Wakefield MDC

Reablement Service - Bullenshaw Hub

Inspection report

Bullenshaw House
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Tel: 01977723737

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place between 10 July 2018 and was announced. This was the first inspection of the service since they registered with the Care Quality Commission in April 2017.

Reablement Service - Bullenshaw Hub is a domiciliary care agency. It provides personal care to people living in their own accommodation, which includes extra care housing. It provides a service to people over the age of 18. The service offers short term care and support to people following an illness or hospital stay with the aim of enabling them so they can continue living independently in their own homes. At the time of our inspection there were five people using the service.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

People told us they felt safe and had received equipment to help keep them safer. Staff understood how to provide safe care and support, and said they would report any concerns to the management team. They were confident any issues would be dealt with appropriately. There were enough staff to keep people safe and care was provided by a consistent workforce. Medicines were managed safely and staff received training when they assisted people with their medicines. Staff were often observed administering medicines by their supervisors but their competency was not formally assessed. The provider agreed to introduce annual competency assessments.

Staff received appropriate support and training, which ensured they were equipped with the right skills and knowledge. People consented to their care and support, and were involved in decision making processes. People received assistance with meals and healthcare when required.

People were complimentary about the staff who cared for them. They told us they were friendly and caring. People received a brochure when they first started using the service about what to expect and received information throughout their care package to keep them informed. The provider promoted people's rights and had systems in place to ensure people were not discriminated against.

People received a flexible service that responded to their individual needs. Everyone understood the purpose of the service and staff worked towards achieving this. The management team were improving their assessment and care planning process. They were developing a new format which they said would ensure people's needs were clearly identified and staff had sufficient guidance around how care should be delivered. A system was in place for people to share concerns, comments and compliments.

The provider had some systems in place for assessing the quality and safety of the service but these were not always effective. We identified some issues that had not been picked up through the provider's

monitoring processes, such as discrepancies in one staff's recruitment process and one person's care plan. Accidents and incidents were dealt with appropriately but they were not always recorded on the correct format which meant the provider could not properly monitor these. Once the issues were brought to the attention of the management team they responded promptly and took swift action to address the concerns. Everyone we spoke with told us the service was well led. We saw people were encouraged to share their views about the service. The management team were knowledgeable about the service.

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 felt safe. Staff were confident that any safeguarding concerns would be managed appropriately.

People received care from a consistent workforce who arrived on time and stayed for the agreed length of time.

Systems were in place to manage medicines. The provider agreed to introduce more formal processes to ensure staff competency around assisting with medicines was assessed.

Is the service effective?

Good

The service was effective.

Staff were supported and received training to help them understand how to do their job well.

People made decisions about their care and support.

When required people received appropriate support to make sure their nutritional and health needs were met.

Is the service caring?

Good

The service was caring.

People told us the service was caring. They were complimentary about the team providing care.

Staff were confident the service provided good standards of care.

People received information to help keep them informed.

Is the service responsive?

Good

The service was responsive.

The service was flexible and responded to people's individual

needs.

People contributed to planning their care and support. The care planning process was being developed to make sure people's needs were identified and staff had guidance around how care should be delivered.

People were comfortable raising concerns. A system was in place to deal with complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had some effective systems in place for assessing the quality of the service although we identified some issues that had not been picked up through their monitoring processes.

People who used the service and staff told us the service was well-led.

Everyone was given opportunity to share their views about the service.

Reablement Service - Bullenshaw Hub

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 is 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.

Before the inspection we reviewed the information we held about the service. We contacted relevant agencies such as the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We sometimes ask the provider to complete a Provider Information Return (PIR), which 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. On this occasion we did not request one and took this into account when we inspected the service and made the judgements in this report.

The inspection took place on 10 July 2018 and was announced. We gave the service 24 hours' notice because we needed to make sure a member of the management team was available so we could access relevant information. An adult social care inspector carried out the inspection.

During the inspection visit we spoke with six members of staff, which included an assistant manager who we have referred to as reablement co-ordinator throughout the report. The day after the site visit we spoke with, on the telephone, four people who used the service. At the time of the inspection the registered manager was on leave. We spent time looking at documents and records that related to people's care and the management of the service. We reviewed three people's care plans.

Good

Is the service safe?

