

SCC Adult Social Care

Mole Valley Reablement Service

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

Mole Valley Reablement Service provides support for people with daily living skills and personal care for people in their own homes. Support is provided for people for up to six weeks following a period of poor health or a spell in hospital. At the time of our inspection the agency was supporting 49 people with personal care in their own homes.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was present for the duration of the inspection.

Care workers knew how to keep people safe. They understood their responsibilities under safeguarding procedures and told us they would report anything that looked like abuse to the management team who they said would deal with issues immediately.

Staff recruitment procedures were safe and ensured care was provided by staff who were vetted and suitable to support people in their own home. Staff met with their line manager on a one to one basis to discuss their work. Staff said they felt supported to undertake their roles.

The agency had procedures in place to manage medicines safely and ensured only suitably qualified staff administered medicines to people.

Risks of harm to people had been identified, assessed and well managed. Information was provided to staff on how to care for people in order to reduce any risks.

The registered manager logged any accidents and incidents that occurred and put measures in place for staff to follow to mitigate any further accidents or incidents.

People's consent to care and treatment was considered. Staff understood the Mental Capacity Act (2005) and about people's capacity to make decisions.

Staff were caring to people and respected their privacy and dignity. People and relatives told us staff were polite and staff said they were always mindful that they were a visitor in people's homes.

Staff received a good range of training specific to people's needs. This allowed them to carry out their role in an effective and competent way.

The registered manager undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were addressed by the registered

manager to drive improvement and provide better services for people.

If an emergency occurred for example adverse weather conditions or an outbreak of staff sickness people's care would not be interrupted as there were procedures in place to manage this.

A complaints procedure was available for any concerns. This was included in the information pack people were given when they engaged the services of the agency. People knew how to make a complaint but said they never used the formal process and issues got addressed immediately.

We looked at records in the agency's office relating to the care of people and the management of the service. These included care plans, risk assessments, medicine records, staff recruitment and training files and a range of policies and procedures. These were well maintained and regularly monitored by the registered manager to ensure the quality of record keeping was appropriate.

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.

People were kept safe because staff knew their responsibilities regarding safeguarding and protecting people from abuse.

Medicines were administered and managed safely.

People's individual risks had been identified and guidance drawn up for staff to follow on how to manage these.

Staff recruitment procedures were safe and appropriate checks were carried out to help ensure only suitable staff worked for the agency.

There was a plan in place in case of an emergency.

Is the service effective?

Good ●

The service was effective.

People received effective care from staff who understood their needs.

Staff received induction training and regular mandatory training which enabled them to carry out their role competently. Staff were given the opportunity to discuss aspects of their work with their line manager.

People's rights under the Mental Capacity Act were met. Staff understood about people's rights to make decisions and consent to receiving care.

People were supported with their nutrition and staff prepared meals as required.

Is the service caring?

Good ●

The service was caring.

Staff provided care for people in a kind and caring way.

Staff respected people's choices and provided their care in a way

that maintained their dignity.

People and their relatives were encouraged to be involved in their care.

Is the service responsive?

Good ●

The service was responsive

People had needs assessments undertaken before they began to use the service to ensure resources were in place to meet their needs.

Staff responded well to people's needs or changing needs and reported any changes to the management team.

People and their relatives were knowledgeable about their care plans.

A complaints procedure was available for people and relatives with appropriate contact details should they require these.

Is the service well-led?

Good ●

The service was well-led.

The management team worked together to ensure the agency operated well.

Quality assurance checks were completed by the registered manager and office staff to help ensure the care provided was good and to make improvements as required.

People and their relatives were able to give feedback on the service provided either by direct contact with the office or using a questionnaire.

Records relating to people's care were accurate, up to date and managed appropriately.

The registered manager submitted notifications as required.

Mole Valley Reablement Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection because we required the registered manager to be present to answer questions about the management and operation of the service. The inspection took place on the 2 November 2016. The inspection was carried out by one inspector who had experience in adult social care.

Prior to this inspection we reviewed all the information we held about the service, including information about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We had asked the provider to complete 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. This demonstrated that the registered manager was open and transparent about what the agency did well and areas that they had identified would benefit from improvement. This information was reviewed to see if we would need to focus on any particular areas at the service.

As part of the inspection we spoke with twelve people who used the service, three relatives, eight care staff, four office based staff and the registered manager.

We looked at a range of records about people's care and how the service was managed. For example, we looked at care plans, medicine administration records, risk assessments, accident and incident records, complaints records and internal audits that had been completed. We also looked at staff recruitment files

and the training staff received.

We previously inspected this service on 30 January 2014 when we found no concerns.

Is the service safe?

Our findings

People felt safe with the care and support they received from Mole Valley Reablement Service. One person said "Nothing has ever occurred to make me feel otherwise and I don't expect that it will." Another person said "Absolutely I feel safe and I have every confidence in the staff which is a comfort." A relative told us "My family member feels safe in their care and that's what matters most."

