

Warwickshire County Council

# Reablement Services North Team

## 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

Reablement Services North is a domiciliary care service providing personal care to people in their own homes. The service was supporting 56 people at the time of the inspection.

### People's experience of using this service and what we found

People and their relatives said they received safe care from the service. One person told us, "Yes I definitely feel safe." Staff knew how to keep people safe and what to do if they had concerns. Staff had been recruited safely. People always received their care. People who required medicines had them administered safely. Staff protected people from the risk of infection and managed their medicines safely. Where things had gone wrong the registered manager learnt lessons to prevent these from happening again.

People and their relatives were involved in their care and made their own decisions how staff supported them. People trusted staff because they were trained well. Experienced staff supported new staff into their role. The registered manager had complete oversight of the staff and supported them with supervision. People's nutritional needs were managed well. Staff knew risks to people and alerted GP's or other health care professionals swiftly. People's consent to receive care was always obtained.

People said they were treated kindly and compassionately. They were complimentary of how staff took time to get to know them and their needs. People said they staff respected their dignity and privacy. The service supported people to become more independent and spoke highly of staff for their approach in achieving this. People could understand the information they were given. It was made available in many formats and languages and could be translated if required. People's care was arranged individually according to their needs. Some people did not have choice of the exact times their care was delivered. Those who needed it at critical times were prioritised.

The service was frequently complimented on its quality of care and of the staff providing it. People didn't make complaints about the service.

The service was well managed, and the quality of the service was reviewed regularly. The staff had faith in managers and their colleagues and welcomed opportunities to develop. Staff were happy in their role and were proud of the improvements they made to people's lives. The service invested in their staff and were open to suggestions on how to improve.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 04 August 2016)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 Services North Team

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 May 2019 and ended 3 June 2019. We visited the office location on 31 May 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and three relatives. We also spoke with four members of staff including the registered manager.

We reviewed a range of records. This included two people's care records which included care plans, risk assessments and their nutrition and medication needs. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, complaints, incidents and policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from abuse and harm. Effective safeguarding procedures were in place. Staff had undertaken training and knew how to raise any concerns they had about people's safety. One staff member told us "I had safeguarding training as part of my induction. I would report any concerns I had for someone's safety if I thought they may be at harm. I talk to my manager about it."
- People said they were safe. One person told us, "I do feel safe with carers. I can rely on them." One relative told us, "It's the fact they all seem to know what they are doing."
- People told us they felt safe when care staff were in their home. One person told us, "I have a key safe. They [staff] know how to use it and put the key back afterwards."

Assessing risk, safety and management

- Risks to people's safety were assessed and managed. Potential risks to people's health were identified such as mobility, skin condition and nutrition. People's care files were detailed providing staff with clear instructions on how to manage and reduce known risks.
- Staff told us they read care plans and the information enabled them to meet people's needs safely. One member of staff told us, "The care plan has everything in it I need to support people."
- People's care plans were reviewed regularly, and staff were informed of changes to people's needs.

Staffing and recruitment

- No one we spoke with had ever experienced a missed call from the service. Staff told us they had the time they needed to meet people's needs.
- One person told us, "They [staff] stay the full time they are meant to and sometimes a bit longer. I haven't had any missed calls."
- The service provided care to people for up to six weeks. People's requests for call times were considered and people were informed prior to care commencing that their preference may not always be met. Instead a "time slot" was arranged and most people received their care during this time. People with higher needs and/or support with their medicines were given specific times and these were always met.
- One person told us, "It's pretty good. We're given time slots and they come between them."
- The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure

and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

#### Using medicines safely

- Policies and training were in place for the safe management of medicines.
- People who received medicines told us they were administered appropriately and on time and records confirmed this.

One person told us, "The carers get my tablets out and pass them to me. They make sure I have taken them and then they record it."

#### Preventing and controlling infection

- Staff were trained in and followed safe infection control procedures. They were supplied with personal protective equipment to prevent the spread of infection.
- Everyone we spoke with said carers used gloves and aprons and washed their hands before handling any food. One person told us, "It's the first thing they do."

