confident in them. They know what they are doing and they know the support that I need" and "I think that they know what they are doing. They are very pleasant. I've had a few different carers and yes, they all ask permission before doing anything. They've certainly been well trained in things like that." Relatives said, "I feel the regular carers we get now know what they are doing and want to be doing the job. They support [my relative] but also support me well. I have someone taking the pressure off", "The carers we get seem very good, efficient and knowledgeable. They work hard" and "I think they are experienced in elderly care and they support [my relative] in the things she struggles with."

Each new staff member undertook an induction that consisted of the training the provider considered mandatory. This included moving and handling, safeguarding and the Mental Capacity Act 2005 (MCA). New staff were also required to shadow more experienced colleagues and their skills were assessed by senior staff before they were permitted to work with people unsupervised. Other staff received refresher training every two or three years, depending on the subject. This ensured continuous review of staff skills and knowledge. Records confirmed that staff received the training, however, they told us they would benefit from it being more frequent. We spoke about this with the registered manager who informed us the service was currently working on a new reablement team training programme that would be separate from the provider's general training and would cover all skills that were required to support people using the reablement service. We were told that the new training was going to be introduced by the end of November 2017.

Staff told us they received regular support from their managers in the form of one to one supervisions and a yearly appraisal of their work. They also said they could contact the management team any time they needed support and advice. Records confirmed that staff had received regular supervision and that this was a two way process in which staff discussed their professional duties, Their supervisors updated staff on any matter related to the service provision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 saw that the service was working within the principles of the MCA. A member of the management team informed us the majority of people who used the reablement service had capacity to make choices about their lives. However, we were told that staff always considered people's capacity. We saw in people's care plan files that where a new person had been referred to the service and there were concerns about their mental capacity people were referred to a community psychiatric nurse (CPN) for capacity assessments. We saw evidence in people's files that capacity assessments had been recorded as completed. We saw in files

where a person had been assessed as lacking capacity a best interest meeting and subsequent decision had been completed. The person had been assessed as lacking capacity to decide where to live and to manage care. Whilst it was felt by professionals that the person would benefit from moving to residential care setting it was acknowledged that the person's wish was to return home. It was decided in the best interest meeting [which was attended by associated professionals, family and an advocate] that the least restrictive action was for the local authority, health workers and the family to manage the person's needs at home. This demonstrated the provider was aware of, and followed, the requirements of the MCA 2005.

Where people had capacity to make decision about their support and care, this was discussed with them and their relatives. We saw in people's records that people had signed their consent agreeing to the support they would be receiving. People told us that staff sought their consent before provided any care and support and they felt involved in deciding how they wanted their care to be provided. They told us, "I get a say in what happens to me. I feel like they listen now and give me some independence and choices to carry on doing things" and "[staff] ask permission and don't just start, they ask if it's ok to do things. They are overall, very helpful." Relatives told us, "They chat with me about how I feel she is and what she needs. The carer we have always involves [my relative] which makes her feel like she is listened too. That is very important to her" and "She is involved in decisions about what she wants to do and how they help her."

Staff we spoke with were all aware of the principles of the Act and they said any specific issues relating to people's mental capacity were highlighted before they went to visit for the first time.

People told us staff helped them to meet their nutritional needs effectively and have enough food and drink. They told us, "The carer helps me to make my dinner and she makes sure I have snacks and drinks that I can reach. She bought me a special cup to help keep my drinks warm when she isn't there", "I choose what I have to eat and they heat it up. If they have time they sit and chat with me while I eat dinner" and "I do now, they ask me if I've had something to eat. When I first had them I wasn't eating hot meals so much and they didn't offer to help with food. Now they write down for me if I've had something so I don't forget and help by cooking hot food." Family members said, "[Staff] make sure [my relative] drinks her special milk drinks because she doesn't drink them for me. They sit with her and coax her. They are good and very calm" and "I'm happy with this, they remind her to eat and keep an eye on her weight. She used to forget to eat. They called me when the meals weren't delivered and running low so I could deal with it."

Records showed that people's nutritional needs and preferences were recorded in care plans. This was especially well reflected in care plans for people receiving the home support. Detailed information for staff was provided on what people liked to eat, what time, how they like it to be prepared and if there were any health issues related to food and drink intake. However, the level of detail for people receiving the reablement service had varied. The majority of people receiving the reablement service did not need staff support with food and fluid intake as they could manage it independently or had other arrangements in place to ensure regular meals had been provided. However, we saw that staff were often required to encourage and remind people to have their meals. We noted that care plans for those people using the service would benefit from more guidelines for staff on how people would like to be prompted so it was non-intrusive and effective.