People were kept safe from the risk of abuse because staff had a good understanding of safeguarding. A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Care workers that we spoke with confirmed they had received training and were knowledgeable in recognising signs of potential abuse and relevant reporting procedures. One member of staff said they would report anything they felt unhappy about to a member of the office staff or the registered manager. They said "There is always a manager on the end of the phone if I needed to report anything."

The organisation's safeguarding, disciplinary and whistleblowing policies and procedures were also provided in the staff handbook so staff always had access to these should they need to use them. Previous safeguarding concerns were suitably reported, investigated and recorded. There was no current safeguarding activity in progress. The registered manager was aware of their responsibilities regarding safeguarding in order to keep people safe.

People told us they could depend on their care workers when they needed them. They said they were reliable with their calls. One person said "They do not give specific times but they always show up." Another person said "If they are going to be late or have to change the time the office will always ring and let me know how long they are going to be." The service does not provide people with a set time or a length of time for their call to reduce anxiety if a previous call ran over time.

Care workers were provided with a rota of their calls and their whereabouts could be tracked by the office. If a call was delayed for too long the next person would be kept informed of their expected time of arrival. This meant action could be taken to ensure that the person received the care they needed and the safety of staff.

People were kept safe because the risk of harm to them had been assessed and managed to reduce the likelihood of people being hurt. Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. The service employed an occupational therapist who was able to carry out moving and handling assessments in order that people could be moved safely. When risks had been identified these were supported with action plans for staff to follow to keep people safe such as how many staff were required to move a person safely. The occupational therapist was also able to suggest appropriate equipment to be used, and provide training for staff regarding the safe use of this. Risk assessments were reviewed and updated accordingly.

There was an environmental risks assessment also undertaken to keep people and staff safe. This included all equipment used, for example hoists standing frames, slide sheets, use of stairs, trip hazards and smoking. When risks had been identified these were supported with action plans for staff to follow to keep people safe.

such removing obstacles that may cause danger to people. Risk assessments were reviewed and updated when required. Staff told us they were aware of risks associated with their work and said they could call the office at any time if they felt a person or the equipment they were using was unsafe. There was a "Lone worker policy" in place. It provided staff with guidance and information to support them in vulnerable situations for example using key safes, off street parking late at night and dealing with behaviour that challenged.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns or triggers that may suggest a person's support needs had changed. Action taken and measures put in place to help prevent reoccurrence had been recorded. For example a person had increased falls and an occupational therapy assessment had been undertaken and a visit from the GP arranged to review the situation. As a result the person was provided with additional support as necessary to keep them safe and prevent them from hurting themselves when they fell.

People's medicines were managed and given safely. People were happy with the support they received with their medicines. One relative said "They manage my husband's medicines well." A person said "They make sure I take my medicine correctly."

Medicines were managed in accordance with current regulations and guidance. There were up to date policies and procedures in place to support staff who administered medicines. Staff had undertaken medicine administration training and were assessed as competent by the training coordinator before they were allowed to handle people's medicines. One staff member told us "We get medicine training twice a year." Another member of staff said "We are only allowed to administer medicines once we have undertaken all the training."

People had medicine profiles which included the medicines taken and the side effects, any known allergies, the name of the chemist and telephone number and their GP and contact details. Medicine administration record (MAR) charts were in place for people. Care staff used them to record when medicines were taken. This ensures that people's medicines were managed safely.

The recruitment procedure was safe. The provider carried out appropriate checks to help ensure they only employed suitable people to work for the agency. Staff files included information that showed checks had been completed such as a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Emergency contingency plans were in place to ensure people continued to receive a service in the event of staff sickness, adverse weather conditions or road closure due to international cycle events. (This was specific to the area). People told us that information was provided when they first started to receive a service from the agency that included emergency contact details. One person told us they were aware of this information but never had to use it.

Is the service effective?

Our findings

People were supported by care staff that had sufficient knowledge and skills to enable them to care for people. One person said "Yes I do believe that they are well trained to look after me correctly." Another person said "They really are skilful and know how to look after me very well." A relative told us "They are very good indeed and have been well trained."

All new care workers completed an induction programme at the start of employment. This included a combination of classroom training and e- learning. Staff then shadowed more experienced staff to get to know more about the people they cared for and safe working practice. One staff member said "I must say the training I received was excellent and prepared me for my role."

Staff were provided with comprehensive training that gave them with the skills and knowledge needed to meet the specific needs of the people they cared for. Staff had received training in areas that included moving and handling, first aid, dignity and respect, nutrition and hydration, food hygiene, dementia care, infection control, and medicine administration. In addition some staff either had completed a National Vocational Qualification in health and social care or were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge. Staff were very positive about the training they received. One staff member said "I have never received such good training anywhere."