#### Learning lessons when things go wrong

- The registered manager looked at previous incidents to look at any improvements that could be made.
- For example, people with night time needs were no longer provided with care from the service if the assessment identifies this may be required. If family members could support people safely between the hours of 10pm to 7am. The service provided support to people between 7am and 10pm. The registered manager made this change following an incident during the night when a person fell.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's personal care needs were comprehensively assessed before they received care. All aspects of people's lives were recorded in their care plans including physical, mental, emotional and social care needs and any informal support received from relatives.
- Care plans were reviewed consistently through the six weeks the service provided support. This demonstrated whether people required any longer-term support after this time or had become so independent they required no further care.
- People told us staff understood what support they needed and how to support them to become as independent as possible. One person told us, "I had four visits a day at the start and now it's only two. It's the support that has helped me need less care from them." A relative told us, "[named person] can't balance right now, they use a perch stool to help with personal care and this has taken the pressure off."
- Equality and diversity needs including those around the person's gender, spirituality, disability and culture were assessed. People told us their individual needs were met. Care plans were person centred and reflective of people's needs.

Staff support: induction, training, skills and experience

- Staff were inducted to the service. A mandatory training programme was in place prior to staff delivering care to ensure they had the suitable skills to support people safely. All staff were enrolled on a nationally recognised care qualification course.
- Staff were offered additional specialist training in areas such as Parkinson's disease and stroke awareness courses.
- Staff told us they had supervision every four weeks. They told us they discussed all the people they were currently supporting. Team meetings were held frequently, and minutes of meetings were made available. Staff that were unable to be present could take part using a web cam from wherever they were. This ensured all staff could participate and had opportunity to raise their views and comments.
- Experienced staff 'shadowed' new staff until they demonstrated they could support people safely.
- People and relatives felt staff were well trained. One person told us, "I think they all have good skills and are understanding and patient." One relative told us, "They are all equally good and know what they are doing."

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

- People were supported with their nutritional needs. Where people required support with eating and

drinking we saw this was recorded in their care files.

- Risks relating to people's dietary needs were met. For example, one person told us, "I get enough to drink. Carers prepare drinks for me when they leave so I am not left thirsty until the next time they come."

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

- Any person requiring longer term care was referred to another service in a timely way. Staff monitored, and recorded people's changing needs to assess if this was required. This process was effectively managed by the service and people identified as needing continuing care received it.
- Staff responded quickly to any concerns they identified in people's health. One person told us, "I wasn't feeling well one day. The carer called the doctor for me and she told the office."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

- Staff had received training and had a good understanding of MCA legislation. Assessments and care plans showed people's consent had been obtained before care was delivered. People's agreement was obtained for key codes to locks to be shared with the service.
- Staff applied their training correctly. One person told us, "They always ask me what I want to do when they arrive." Another person told us, "They [staff] never just launch in without asking me first."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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 told us staff were caring, kind and compassionate. Records reviewed were written in a person-centred way and had people's aspirations at the heart of them. One person told us, "I can't fault them, they are all so pleasant. I can't speak highly enough of them." Another person told us, "They [staff] are very caring and kind." Relatives also made positive comments. One said, "We count them as friends they are that good."
- Staff got to know people and took time when they could to have meaningful conversations. One person told us, "We have such nice chats, it makes my day." One relative said, "They take the trouble to ask about [named person's] life."

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

- People told us they weren't offered a choice of carer. Most people told us this didn't concern them as the support from the service was time limited. For example, one person told us, "It's so short term I am not bothered." Another person told us, "It would bother me if I was to have them long term."
- People's records showed they, and where appropriate, their relatives were involved in creating their care plan to meet their needs. People we spoke with confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy and dignity was always considered. Staff were sensitive to people and quickly got to know how people felt most comfortable. One person said, "[Staff] support me with intimate care in the way I like it and are aware of how I feel when I am undressed." Another person told us, "I wash all my private areas, [staff] turn away and then hand me a towel when I tell them I have finished."
- People told us they were supported to be as independent as possible, and [staff] were aware of their abilities. One person told us, "They won't step in at all unless I really need it. I'm grateful because I want to get my life back to normal." Another person told us, "The whole idea is for them to get me back on my feet again. They never step in unless I ask."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care that met their needs and preferences. People were given choice and control in their care. People had copies of their care plans and assessments which included any changes made. For example, one person told us, "We put the care plan together and the [named person] reviews it every two weeks and goes through it with me. [Staff member] looks at things with me and I make the final decisions."
- Staff we spoke with understood and followed people's care plans and preferences for how they received care. People we spoke with confirmed this. Some people we spoke with commented on how staff had made small suggestions to them they hadn't thought of and this helped them when carers were not present. For example, one person said, "Staff noticed I may benefit from a different toilet aid. One was ordered, it came the next day and it has made such a difference to my life. Sometimes it's the small things that make the biggest difference."
- The service ethos was to improve people's independence, so maximum control over their daily lives was regained. Records showed the service ensured most people to return to full or partial independence.
- The service received numerous compliments from people about how their lives had improved. One said, "I have benefitted greatly from the support and encouragement and now look forward to a greater degree of independence that I once thought would be beyond me." Another said, "I will be forever grateful for you helping me get back on my feet. You are all so suited to your career."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. People were provided individualised information from the start of their care journey with the service in a way they could understand. For example, documentation was available in their preferred language and access to an interpreter and translation service was always available. Other examples were access to information in large print and braille.
- Staff knew people's communication needs. For example, one person told us, "The [staff] always check I have my hearing aid in, so we can chat properly."

