Walsall Metropolitan Borough Council

Community Reablement and Response Services

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced. We told the provider two working days before our visit that we would be coming.

The service did not have a registered manager in post even though there is a requirement for them to have one. The provider is currently recruiting for this role. A

Summary of findings

registered manager 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 the law; as does the provider.

Community Reablement and Response Services is a domiciliary care service providing short term reablement support to people within the community. People who are referred can use the service for up to six weeks to help them regain skills and independence lost through illness, injury or surgery.

At the time of our inspection the service provided support to 189 people and employed over 100 staff.

Feedback from people's experience of the service had not been actively sought to help develop the service. We also received feedback from people that the service was not aware of. Some people were not aware of the arrangements with their visits.

We found that although incidents were monitored and responded to in a timely manner there was no record of whether the actions taken had reduced the risk and how effective the actions had been.

Some staff did not have up to date training. Most staff had not undertaken training in the Mental Capacity Act (2005), although this training was booked. The Mental Capacity Act is a law that protects people who are unable to make their own decisions. Staff understood how to support people to make their own decisions but had limited or no knowledge of the Mental Capacity Act or how it would apply to people they supported.

When we spoke with people and their families they provided positive feedback about the quality of support provided by the service.

Systems were in place to ensure that when people were referred to the service their needs were assessed and reablement support was started quickly. Support provided was individual to each person and focused on reablement goals identified during their assessment. These goals were reviewed and updated every two weeks or as required, if sooner. Staff were provided with information which gave clear instruction on people's goals and how they were to support them safely to achieve their goals.

Staff were passionate about their roles. They spoke with pride about the service they provided in helping people regain their independence.

The service had good links with other teams within Walsall council and also outside organisations. We saw evidence of partnership working which was helping to drive improvements to the service they provided to people.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

Not all staff were aware of the service's safeguarding policies and procedures although they understood how to recognise abuse and protect people.

Staff had limited knowledge of the Mental Capacity Act and were unclear what they should do to support people who lacked capacity.

Requires Improvement

Is the service effective?
The service was not consistently effective.

Not all staff had training that was up to date.

People told us the service was supporting them and was helping them regain their independence following injury or illness.

Requires Improvement

Is the service caring?
The service was caring.

Staff treated people with kindness and compassion.

People's privacy was respected and they were happy with the care that was provided.

Good

Is the service responsive?
The service was not consistently responsive.

The service was not aware of and responding to some people's experiences of the service.

Requires Improvement

Is the service well-led?
The service was not consistently well-led.

There was no registered manager in post at the time of our inspection.

The views of people had not been actively sought and the service was not aware of some people's experiences.

Accidents and incidents were responded to quickly but there was no evidence as to whether actions that had been taken had reduced the risks identified.

Requires Improvement

Community Reablement and Response Services

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'. The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection team consisted of one inspector and one expert-by-experience who had personal experience of people using home care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience spoke with people who used the service and relatives by telephone.

Before our inspection we gathered and reviewed information we held about the service. This included the provider's information return. This is information we have asked the provider to send us on how they are meeting the requirements of the five key questions.

We reviewed statutory notifications the provider had sent us. A statutory notification is information about important events which the service is required to send us by law. We also contacted the local authority commissioner who had funding responsibility for people who used the service to obtain their views.

As part of our inspection we spoke with 14 people who used the service and four relatives on the telephone. We also spoke with 15 staff members which included care staff, line managers and the service manager. We looked at five records relating to people's care, five staff files and records relating to the management of the service. This included policies, accident, incident and safeguarding records, minutes of meetings and a training matrix.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with told us they felt safe when care staff delivered care in their own homes. They also told us they were treated with dignity and respect. One person said, "I always feel safe when the staff are here". All of the people we spoke with felt staff knew how to meet their needs. People who used the service were given a leaflet on safeguarding which gave information on how to recognise abuse and who to contact if they needed to report abuse.

All the staff we spoke with understood what abuse was, how to keep people safe in their own homes and their role in reporting concerns to their manager. However, four out of five care staff were unaware of the organisation's own policies and procedures for safeguarding or the local safeguarding protocols. Some care staff were also unaware of who they would report concerns to outside of the service. The service manager later informed us their policy stated that all concerns should be reported to the office. Therefore, the policy did not advise staff about how they could report their concerns outside of the service if needed. We saw evidence that the provider was following local multi-agency safeguarding protocols and reporting allegations and concerns appropriately to the local authority.

