

# Cambridgeshire County Council

# Cambridgeshire County

# Council Reablement Service

# North (March Team)

## Inspection report

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Date of inspection visit:  
26 March 2019  
27 March 2019  
28 March 2019

Date of publication:  
17 April 2019

## 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: Cambridgeshire County Council Reablement Service North (March Team) is a domiciliary care agency. It provides personal care to adults living in their own houses and flats, so that they can live as independently as possible. Most people who used the reablement service were supported for a period of up to six weeks, but in exceptional circumstances this could be extended.

Not everyone using Cambridgeshire County Council Reablement Service North (March Team) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection 39 people were using the service and 38 were in receipt of personal care.

People's experience of using this service:

- People were supported to be safe by sufficient skilled staff who were deployed to keep people as safe as practicable. People's medicines were administered and managed safely. Staff managed risk to people well including infection prevention. Accidents and incidents were acted on.
- Staff were skilled and competent and knew the people they supported well. People's care, health and support needs were identified and staff were skilled at meeting these. People were supported to eat and drink sufficiently. Staff enabled people to access and receive appropriate healthcare when required. Staff worked within the principles of the Mental Capacity Act (MCA) 2005 and ensured people received care they had agreed to.
- People received care and support from all staff that was compassionate, kind and caring. People's privacy and dignity was protected and promoted. People got on well with staff and had developed a bond which helped staff better understand their needs and preferences. One person told us, "I would not be walking now without their help, encouragement and passion to make my life better."
- People received person centred care that met their needs. Care plans lacked detail of how people would like their needs met but staff knew people very well. People achieved more independence due to staff's involvement, determination and ability to help them achieve goals. Staff engaged with people and worked with them to achieve the best outcome such as, being able to cook independently again. Complaints were acted on to the complainant's satisfaction.
- People, relatives, health professionals and staff praised the service management who promoted an open and friendly culture. Staff were supported to achieve their full potential. The registered manager and staff worked very successfully in partnership with other agencies to ensure people got the care and support they needed. People had a say in how the service was run and this changed people's lives for the better.

Rating at last inspection:

This service has not been rated since the provider registered this service in February 2018.

Why we inspected:

This was a planned inspection as part of CQC's routine inspection programme.

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next inspection is undertaken in accordance with our published guidance. If any information of concern is received in the interim, we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Cambridgeshire County Council Reablement Service North (March 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team:

The inspection took place between 26 and 28 March 2019 and was undertaken by one inspector and an 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. Their area of expertise was older people and people living with dementia care.

### Service and service type:

Cambridgeshire County Council Reablement Service North (March Team) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger adults, people living with dementia, people with a learning disability, autism and people with a physical disability.

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

### Notice of inspection:

We gave the service 5 days' notice of the inspection site visit because some of the people using it could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision

about this. This was so we could speak with a relative or advocate who was able to tell us about people's care.

Inspection site visit activity started on 26 March 2019 and ended on 28 March 2019. We visited the office location on 28 March 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Before this inspection we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us.

The provider had completed and submitted a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also asked for feedback from the local authority who have a quality monitoring safeguarding and commissioning role with the service. No concerns were reported.

We spoke with five people using the service, eight relatives of people who could not speak with us, the registered manager, the service manager, a senior care coordinator, a senior team leader, a senior support worker and three care staff. We also received feedback from the local authority social workers team.

During the inspection we looked at various records, including care records for five people, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes; so that we could corroborate our findings and ensure the care and support being provided to people was appropriate for them.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The registered manager worked with the safeguarding authority and took necessary action. People were safeguarded from the risk of harm.
- Staff were trained and they had good understanding how to implement safe systems of work. One person said, "I feel very safe with [staff]. My main need is help on with my zipped stocking which require two staff to do. They sit me down safely before doing this so I can't fall over." Another person told us they always had the gender of care staff they preferred and had never been discriminated at all.

Assessing risk, safety monitoring and management

- Risks to people such as moving and handling, eating and drinking and people's home environment had been assessed and were managed well.
- Not all risk assessments contained sufficient detail. For example, 'move the person from the bed to the commode'. Staff were however able to tell us in detail how people were supported and cared for in a safe way. The registered manager told us they would add this additional detail to reduce risks.
- A relative said their family member had subscribed to an emergency lifeline pendant scheme which connected directly with a contact centre as the family member was at an increased risk of falls.

Staffing and recruitment

- The provider's recruitment process was values based and ensured only suitable staff were employed. Robust checks undertaken included those for staff previous employment and photographic identity. One staff member said, "I had to bring in my driving license and evidence of my qualifications. I had a reference to show my good character and had to sign a form I was healthy to work at the service."
- There were enough staff deployed to keep people safe. One relative told us, "Family member is very safe indeed. They have four care visits a day and safe knowing [staff] are doing their medicines. We needed the reliability this provided." One staff member said that in situations such as leave, staff sickness or other factors such as traffic issues, there were staff available to cover care visits.