People and their relatives told us staff supported them when their health needs changed and they needed to see a health professional. Their comments included, "[Staff] call them [GP surgery] for you and my carer asks if she can talk to the GP. I give permission", "My carer has written down important numbers for me and I have them stuck to the front of my telephone book" and "They call them [health services] for me or find me the number." Relatives told us, "I manage this but they do make suggestions if they feel [my relative] isn't well" and "They have called me a few times when they feel the GP should visit. The office have called to tell

me."

We found there was effective communication between the different associated professionals and people working at the service. There was evidence in people's files which showed us that the service liaised with hospital staff and other professionals, such as doctors from hospitals, OT's and physiotherapists, general practitioners (GP), speech and language therapists, dieticians and chiropodists when creating care plans and completing risk assessments.

Good

Is the service caring?

Our findings

All the people using the service we spoke with and their family members told us they were happy with the service received. They thought kind and caring staff supported them. Their comments included, "My regular carers are kind and make me feel like a person", "I do feel they respect me and how I like things", "I find the regular carers I have now are very nice and they care. They have time to listen to me" and "I have built friendly relations with a few of them. They are polite and respectful." Relatives told us, -"It's the relief ones that you sometimes get that don't have much time to listen or chat. They do respect his privacy and dignity but they don't do much else. The regular ones we are very fond of as they show they care by the time they give to us."

Staff who worked at the service told us they liked supporting people and they seemed caring towards the people they visited. The service's provision had changed within the past two years to a shorter reablement support and some staff members were still readjusting to the new expectations. However, we noted that although some staff struggled with the new way of working all of the staff we spoke with showed care and compassion for people they supported.

People thought the majority of staff knew their needs well and were involved in planning of their care. They told us they could decide how the care was provided and staff listened to them when they wanted things to be done differently. People said this made them feel they mattered. They said, "[staff] enjoy what they are doing. They do not make me feel like I'm a pest", "My needs are met and they ask me what I feel I need", "I was involved in all the planning of [my care]. The Staff are polite and courteous. They ask, "Can we do this for you?' and 'Do you mind if we do this?"." Care plans for people using the home support included details telling staff how people liked things to be done. This meant the service had taken into consideration their personal preferences and ways of living and they were respectful in adhering to them. A family member told us, "I feel that they respect us as a family using their service. I feel [my relative] is looked after well and the carer treats her as being important."

People said their privacy and dignity was respected by staff who helped them with personal care and the majority of people said they were asked if they preferred a female or male worker. They said, "Privacy is as good as it can be and they do ask if they can assist with dressing and toilet trips. I feel I have dignity", "They ask me to let them know if I want to do things different and they ask if I would like to do certain things myself or in privacy like using the toilet. Everything I say to change is recorded in my notes to remind me", "I requested no male carers as I am a woman and they stick to this. My wishes are met" and "I have a male carer wherever possible as I asked for this. They respect that I have times I like to be alone to pray and they do not come in this time. I feel respected." One person told us staff had not always asked them if they needed help with the toilet and they just assumed that the person did.

Staff told us it was important to them to ensure people's dignity and privacy was respected and they always took it into consideration when working with people. One staff member told us about a person centred approach training they had recently received. They said it showed them the importance of dignity and choice and that the training had improved their practice when supporting people.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection we found issues related to person centred care planning. People receiving support from the service did not have individualised care plans telling staff about how people would like to be supported and what was important to them. Consequently, staff did not have sufficient information about how to meet people's needs effectively. At this inspection, we found that some improvements had been made but that more improvements were needed.

During this inspection, we looked at care plans for both the reablement and home support service and we saw the amount of detail in care plans and their personalisation had varied depending on what service people received.

Within the reablement service care plans for people consisted of general information about them, such as, medical history, why they needed the reablement service, how they could improve their wellbeing and what they would like to consider in the planning of their support. Each person had reablement needs and goals identified, which concentrated on what progress a person was expected to achieve and what could help them to improve their independence. However, we saw that the level of guidelines for staff on how they should support people in achieving their goals varied and was inconsistent across the files we saw. For example, one person needed support with domestic tasks because of their memory issues and their reablement goal stated that, "within four weeks the person would be able to complete their household domestic tasks safely".

A second person needed assistance with various aspects of personal care and they were expected to be able to look after themselves fully within 2-6 weeks. Another person needed assistance with morning personal care and was expected to be able to dress and undress independently within two weeks. None of these care plans informed staff on how they should support these persons in achieving their goal. The section of the plans asking how people could improve their independence was not completed. Consequently, staff did not have guidelines of how to support people. We also saw improved examples of care plans where it was clear what staff should do to help a person to get better. There was information on what equipment ought to be provided to help protect people from various risks and which other professionals should be involved to help the enablement of the person.