Two care staff we spoke with told us they had not heard of the Mental Capacity Act (2005). When we spoke with other staff and looked at training records we found that none of these staff had received training in the Mental Capacity Act 2005. We did see that this training had been booked for staff. Care staff were able to explain how they supported people to make day to day decisions but were unsure what to do if someone lacked capacity. They also told us of the importance of making sure people understood the information they were given so they could give consent to their care. We were told by the service manager that there was no one using the service that lacked capacity at the time of our inspection.

Staff we spoke with them were able to give examples of how they treated people equally, respected their diversity and ensured they did not discriminate against them. One care staff said, "I treat everyone as an individual. I respect their individuality, their choices".

We saw that health and safety assessments had been completed when people started using the service. This assessment was comprehensive and identified any risks in a person's home which could affect the person or staff. It also identified any specific training care staff should have to be able to support the person safely. For example, if care staff needed to have moving and handling training. This showed that risks to people and staff had been assessed and identified. One person's relative said, "My wife requires a hoist and the staff have been trained to use it. They always make sure there are two of them before commencing and I keep an eye on them".

The provider had a contingency plan in place should an emergency affect the running of the service. The plan gave clear responsibilities for staff to follow. The service manager explained that people who used the service would be contacted and their care prioritised depending on what local support they had. For example, support from their families.

People's needs were met by sufficient numbers of staff. The service manager told us that staffing levels were dependent on the number of people who used the service. Newer staff members worked with more experienced staff to help ensure there was an effective skills mix. Where the service did not have enough staff to meet people's needs an agency was used. All staff employed through the agency were trained in the service's own policies and procedures. The service manager told us they only used one agency and because of this they ensured staff were suitably knowledgeable and experienced before they supported people.

The provider had stated in the PIR that they had four medication errors in the last 12 months. We also had received a concern relating to a person's medicine. None of the people we spoke with were receiving support with their medicines. We spoke with care staff to ensure they understood their responsibilities and the policies and procedures they were following. Care staff were able to describe their responsibilities and spoke about how they prompted people to take their medicines. They understood where to find information about people's medicines in their care records. This included information about the medicines being taken, the times required and a record of the medicines taken. The provider had responded to the medication errors which had occurred since our last

Requires Improvement

Is the service safe?

inspection. A new medication policy and procedure had been put in place and recording forms had been updated. Care staff we spoke with told us they had received training and updates in the new procedures.

Requires Improvement

Is the service effective?

Our findings

Most people we spoke with told us their experience of the service was positive and their care and support needs were met. One person said, “The staff are good. I feel they are well trained”.

Although staff told us they felt supported in their roles we found that some staff had not received training recently. Some care staff were unable to tell us when they had last received any training and were unaware of when they needed to update their training. When we looked at records of training we saw that some care staff needed to update their training. For example, one care staff had started employment in November 2013 had not yet completed safeguarding training. Of the five records we looked at one care staff had had not completed any moving and handling training since 2011 and another since 2010. This meant there was a risk that care staff may not have up to date skills and knowledge.

Staff we spoke with told us they felt supported and had the skills they needed to meet people’s needs and perform their roles safely. Each staff member we spoke with told us about the different training they had for their individual roles within the service. Team meetings were held regularly and information was also shared with staff through email. Most staff received supervisions every four to six weeks. During these supervisions they had one to one time with their line manager and discussed concerns they had, training and any aspect of their role. Some staff told us they had not received supervision for some time but they were able to speak with their line managers about any concerns they had. Records we looked at confirmed that most staff received regular support through supervisions. We were informed that staff surgery sessions were held twice a week. These were informal drop in sessions where staff could speak with their line managers. This helped to ensure that people’s needs were assessed and met by the most appropriate member of staff who had the skills and knowledge to meet their needs.

One care staff who had recently started working for the service told us about their training. They spoke about their induction training which included fire safety, health and safety and protecting information. They also told us about the shadowing they had completed where they worked with more experienced staff for four weeks. They said, “The induction training was very good and I appreciated the shadowing I did”. When we looked at the records of two new care staff we could not find any records of their shadowing arrangements or who had decided they were competent to work on their own. When we spoke with a manager about this they told us this information was not recorded but agreed it should be.