Staff were effectively supported by the management team. Staff were able to meet with the registered manager or their line manager on a one to one basis, for supervision and appraisal. Records showed us all staff received three formal supervision meetings and one observational supervision a year. Staff told us "This is not set in stone and we can have more supervision meetings if we request these." Supervision gives a manager the opportunity to check staff were transferring knowledge from their training into the way they worked. An appraisal is an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. Both of these are important to help ensure staff were working competently and appropriately and provided the best care possible for the people they supported.

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. We checked whether the agency was working within the principles of the MCA. Staffs received Mental Capacity Act training and were able to explain what consent to care meant in practice. People had consented to an agreed care package and this was recorded in their care plan. A member of staff told us "It is so important to give people choice and I always ask people before I undertake care." One person said "They do explain what they're going to do and ask me first so I can say yes or no."

People were supported with their nutrition and hydration to keep them healthy. People were happy with the support they received to eat and drink. The support people received depended on their individual circumstances. Some people lived with family members who prepared their meals while other people required greater support. One person said "The staff prepare my meals and we always come to some arrangement about meals." Another person said "I just require a little help until I get stronger." A relative said "They arranged meals on wheels as I am working and not able to pop in every day."

People's nutritional needs were clearly documented in their care plan and the level of support they required. Daily notes were recorded with specific reference made to any concerns. For example if a person's appetite was poor this would be reported to the office and communicated to other care staff who were due to visit in order that this could be monitored and managed appropriately.

People were supported access health services as required to help them maintain appropriate levels of care. Some people had health care professionals who visited them in their own home. Staff told us they would help people to make health care appointment if they needed them. Other people had relatives who did this for them.

Is the service caring?

Our findings

People received care and support from a staff team that were kind and caring. People told us the care workers who visited them were professional, sensitive, and courteous and treated them in a caring and kind way. One person said "The staff are kind, good, excellent even." Another person said "The staff are caring, they know how I like things done and they do it my way." A third person said "They're certainly brilliant without exception. I can't fault them in any way."

Relatives also provided positive feedback about the quality of care workers supplied by the service. They said that care workers were kind and caring in their attitude and sensitive to their family member's needs. A relative said "I had to ring the office to tell them how excellent a member of staff was as they just couldn't be faulted. My husband would not be at home if it wasn't for them."

People were supported to be involved in their care as much as possible. They had been consulted about how they liked their care undertaken and what mattered to them before they started to receive care. They had also been consulted regarding the approximate time of their visits, the frequency of these and how personal care should be undertaken. Relatives told us they had been consulted when appropriate regarding care and support their family member would require.

People's dignity and privacy were respected. Staff received training during induction around this and frequent updates were provided to reinforce the importance of maintaining privacy and dignity. People told us that staff treated them with upmost respect and provided care in a way that maintained their dignity. Staff told us they always ensured they undertook personal care behind closed doors and closed the curtains to ensure people could not be overlooked from outside. Staff ensured they entered people's houses in a respectful way. One member of staff said "Although people are expecting me I will always alert them with a gentle greeting that I am about to come in." A relative told us "All the staff who attend my husband treat us with respect and kindness. They said they helped to maintain his independence in a dignified manner and he could now move about in a more able way. They said "This was down to the positive and caring attitude of the staff."

The agency had a confidentiality policy and staff had undertaken training in this. The staff we spoke with were aware of the agency's confidentiality and data protection policy and said they would not talk about people in front of other people and would always discuss people's care and support where they could not be overheard. This was to ensure that people's confidentiality would be retained at all times.

The registered manager told us that gender specific staff were arranged to undertake people's personal care when people had requested this.

Is the service responsive?

Our findings

People who received a service from the reablement team were usually referred by a health care practitioner and had already an assessment of needs in place. Before Mole Valley Reablement Services offer a package of care they undertake their own needs assessment to ensure they had the resources required to meet that person's needs. This included the level of support that was required, the amount of carers required to provide the support and the number and frequency of visits. People using the service and their relatives told us they were involved in the assessment. One person said "They came to the house and asked me lots of questions to understand what I needed, they were very thorough." A relative said "This is the first time I have had to experience care support. They involved me in the whole process and were so reassuring to both of us. I am very impressed."

People had been involved in their care planning. One person said "The care plan was set up with me. I gave them the information they needed and we agreed things together. Another person said "My care plan was set up with me and involved my surgery. They got it right." Care plans had been signed by people to show they had been involved. When people were unable to contribute to their care plan relatives or advocates had been involved in this process.

Care plans were well written and informative. They provided a detailed account of people's likes, dislikes and how they would like their care to be undertaken. They also contained information around medicine management, a nutrition plan with meal arrangements and mobility needs. We saw care was provided according to people's care plans and their needs. Care plans and associated assessments were regularly reviewed with people and updated appropriately when needs changed to ensure that people received the right care and support according to their current needs and capabilities. Relatives and others were also encouraged to be involved in people's care. One relative said "We are actively involved in my family member's care plan as their needs change frequently as they continue to improve."