### Improving care quality in response to complaints or concerns

- A complaints policy was in place. People received a 'customer guide' to the service which contained all the information and contact details for people to raise their concerns 365 days of the year. The service asked the question of people 'are we getting it right' and actively sought people's feedback. One person told us, "We received everything we needed, information about what we had agreed, who to contact and how to complain."
- No one told us they had made a complaint, or ever felt they had needed to, but had such faith in the service were certain it would be resolved without delay. One person told us, "No way, of course I haven't complained, they're excellent and I wouldn't hesitate if I had to." Another person told us, "I can't imagine ever having to complain about this service, they are brilliant." A relative told us, "I haven't had to complain. If necessary I wouldn't hesitate."
- People's feedback was openly displayed in the office so all staff could hear people's views of the service. One staff member told us, "This is why we do our job. When we read what people say about us it makes it all worthwhile and you get so much job satisfaction from hearing from how people benefit from our care."
- People were provided with summaries from CQC's previous inspection report in the 'customer guide'. The manager said people could determine themselves whether the service was meeting the standards of care that was expected by the regulator. This gave opportunity for people to compare their experience of the service to the outcome of the last inspection. The manager said the 'customer guide' would be updated once this inspection was published.

### End of life care and support

- The purpose of the service is to support people to return to independent living and did not support people at the end of their life. The service was responsible for ensuring people who became in need of end of life care were supported to the appropriate service.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager deployed a positive culture and was proud of the service's achievements for providing social care service that met people's needs and expectations. People told us their lives had improved from the quality of care they had received.
- The registered manager had a vast experience of social care and ensured her knowledge was in line with current practice. There was good support from senior managers in the organisation. Information, decisions and any changes were quickly communicated to all staff.
- People were well informed. People knew it was a short-term free service and were aware if they had ongoing needs, appropriate measures were taken to ensure this would be provided from an alternative service and this may be chargeable to them.
- Staff felt valued and were driven by the registered manager. Through supervision and appraisals, they were offered additional training to improve their skills and knowledge. If opportunities for other roles became available, the registered manager encouraged and supported staff to apply. One staff member told us, "Appraisals are beneficial as they help you "climb the ladder."
- Staff had faith in the service. For example, we were told personal experience of the service had inspired people to apply for roles. Some staff we spoke with had recommended the service to prospective employees.
- Staff told us the team worked well together, there was good morale and they gained satisfaction from their work. One staff member told us, "The team is absolutely fantastic, we all know our roles and the communication is great."
- The registered manager was a visible presence in the office and worked alongside the team. We saw staff seeking support and how the registered manager responded to them in a positive way.
- There were staff networks accessible to all. One network was supporting staff with their religion and beliefs. There were regular meetings and a prayer room was available
- The registered manager was aware of the responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and

treatment.

- The registered manager informed CQC of any incidents that occurred within the service.
- Everyone we spoke with trusted the service and felt it was open and transparent.

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

- The service was organised. There were lead responsibilities within the team. For example, the registered manager was responsible for medication and safeguarding. Other team members had the lead in compliments, achievements and capacity and demand in the service. This ensured there was safe management and auditing in key areas of how care was delivered safely. Staff were able to discuss any issues with the person monitoring that aspect of the service.
- Each of CQC's five key questions were assigned to members of the team to ensure the requirements to meet a good service were maintained. For example, the registered manager led the 'safe' domain.
- Records relating to people's care and the management of the service were accurately maintained and safely stored.
- There were effective audits in place to check the quality and safety of the service. For example, audits monitored care calls to ensure staff continued to provide care at the agreed time.
- Accidents and incidents were audited effectively. Staff were informed of the outcome and where there were any changes to practice, or additional training was required, this was implemented by the registered manager.
- The rating of the previous inspection was displayed as required.

Continuous learning and improving care

- The service had arranged a 'good practice event' for staff. The service identified key areas to improve well-being for people who use the service and how staff could achieve this.

Working in partnership with others

- We saw one member of the team attending a local Parkinson's Group. Advice and information was provided to people who had recently been diagnosed with the condition, and their carers. Subjects covered included information about benefit entitlement, occupational therapy and how technology might support mobility needs.