None of the people we spoke with required support with eating or drinking. We looked at care records to see how people’s needs were assessed and identified. We found that people’s needs were discussed with them to identify the support they required with preparing meals or their ability to eat and drink independently. We saw that one person was identified as requiring support with preparing and cooking their meals to regain their skills and confidence in the kitchen. The service manager told us they accessed support from dieticians when this was needed. This meant that people’s nutritional needs were discussed with them and support given when necessary.

We found that people’s health and welfare needs were being met and the service had close links with other professionals within Walsall Council and with external professionals. This included the health team, intermediate care team, social workers, district nurses and doctors. Physiotherapists and occupational therapists were part of the service and carried out assessments and reviews on people’s needs as required.

Good

Is the service caring?

Our findings

All the people we spoke with told us care staff treated them with kindness, compassion, dignity and respect. They told us they felt involved in their own care and that all staff respected their choices. A choice of male or female care staff was provided if requested. One person said, “They always make sure I’m alright and comfortable”. Another person said, “They treat me well”. One relative said, “The staff are very good, they always treat (relative’s name) with great respect. They never talk down to him. They treat him with dignity”.

Some people told us they didn’t always have the same care staff but that this didn’t affect the care and support they received. One person said, “You do get a change of staff but it’s not really a problem”. Another person said, “It’s not a problem for me. I get different staff and they’re all quite decent. It would be better if I knew them”.

The service manager told us they were aware that some people did not always have the same care staff. Following previous complaints from people about this, the service had introduced a system where care staff worked in ‘localities’. This ensured that care staff worked in the same geographical areas and would get to know the people they were supporting. This system was not fully implemented at the time of our inspection. We spoke with some care staff who were already working in their localities and they told us the new system was much better for them and for people they cared for. They thought the continuity of care had improved.

Most people we spoke with told us they felt involved in making decisions about their own care and support. Staff told us the emphasis was on the person identifying their own reablement goals which would help them to regain their independence in their own homes.

Care staff followed the person’s reablement plan which gave clear information on how to support them. We saw the emphasis was on prompting the person to help them regain their independence. When we spoke with care staff they had a good understanding of the support they needed to provide to people whose care records we had looked at. Most care staff told us they had enough information in the plans to enable them to do this. All care staff told us they were there to give encouragement to people to become independent again. One staff said, “I have the satisfaction of knowing I have helped someone get their independence back. I see them progressing and getting well. It’s very rewarding. I feel proud when someone says thank you”.

All staff we spoke with understood the importance of positive interaction and communication with people and why this was important in supporting people back to independence. One care staff said, “When I talk with them I am helping to put them at ease. I encourage them to talk about any concerns they have. I have to build a relationship with them so they have trust in me”.

Requires Improvement

Is the service responsive?

Our findings

Care and support required was individual to each person and identified their goals for their reablement plan. People were involved in identifying their goals for the six week period and signed their reablement plan to show they agreed with it. Some of the people we spoke with who were coming to the end of their six weeks reablement plans, told us that they had improved and would not be requiring further support.

People's care and support needs were reviewed every two weeks by keyworkers. The keyworkers had a specific role in assessing people's needs and reviewing their needs throughout the six week reablement programme. If people's needs changed in between these reviews care staff told us they would contact the keyworker to make them aware and request an earlier review. We saw that when changes and improvements were identified, goals were updated and discussed with the person and the person had any opportunity to make a comment. One person had commented that they were pleased with the support they had received.

We saw that one person had been referred for advice and information about domestic services available and on social activities in their community. The service manager told us that they work closely with neighbourhood community officers who will complete joint visits with the service to inform people about organisations in the community to reduce social isolation.

Most people we spoke with told us they felt able to raise concerns with the provider or the care staff. When people first started using the service they were given an information book which gave contact numbers for the office and details of how to raise complaints and concerns.

No one we spoke with had needed to make a complaint to the service. We saw that the provider had an appropriate system in place to respond to complaints. They had responded to people's complaints about not having the same care staff and were taking steps to positively address this. All complaints were received, responded to and monitored by the provider's area managers and all responses went through the provider's head of service.

When we spoke with people it was clear that some did not understand the arrangements of the service. Some people did not know that Community Reablement and Response Services were Council run. Two people thought it was a private agency. When we spoke with the service manager they were not aware of this confusion.

