

City of Wolverhampton Council

Wolverhampton City

Council HARP Team (Home Assisted Reablement Programme)

Inspection report

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Tel: 01902553452

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14 January 2020
15 January 2020

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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 
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Summary of findings

Overall summary

About the service

Wolverhampton City Council HARP Team (Home Assisted Reablement Programme) is a short-term intensive support service for people requiring a period of home based reablement. At the time of the inspection 40 people were receiving a service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People felt safe when receiving support from staff. Staff were aware of how to identify and report concerns for people's safety and well-being. Risks were assessed and managed to reduce the risk of avoidable harm. People received support from a consistent staff team who had been safely recruited. Where things had gone wrong, action had been taken to reduce the likelihood of reoccurrence.

People continued to receive support from staff who were trained and had the skills and knowledge to provide a good quality of care. People's needs were assessed and reviewed to ensure their needs were met. Staff sought people's consent and people were involved in decisions about their support. 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.

People spoke positively about the staff who supported them, describing them as kind and patient. Staff were enthusiastic about the service they provided and spoke about people with respect. People were actively supported to regain or maintain their independence during the short time they received support, and staff respected their privacy.

People received support from staff who understood their needs and preferences. Where people expressed a preference about who should support them, this was respected. People were confident to report any concerns to the registered manager who acted to ensure people received a quality service.

People, relatives and staff expressed confidence in the management of the service. Staff felt supported by the registered manager and were able to give feedback and contribute to the development of the service. The registered manager was aware of their regulatory responsibilities and worked in partnership with other agencies to ensure people's care and support needs were met.

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

Rating at last inspection

The last rating for this service was good (published 19 July 2017).

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.

Wolverhampton City Council HARP Team (Home Assisted Reablement Programme)

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 was carried out by an inspector and an Expert by Experience (ExE). 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

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 14 January 2020 and ended on 15 January 2020.

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 safeguarding team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people and three relatives of people who received a service. We also spoke with five staff members and the registered manager. We looked at four people's care records, records of accidents, incidents, compliments and complaints and quality assurance records. We also looked at one staff recruitment file.

After the inspection

We reviewed staff training information and information relating to partnership working, which had been sent to us by the registered manager.

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 continued to be protected from the risk of harm. People told us they felt safe when receiving care from staff. One person said, "They are all very professional and are wonderful carers. I definitely feel safe with them."
- People were supported by staff who were trained to identify and report signs of potential abuse. One staff member told us, "The team are experienced and we know how to spot the signs. For people living alone we also look out for whether they have the heating on, as well as considering potential financial abuse from relatives. Anything that concerns us, we report."
- Although there had been no recent safeguarding incidents, the registered manager was aware of their responsibilities in relation to safeguarding and had escalated concerns to the local authority safeguarding team as required.

Assessing risk, safety monitoring and management

- People continued to receive support to manage risks. For example, one person's care plan described them as being 'unsteady on their feet in the morning' so staff were aware to provide additional support.
- Guidance was available for staff to follow to support people safely and minimise potential harm. This included support with mobility and health needs.

Staffing and recruitment

- Reablement support was planned for approximately three to four weeks, and during that time people received support from a consistent staff team. One person told us, "I have the same team all the time." Staff were grouped together to ensure people saw the same three staff on a regular basis.
- People told us staff were on time and support was provided as required. One person commented, "They [staff] come at roughly the same time each day. They do everything I need and always ask if there is anything else they can do."
- No new staff had been recruited since the last inspection. We reviewed the recruitment process and saw robust checks were made to ensure only suitable staff were employed.

Using medicines safely

- None of the people receiving support at the time of the inspection required assistance to manage their medicines. However, staff were trained to prompt people to take medicines where required.
- Spot checks, carried out to monitor the quality of care, included audits of medicines records. Where people administered their own medicines, staff still regularly checked stock levels of medicines to ensure people were taking their medicines as prescribed.

- Staff were proactive in identifying where people may benefit from assistive technology. Automated pill dispensers were sourced for people who needed them, to promote their independence and reduce the need for a long-term care package.

Preventing and controlling infection

- People were protected from the risk of infection by staff who were trained in infection control. One person told us, "Staff are all very hygienic and wash their hands and wear gloves when needed."
- Infection control was discussed in staff team meetings and we saw staff had recently been prompted to ensure they adhered to the infection control policy in terms of the use of nail varnish. Staff told us equipment was readily available to them, such as gloves, aprons and hand gel.

Learning lessons when things go wrong

- Staff understood their duty to report accidents and incidents. The registered manager reviewed incident reports and actions to protect people or staff and reduce the risk of future harm were recorded.

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 the same. 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 needs were assessed shortly before support was provided. Referral information was reviewed by team leaders, who then visited the person to check their needs were appropriate for the service.
- People agreed a time limited support plan with staff which included the tasks they required support with. For example, making drinks and snacks, support with some aspects of personal care. All support programmes were designed to promote the person's independence where possible and reduce the need for on-going support.

Staff support: induction, training, skills and experience

- People continued to receive support from staff who were skilled and experienced in their roles. One person told us, "I think staff are very well trained, they know just how much support to give me and when to let me try on my own."
- Staff told us they continued to receive regular support and supervision and could request any additional training they required. The registered manager had oversight of staff training and ensured staff were knowledgeable and confident to carry out their role.