Each person also had a care plan summary that listed what support was required during each care visit. We saw that most typically these summaries consisted of a list of tasks that staff should perform rather than explanation of how people would like thinks to be done. Care plans stated, "Please prompt safe stair mobility", "assist to make bed", "supervision and assistance of one with accessing toilet and personal hygiene if necessary" and "assistance with meal preparation and hot drink." The directives were generally detailed, however, it was not clear if this was how people wanted to receive their support. During our inspection we received feedback from staff suggesting that people were not always interested in the reablement service. One staff member told us, "Sometimes people do not want me to do what's on them [care plans], they want me to do the housework instead." Staff feedback about care plans varied. Although the majority of the staff we spoke with told us care plans were useful, some of them stated that not all of

them were personalised enough. All of the staff told us they saw positive changes and improvements in the way care was planned. They also said they had received care planning training that was organised by the provider since our last inspection. They thought it was valuable and they enjoyed it.

The above is evidence that the service had taken action to improve their care planning process. However, there was still more improvement needed to ensure the good quality of care plans was consistent across the reablement service, that it was person centred and informed staff on how people wanted to be supported.

We recommend that the provided seek further support and guideline from a reputable source on how to plan care for people with full consideration of their care needs and personal preferences.

We saw that there was a noticeable improvement in care plans for people who had been receiving the home support service. These were holistic, included information on people's personal likes and dislikes and detail as to how they would like their care to be provided. Each care plan had an "about me" section that gave details about people's background, important life events, their health history and their current significant relationships. Other information in care plans included details of people's medicines and their side effects, living arrangements and provisions around their finance management. The care plans also contained good guidance for staff about how people would like to receive their personal care. For example, one person's care plan informed staff that the person would need their support with dressing, however they would choose their own clothes. The care plan for another person stated how often they liked to have a shower and wash their hair. Each care plan was accompanied by a timetable that guided staff on what support should be provided during each visit throughout the day and how people liked to be supported.

All but two of the people we spoke with told us they took part in planning and reviewing of their care and they fully participated in the formulation of their care plans. They said, "The care plan was done with an Occupational Therapist who was here a good two hours going over everything. They tend to just do the things that I can't do", "I did have a visit from a lady and she explained about what would happen as the hospital had now released me into their care. We set up a care plan for me" and "They did come round and we prepared a care plan together. I was able to tailor it to suit my personal needs." Two people told us, "I haven't got a care plan but I've no complaints" and "I don't think that I've got a care plan."

We saw that all care plans were reviewed, however, not all reviews had taken place weekly as required for people using the reablement service. Where reviews took place, the changes in people's needs and their progress were recorded in their care plans. People told us that they had regular conversations with staff who supported them about their needs and staff had adapted the support accordingly. People also told us they had received regular phone calls from the office asking if they were receiving care they needed and if they were happy with it.

Staff supported people with accessing the local community and doing things they liked to do. People told us, "I go out with friends and they [staff] help me to organise my diary so I don't miss them [friends] coming", "The carer has found some information about a day centre I can go to which will be nice" and "My carer brings me magazines and books from the library." A relative told us, "One of the carers gave me information about a support group I can go to or call. I thought this was very kind of her."

There was a complaints policy in place and people were informed about it when they started receiving support from the service. The provider's central customer's service team handled the complaints and we were informed that no formal complaints about the reablement and home support service had been raised within the past 12 months. People told us they were aware of the complaint procedure, however, any issues they raised were dealt with immediately therefore they never had to make a formal complaint. They said,

"No, no, no, I've never had to complain. They are very helpful and good at their jobs", "I haven't complained. They have explained the Complaints procedure to me though", "Whenever I've needed them I've called and they have helped me straight away" and "the office call you back if you have left a message and quickly too. The service has improved".

Requires Improvement

Is the service well-led?

Our findings

During our inspection we found that the service had made improvement with relation to care planning and risk assessment and they were in the process of completing their action plan submitted to the Commission following our inspections in December 2016 and May 2017. As stated in the plan staff had received training in risk assessment and person centred care planning and they said they found it useful. New care plan and risk assessment formats had been introduced to better reflect care needs and preferences of people who used the service.

We saw that quality monitoring system relating to care plans and risk assessments was established and operating. However, because we still found issues related to these elements of the service delivery, we concluded that the system was not effective. More work was needed to ensure consistent good quality of care plans and risk assessments across all people's files.