Using medicines safely

- People's medicines were administered and managed safely. This was by staff who had training and competency assessments for medicines' administration. Records of medicines were accurate and reflected the quantity prescribed and also those administered.
- Time specific medicines were administered safely such as before food or with water. One person told us, "[Staff] do my meds each time they come to me. They get them out of the packs and give them to me with a drink and wait until I have taken them all."

Preventing and controlling infection

- The provider's procedures, training and monitoring of staff's performance ensured people were supported to minimise the risk of infection.
- Staff were provided with protective clothing and equipment to wear whilst providing personal care or preparing meals. One person told us how staff always washed their hands every time they assisted the person with washing.

#### Learning lessons when things go wrong

- Where incidents such as, staff omitting to administer a medicine correctly or a missed care visit had occurred, this had been acted on.
- Changes including those for staff deployment and medicines' administration charts had been implemented so that staff had all the information they needed to prevent recurrences. One person said, "I had a missed call once last year and it hasn't happened since. I rang the office and it was sorted properly."



# 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.

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 needs were assessed and staff were provided with relevant training, support and mentoring to meet these.
- Staff provided care and support that was based on national guidance such as for moving and handling.
- We received only praise for the consistency and skills staff showed whilst providing care and support. One relative said, "I am quite happy with staff's skills and training that they show toward my [family member] when carrying out all their personal care."

Staff support: induction, training, skills and experience

- Staff received regular and effective supervision and training that gave them the skills they needed. All staff commented favourably about the frequency of training, the subjects covered and how it empowered them to meet people's needs.
- One relative told us, "As it is a double up call new staff are shadowed with a more regular one when they come." The relative said that staff had given their family member their confidence back and that it was, "Remarkable to see the difference in them which is solely down to the skills staff have shown toward them which is not always a thing you can write down".

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

- People were supported by staff to eat and drink a healthy balanced diet and in a way people chose. Guidance including that from health professionals was adhered to such as a pureed or a low sugar diet.
- The registered manager promoted good hydration including during hot periods of weather. One relative told us staff got their family member's usual breakfast of porridge. At lunch time a microwave meal if they wanted one with a drink and the same at tea time unless the person ordered fish and chips which were delivered which the relative was very impressed with.

Staff working with other agencies to provide consistent, effective, timely care

- The nature of the service meant that all staff and the management team had to work well together showing effective and high paced team work, they had done this consistently. For example, the service had developed its own in house occupational therapy team that made referrals for equipment very quickly.
- People achieved good outcomes due the equipment staff had referred them for, support, physiotherapy to be re-abled in the shortest time possible. One relative said, "[Staff] are very good and are organising with the GP to get a hospital bed and a hoist. Staff are really trying hard and their skills are easy to see."
- Staff also sign posted people to access assistance to make changes to their home. One person told us that they would be living back upstairs soon and their bathroom was to be converted to suit their needs.

Supporting people to live healthier lives, access healthcare services and support

- People were referred to the service from a GP or hospital discharge team. Staff reviewed people's care regularly to help ensure that any input from various health professionals remained and was effective.
- One person said, "I have regular health appointments and staff get me ready in time for these. My care plan reflects my health needs." A relative told us that staff ensured they followed guidance from the diabetes nurse and that other involvement such as a GP was requested in a timely manner.

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Staff implemented the Mental Capacity Act 2005 (MCA) code of practice and gave people choice in all areas of their care. Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.
- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate. One person said, "[Staff] do always ask first how I am and what I would like to have done like a wash or getting dressed. They won't start anything without talking to 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

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

- All people and relatives commented positively about how compassionate, caring and respectful staff were. One person told us, "[Staff] are very considerate in closing the curtains and keeping me covered up and warm." Another person said, "I need help with drying and they always ensure I am well wrapped up with a few towels around me and carefully dabbed me to get me dry."

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

- Care plans we looked at lacked detail such as 'assist to wash and dress', 'comprehension good at times' and 'put socks and lower clothes on', but no detail what this was or how care was provided.
- The registered manager told us they would add more information. Staff however were able to describe in great detail how they did these tasks and what people's successful outcomes were.
- People were treated with equality no matter what their needs were. Feedback we received showed that all staff were mindful of people's needs and assisted people to be independent whatever their needs were. One person said, "Every staff member has shown me complete care and politeness throughout."

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

- Staff supported people to make decisions about their care. Decisions were recorded in the care plans such as the time staff arrived and the duration of their care visit and any equipment people had chosen to use such as, walking aids. One person said, "I read my care plan and have no issues with it at all. It sums up what I can and can't yet do, well."
- Staff signposted people and their relatives to sources of advice and support or advocacy; management staff provided advice and guidance to other advocacy organisations and if required, religious groups.

Respecting and promoting people's privacy, dignity and independence

- Staff showed attention to detail in providing people's care. The registered manager told us how well people responded to their reablement support. One person said that staff "Always promoted their independence" and they couldn't praise staff enough. Staff were very kind, considerate and patient with people.
- One relative told us, "[Staff] are all very good, I can't speak highly enough of them at all. It's because of them they have got [family member] back on their feet and confident in their outlook." Staff upheld people's rights such as, for privacy.