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

- Where people required support with the preparation of meals and drinks, they told us they were happy with the way in which staff supported them. A relative commented, "Yes they [staff] help with some meals but encourage [person] to do as much as possible for themselves."
- People were offered a choice of meals where appropriate. Where concerns were identified staff recorded people's dietary intake, so action could be taken to protect people's health.

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

- The staff team had strong established links with external agencies. They used these links to the benefit of people to ensure they had everything they needed to regain their independence. For example, staff worked alongside community occupational therapy (OT) teams, who assessed for the installation of grab rails or bathing hoists. Strong working relationships were also established with the team who supplied equipment, such as perching stools.
- Although people were able to manage their own healthcare needs staff supported them to obtain equipment used to promote their health or mobility. One staff member told us, "We identified that one person needed a rotunda (mobility aid). We contacted the OT team who went out that day, assessed the person and the rotunda arrived the same day."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People told us staff asked for their consent before providing support. One person said, "They [staff] do ask if it is ok with me before they do anything for me."
- Although no-one receiving support at the time of the inspection lacked capacity to make decisions about their care and support; we saw people's capacity had been considered as part of their assessment. Staff had received training in the mental capacity act and understood how people's diagnosed conditions could affect their decision making, for example, dementia.

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 spoke positively about their relationships with the staff team. One person said, "They are all very, very nice people. Very kind and patient with me...they let me take my time when I am walking around. They don't rush me at all."
- Relatives shared similar views. One commenting, "I can't sing their praises enough. They are marvellous and make [person] very comfortable in their home."
- People told us staff had got to know them and understood them and their needs.

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

- People were involved in decisions about their care and felt staff listened to them. One person told us, "At first I was very slow, but they let me go at my own pace."
- Staff encouraged people to express their views and told us they used information people shared and their experiences to prompt new ways of doing things. One staff member said, "Some people tell us they can't do certain things, but usually they can; it's just working out a new way, an easier way."

Respecting and promoting people's privacy, dignity and independence

- People and relatives confirmed staff respected their privacy and promoted independence.
- The aim of the service was to provide a short period of intensive reablement, so people could regain their independent living skills. One staff member said, "We are promoting independence. Not doing things for people. It's about being flexible. People doing things themselves takes longer."
- People shared positive examples with us of how staff had promoted their independence by encouraging them to prepare their own meals. They told us, "I had help [with meals] to start with but have gradually done more for myself."

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's care continued to be planned according to their needs and preferences. Although people only received support for a short time, key information about them was recorded in care plans and known by staff we spoke with.
- Where a person's communication needs had been identified as a barrier to care, the management team had arranged for a staff member who spoke the person's preferred language, to meet the person to gain a full understanding of their needs and preferences.
- People told us their preferences and choices were respected by staff. For example, where they expressed a preference in terms of staff member's gender.

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.

- The provider met this standard and information about people's communication needs was known by staff and included in care plans. Information was available verbally as well as in different languages where required. A short media clip had also been produced to better communicate the aims and purpose of the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although the service was not responsible for supporting people to follow their interests, staff were proactive in identifying where they felt a person would benefit from more social contact. For example, staff shared examples with us of where they had referred people to a befriending service or directed people to other services within the local community which may be of use, such as free transport services.

Improving care quality in response to complaints or concerns

- People and relatives consistently told us they had no need to complain about the service they received. However, people did know how to raise a concern if they had one. One person said, "I would complain if necessary but there is absolutely no need."
- The registered manager was proactive about any issues that came to their attention. For example, where a person complained about the length of time they were supported by the service, clearer information was developed, including a short media clip, so people's expectations could be better managed.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff spoke positively about the service and the management team. One relative said, "I would recommend the service without hesitation, I think it is marvellous, top marks."
- The provider used a 'quality statement' to communicate the values of the service which put people at the centre of the support provided.
- The registered manager was committed to ensuring people received a quality service that promoted their independence and achieved positive outcomes. The staff team were aware of the values and culture of the service and were aligned to its purpose and goals.

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 was aware of their responsibilities under the duty of candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where things had gone wrong, the registered manager had met with people and their families to resolve issues and acted to improve people's experiences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and team leaders regularly reviewed the quality of care provided. This included audits of care plans, medicine records and health and safety checks. Spot checks were also conducted, where observations of staff practice took place as well as checks on care records. Where spot checks identified a person may have an unmet need, appropriate referrals had been made. For example, community activities, or domestic support.
- The registered manager was aware of their regulatory responsibilities. The rating from our previous inspection was displayed in the registered office, as required.
- The registered manager, with support from team leaders, conveyed a strong culture of reablement which was reflected throughout the staff team. The registered manager received support from the provider to regularly review the quality of care provided and identify areas for improvement.

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

characteristics

- People, relatives and staff felt able to offer feedback about the service. People we spoke with had met with either the registered manager or team leaders and felt their point of view was listened to. One person said, "I met the manager when I started with them. They were very helpful and put my mind to rest."
- People were asked to give feedback about the service in the form of a questionnaire. These were reviewed monthly by the registered manager. Where areas for improvement had been identified an action plan had been developed to ensure issues were addressed. For example, some people had expressed they were unhappy about the short-term nature of the service; so staff now confirmed an end date with each person when their support commenced.

Working in partnership with others

- The staff team worked in partnership with other agencies to improve people's quality of life and try to reduce the risk of social isolation. The registered manager held weekly meetings with community care assessors to identify where people may need on-going care and support.
- Staff worked closely with equipment providers, community health teams and district nurses to ensure people's needs were met.
- Staff were also involved in fundraising events for local charities and supported community events.