Established care planning and risk assessment quality monitoring system required that case managers, who were responsible for review of people's care, would ask a Senior Occupational Therapist to review and approve each updated care plans and risk assessments. We were shown an example when a Senior Occupational Therapist had rejected submitted care plans, as they thought it should be more personalised. Any discussion related to changes in these documents would take place in person or over the email. However, there was no one audit recording tool, which would help the management team to analyse and identify and gaps and negative patterns in risk assessment and care planning.

Existing system had not included sampling of random risk assessments and care plans by Senior Occupational Therapists to ensure, over time, all people's files were looked at and audited. If a care manager had not notified a Senior Occupational Therapist that a risk assessment and care plan needed to be reviewed, the Senior Occupational Therapists would not know, a risk assessment or care plan would not be audited.

We were told that Senior Occupational Therapists had been meeting weekly with the wider multidisciplinary team to discuss the caseload and to audit the quality and personalisation of people's care plans. Although these arrangement were in place, we still found that a number of care plans and risk assessments within the reablement part of the service were not up to standard required by the Regulations.

This indicated that existing system did not always work and needed to be improved. The concerns around sufficient and effective risk assessment and care planning had been raised with the service during the December 2016 and May 2017 inspection. Therefore, we would expect that the service introduced a quality monitoring system that was robust and effective in monitoring all risk assessment and care plans for people who used the service.

We spoke about our findings with the management team who had acknowledged this gap in their existing auditing system and they told us this matter would be looked into and addressed promptly.

The above is evidence of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were some positive aspects of managerial audits which related to staff support and supervision. We saw a supervision tracking spreadsheet stating which staff completed their supervision. This document was managed well by staff team leaders and consequently we saw that staff supervisions were planned and delivered regularly as required.

Additionally, in January 2017, the service had commissioned an independent service review to look at the main area of the service delivery and to formulate recommendations on how the service could be improved. The outcomes of the review had been received by the service shortly prior to this inspection and the management team were still to take actions on improvement recommended in this review. The registered manager also told us the service was planning further restructuring. The aim was to look at the current services model and to reorganise it with staff involvement and in respect to the needs of the people, the staff and the service itself.

The feedback we received from staff about the management of the service varied. The service had undergone a major change 18 months ago. A reablement and the long-term home support services were merged into one service with the emphasis put on the reablement part of the provision. Staff feedback indicated that the merge process was rushed and they were not provided with enough training to deliver the expected service. We observed that managers were tasked with merging two services. However, the tools they had, such as computer based care planning system, were not fully adapted to deliver a reablement service that would meet the Regulations. Consequently, the quality of the service in the areas related to risk assessment and care planning was affected.

The majority of staff we spoke with felt comfortable in their new role of reablement workers and generally felt supported by their managers. They described the management team as always available and ready to help. Some of their comments included, "I feel happy with support and supervision. I can always call my manager for advice" and "Managers respond quickly and well to any issues I have raised." However, some staff found the recent changes within the service difficult. They told us, "I found it difficult switching from care providing to reablement. Training not was good enough for my new role" and "There has been chaos for past 18 months." Still, both staff recognised that the current management team had been working consistently on improving the service and these improvements had been noticeable. One staff member said, "Situation is slowly improving."

Staff were regularly supported through individual supervision, spot checks and team meetings. Recent team meeting minutes showed that topics discussed included the reablement service provision, risk assessment, person centred care planning, various aspects of customer care and staff training needs. Some staff told us they were not able to attend team meetings due to their scheduled calls. The registered manager had confirmed they were aware of this issue and they were looking into reorganizing meetings so every staff member could attend.

People using the service spoke positively about the staff and the management team who led it. They felt the service had improved in the last few months and they were happy with the support they received. They told us, "It is not bad, I like the carers and they are very kind", "I would recommend the service to anybody" and "I find it has improved a lot in the last few months." A relative told us, "Things have improved in the last few months and if it continues it will be great. The quality of the carers is much better and the office team seem more efficient."

People who used the service were asked for their feedback on the quality of the service they received. Since the last inspection, the service had appointed an external organization to carry out quality survey with people. The registered manager told us they were currently awaiting feedback from the survey, which was due in December 2017. Additionally, we saw evidence of completed quality assurance questionnaires from people using the service. We saw that when people raised any queries or requests actions were taken by staff to support people effectively as they required.

The service received positive feedback from an external professional who told us "The service has always been pretty good, staff attend to the needs of people they support and I have never had any concerns about this service."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not effectively assessed and monitored the quality of the service provided in the caring of the regulated activity The registered person had not effectively assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users. Regulation 17 (1) (2) (a) (b)