The service was responsive in meeting people's needs. Following an occupational therapy assessment the service ensured specific equipment was provided to enable a person to rehabilitate to promote their independence. They were also responsive to people's mobility needs and make appropriate adaptations when required to meet these needs. Care was flexible to meet people's routine and commitments. When a person had to attend appointments visits were moved to accommodate this and more often than not earlier calls were arranged so people had their personal care before their appointment. One person said "They are excellent and nothing is beyond them."

People knew how to make a complaint or to comment on issues they were not happy about. People and their relatives were provided with a copy of the complaints procedure when they started to receive care from the service. This gave information to people on how to make a complaint and the various steps involved. It also contained the contact details of relevant external agencies such as the Care Quality Commission. The complaints log confirmed no formal complaints were received in the last 12 months.

People told us they knew how to raise any complaint about the service. All of the people we spoke with

confirmed they had not had any cause to complain about the service they received. One person said "If I had any reason to complain, I would call the manager who would sort things out for me." Another person said "If I was unhappy about anything I would tell the staff. I never made a complaint." A relatives told us "I am extremely positive about the service and never have any concerns so have never needed to make a complaint. If I did complain I have every confidence they would bend over backwards to solve it."

Is the service well-led?

Our findings

People were very positive about the agency and the way the service was managed. One person said "I think it is very well managed and they certainly know what they are doing." Another person said "I am very impressed with their efficiency and would say it is well managed." People also said the support from the office staff when they rang was very good. One person said "They are so good when I call and always give me plenty of time to talk. Really good listeners."

There was a registered manager in post who was present for the duration of our inspection. She was supported by the deputy manager, care coordinator and a training coordinator who were all office based. They also undertook individual responsibility in areas such as risk management, supervision and data management. They explained this meant staff knew who to talk to for help and advice although they were all available to support staff on a daily basis. Staff were satisfied with the level of management support they received.

Prior to the inspection the registered manager completed and returned the Provider Information Return (PIR) as we requested. People's responses and our findings during the inspection reflected the contents of the PIR. This demonstrated that the registered manager was open and transparent about what the agency did well and areas that she had identified would benefit from improvement.

Staff were confident in their roles and felt supported to do their job. One member of staff said "I enjoy working for Mole Valley Reablement and feel appreciated by the management team." Another member of staff said "I love working here and I am well supported to do my job."

Staff were mindful of the agency's values. One staff member said "We provide care to make people more independent. It is very satisfying when people get better." Another member of staff said "Because we only have people for six weeks we make a big difference in their recovery, which can be very rewarding." They told us it was about providing support for people and their families and to enable people to leave hospital and regain their independence as soon as possible.

Staff meetings were facilitated monthly. Staff told us it was an expectation that they attended at least six of these meetings a year. This enabled them to meet face to face with the management team and other staff and to air their views or share information and comments. Staff also received information by way of a newsletter, telephone calls, text messages and e mail. Every Monday staff are reminded to check the duty rota for the week to ensure they know what calls they are undertaking to prevent mistakes happening.

There was an open culture and people who used the service, relatives and staff were able to express their views. People we spoke with said the office staff (care coordinator) rang them on a regular basis to ask them if they were satisfied with the standard of care provided and with the staff providing the care. They said they were encouraged to ring the office at any time if they were not satisfied with something.

The management team undertook monthly audits of medicine records, care plans, risk assessments nutritional plans health and safety audits and staff duty rotas to monitor the service people received. A summary of these audits were retained at the agency for reference.

The agency's quality monitoring systems included making spot checks on staff providing people's care. A member of the management team visited people's homes by arrangement to check their care worker arrived on time, they were dressed appropriately, carried proof of identity, and maintained and the security of the person's property. They also checked if the care workers provided people's care safely, according to the agreed care plan, promoted people's independence, and treated people with dignity and respect. Spot checks could be undertaken at various times including evenings and weekends to ensure that all aspects of the service were monitored effectively.

Surrey County Council quality monitoring team undertook regular audits of the service delivery to drive improvement. This audit included a one day visit to the office, half a day service user home visits and telephone interviews with staff. The audit is based on CQC's key lines of enquiry over five domains. Reports were produced and any improvements were noted and fed back to at staff meetings.

People and relatives were encouraged to give their feedback about the service. The registered manager told us people were provided with a questionnaire when they had completed their six week care package and comments made were used to improve the service if required. The registered manager was also taking part in a steering group for NICE around reablement in developing national guidelines for short-term interventions for regaining independence.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was available to staff so they would know how to respond if they had concerns they could not raise directly with the registered manager.