Six out of 14 people we spoke with did not understand why they didn't have a set time for their visits. The service manager told us people were given an approximate time for their visits rather than a specific time. This was because care staff supported people for the amount of time it took to complete their planned care at a visit rather than a set amount of time. We were told that this had been discussed with people when they first started using the service and they also signed to say this had been explained to them. We saw records in people's care plans which confirmed this. When we spoke with the service manager about these comments they acknowledged this was an on-going issue. We found that although the service was aware of people's confusion and comments this was still a source of concern for many people. The service manager assured us they would look into ways of making this clearer to people.

However, some people told us that although they did not have a set time for their visits the service would arrange specific times if they needed to attend doctors or hospital appointments. One person said, "I don't have a specific time, they come between 7am and 11 am which is normally not a problem. However, if I have a hospital appointment I ask for an earlier visit. So far they haven't missed". This meant that where required the service responded to people's requests to change their visits to ensure they are able to receive support when they need it.

We found that two people we spoke with were unsure what happened after their six weeks of reablement support. One person said, "I am coming to the end of my six weeks but no one has been in touch regarding the next steps". We passed this person's comment onto the service manager and were assured that they would take immediate action. The service manager told us that if people required support after their six week period they were referred on to the integrated assessment team. They also said that if they required on-going support then the service would keep supporting them until the new service was up and running. This ensured there was no interruption in people's care and support.

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager in place at the time of our inspection. The previous registered manager had de-registered with us in October 2012. Since this time the service had been managed by an interim manager and service manager. The provider had informed CQC that they are currently recruiting to appoint a new registered manager. We are monitoring this and the provider is keeping us updated on the progress of their recruitment.

During our inspection we found people had concerns and opinions which the service was not aware of. The service was not aware of people's confusion about the arrangements of the service or that some people were not sure what happened after their six weeks.

We found that people's feedback and opinions were not actively being sought to help develop and improve the service. The service manager explained that people had a comments and compliments card in their information pack but these were not generally used by people. We were told that the service had recently introduced feedback forms for people to complete when they left the service. Because this was a recent introduction they had no information to evidence people's opinions of the service to help drive improvements.

We saw evidence that accidents and incidents were responded to quickly by managers. Following a recent incident we saw that a manager had reviewed the incident and made recommendations for actions to be taken. The actions identified were to make staff aware of the incident, complete a risk assessment and for staff to work in pairs. When we asked how and when this was done there were no records of these actions having been completed. This meant that although incidents were monitored and responded to in a timely manner there was no record of whether the actions taken had reduced the risk and how effective the actions had been.

Although staff felt confident and were supported in their roles we found that current systems in place were not addressing the training requirements of some staff. Records we looked at confirmed that some staff had not received recent moving and handling, safeguarding or MCA training. We also found that some care staff did not understand the service's own policies and procedures.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw thank you cards the service had received from people, which included, "Very good service, and very nice people. Could not fault them". Another card read, "Thank you for the wonderful care we have received". The service managers explained that compliments are discussed at team meetings so the relevant staff are aware of this feedback.

Most staff told us they found their line managers approachable and supportive. They told us that the service manager had an open door policy and they felt involved in what was happening in the service. Most staff and managers we spoke with were all passionate about the service they provided to people. One staff said, "I'm passionate about what I do. I love my job".

Most staff told us they felt involved in what was happening within the service and felt current changes that were being made were positive steps in improving the service. Changes they spoke about were policies and procedures being updated, the introduction of localities to improve consistency of care, travel times between calls and new roles within the team. Most staff told us they felt valued within the team and that managers listened and acted on any concerns or comments they made to them.

Managers told us they observed staff practice and completed spot checks on care records. They told us that immediate action was taken against any staff not following policy and procedure. This was addressed at supervision with their line manager, extra training arranged and disciplinary action taken if necessary. Managers also quality checked all initial and updated reablement plans before these were implemented. This meant the quality of support provided by staff was monitored by managers.

All staff understood their role within the service and the contribution they made. One staff said, "We are getting people back to where they were before they were ill. We build their confidence using firm encouragement to enable them to get their independence back".

We saw evidence that the service had good links with other organisations to ensure best practice and drive improvements through partnership working. These included Walsall Clinical Commissioning Group, Walsall

Requires Improvement

Is the service well-led?

healthcare NHS trust, and Age UK. The service manager explained they were meeting with other reablement services in the country to share good and innovative practice.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **There were no effective systems in place to regularly assess and monitor the quality of the services provided.** **Regulation 10. (1) (a), 2 (b) (i), 2 (c) (i), (e).**