## Is the service responsive?

### Our findings

Responsive – this means that the service met people's needs

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

- People's needs were met through good organisation and delivered in ways that met their needs. As a result, people's care was person centred. One person told us, "I do have input into my care, in fact [staff] are assessing me again later this week and checking me regularly to monitor things. I have a copy of my [care plan] here and they always look at it when they come." A relative said, "This is looked after by me but is checked regularly by [office staff] and we have agreed between us to cut the care visits down from four to two as my [family member] is much more independent since first returning home."
- Staff knew precisely what each person's needs were and acted on these. For example, one staff member described how they had tailored a person's care according to their moving and handling needs.
- A relative said, "From what I have seen so far, [staff] are excellent and always try their best for my [family member] and have made them as comfortable as possible." One person who had been very poorly in hospital was now looking forward to going shopping. Their relative told us, "It's the way staff have got my [family member's] confidence back in life. In hospital their outlook was not good. Now they are telling me they can't wait to go shopping on their own at the weekend, a thing I normally do for them."

Improving care quality in response to complaints or concerns

- The provider adhered to their complaints process when this was needed. All people and relatives confirmed to us they had no complaints at all.
- The provider used compliments to identify what worked well. One of the many compliments read, "[Staff] was easy to talk to and genuinely listened my concerns regarding early calls and made sure the next day they arrived later. A relative told us staff were all excellent and added, "They have made such a difference to my [family member's] quality of life."

End of life care and support

- People received end of life care when needed. Staff received training on this subject and the registered manager and management team worked with palliative care nurse teams, GPs and other such as, religious groups when people were referred for end of life care.
- As well as staff skills, policies and procedure helped ensure people could have a dignified and pain free death.

# 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

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

- Prior to our inspection the provider had amended their policy regarding safeguarding and updated their audit process. As a result, we were sent over 20 notifications which should have been sent without delay. The registered manager told us this was a genuine oversight and that they now fully understood what needed to be reported. All relevant actions had been taken to safeguard people including working with the local safeguarding team, changing audit procedures and having up-to-date and effective policies in place.
- Staff were supported in their role with mentoring, observations of their care practise, supervision, training and staff meetings. At each of these occasions, feedback to staff was positive. One staff member said, "My support is amazing. It doesn't matter what I ask or when. I get the help I need such as about any newly prescribed equipment or medication."

Working in partnership with others

- The provider had worked exceptionally well with others such as hospital teams and the Clinical Commissioning Group (CCG). As a result of this, people's lives were enhanced. One compliment from an executive member of the CCG was very praiseworthy in the way the provider had maintained focus, responsiveness in being "highly effective and efficient in the management of the service through a highly pressured time". This helped ensure people's transfers into and out of hospital prevented unnecessary delays and avoidance of admissions. One person told us, "Yes, very happy with all the service. Really good to have them."
- The provider also worked well with other organisations including the local safeguarding authority and district nursing teams.
- A consistent and positive theme from what we were told was how much people benefitted from all the coordinated support they received. The registered manager told us that the service worked very successfully with other stakeholders, they did this based on quality of care and safety.

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

- The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. The registered manager led by example in developing staff to demonstrate the values of the provider in always putting people first, all staff had done this consistently.
- People, relatives and staff were unanimous in recommending the service. One relative told us, "Most certainly I would. No improvements needed." Another said, "No issues whatsoever with anything."
- Staff all described to us how open the staff culture was and that they could report anything to the management team, their concerns were listened to and acted on. One staff member told us how staff could report incidents such as a medicines' recording error and they would be fully supported and changes would be made.

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

- People's views, no matter what their care involved, were sought frequently. This was due to the relatively short period of time being cared for and supported. As a result, changes were made quickly, effectively and to the person's greatest benefit. Examples of this included introducing small aids to help people dress, new equipment for mobility and physiotherapy to give people their strength back to climb stairs again.
- One person said the management team helped them to determine their care provision when they started receiving care. One relative told us their family member was well cared for and management staff came in regularly to check on things.
- Compliments from people, relatives and health professionals were used to identify where successes had been achieved. Some examples of many of these included, "We are pleased of the service your care staff gave", "[Staff] are all amazing people, five stars from me" and "Any equipment they thought would assist was ordered and delivered very quickly."

Continuous learning and improving care

- Audits were completed for a wide range of areas of the service. Information gathered from audits and from the review of incidents and accidents was used to improve the service. For example, with medicines' administration, notifications to the CQC and the potential to introduce electronic care visit monitoring. One person told us, "I cannot think how you can improve on anything. It's the way they check all the time on things and so kind and caring in helping to wash and dress."
- The provider also used a feedback survey to help gauge the quality of care. One comment stated how good staff were with supporting a person and their relative through an emergency health situation in seeking emergency support.