Our findings

People were confident the service they received was safe, and they told us they felt safe. One person said they were happy because some additional equipment had been delivered which helped keep them safe. They said they had received a wheeler to make things easier for them and an alarm pendant to wear so they could call for assistance if needed.

Staff were confident people received a safe service. Staff understood their responsibilities around protecting people from abuse. They told us they would report any concerns to the management team and were confident appropriate action would be taken. Staff told us they had received training which ensured they knew how to provide safe care, which included safeguarding adults and children. We saw from team meeting records discussions about safeguarding and whistleblowing procedures were held. The reablement co-ordinator told us there were no open safeguarding cases at the time of the inspection.

Systems were in place to manage risk. An assessment was carried out before people started using the service. This included an assessment of risks associated with the person and the environment where care would be delivered. A practitioner who was responsible for completing the initial assessment told us they always visited the person in their home. We saw each assessment form included standard risks to consider such as security at the premises, staff being unable to gain access, contamination from body fluids, and slips, trips and falls. We saw one person's care record showed they were diabetic which was diet controlled and the person checked their own sugar levels. This meant staff had checked systems were in place to manage the risk.

Although risk was managed, the completed assessment forms made reference to a standard set of risks to consider even if these were not relevant. The reablement co-ordinator acknowledged this could be confusing and told us the provider was currently reviewing their documentation because they wanted to make the risk assessment process more robust, and a new format would be introduced shortly.

Staff told us they had access to equipment such as disposable gloves and aprons, which helps prevent the spread of infection. Training records showed us all staff had recently completed the 'Care Certificate' which is an identified set of standards workers adhere to and includes infection prevention and control.

Staffing arrangements ensured people were safe. People told us staff turned up on time and stayed the agreed time. One person said they did not receive enough time and visits had reduced. We saw from the care records a review had been held with the person and this was agreed with the management team and the social worker.

Staff worked a four-week rolling rota which provided people who used the service with continuity and consistency, and ensured staff knew their working pattern in advance. Staff told us this worked well and they had no concerns around the staffing arrangements. They said there were plenty of staff and they sometimes assisted with the provider's other services when the service was quiet.

We looked at recruitment records for two members of staff who started working at the service in the last six months. These showed checks had been carried out, before employment commenced, to make sure candidates were suitable. We saw in one staff file there was a discrepancy that related to their employment history. Once this was brought to the attention of the management team they took swift action to address this and confirmed after the inspection they were amending the process to ensure a similar situation would not arise again.

The provider had systems in place to manage people's medicines. People had a care plan that identified when they required assistance with their medicines. When staff provided support a record of their prescribed medicines and administration was maintained. We saw one person's care plan stated they managed their usual medicines, but had been prescribed a short course of antibiotics so required assistance with these. Another person's medication administration record showed over a three-week period their medicines were different; this was found to be a dispensing error. A member of staff had picked up the anomaly and recorded this in detail. They followed this up with the pharmacist and GP which ensured the person received the correct medicines.

Staff who administered medicines received training, however their competency was not formally assessed. We saw observation records which evidenced a senior member of staff had checked to make sure some staff practiced safely but this was not available for all staff. After the inspection the management team told us practitioners had started formal assessments, and all staff who assisted with medicines would have their competency checked within four weeks. They confirmed assessments would then be done at least annually.

Good

Is the service effective?

Our findings

The provider had a clear structure in place for supporting staff which ensured they had appropriate training and supervision. All staff had recently completed the 'Care Certificate' which is an identified set of standards workers adhere to. This covers 15 standards and includes areas such as working in a person-centred way, privacy and dignity, communication, health and safety, equality and diversity, and duty of care. Staff had also done additional training and spent time going through policies and procedures.

The provider maintained training, supervision and appraisal matrices; these showed staff received regular supervision and training updates, and an annual appraisal. Staff we spoke with said they received good support from colleagues and the management team, and had opportunities to discuss their work and personal development. One member of staff said, "They are very good at training. At supervisions you can share anything. It all works really well."

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 so that they can 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.

The reablement co-ordinator told us everyone who was using the service had capacity to make their own decisions. They said if there were any concerns around a person's capacity to make decisions around their care, an assessment would be completed by their social worker prior to them commencing the care package.

People told us their care and support requirements had been discussed and agreed. They said they made decisions about their care on a day to day basis, and staff who supported them respected their rights and choices. We saw care documentation was signed by people to confirm agreement.

People we spoke with said they were happy with the assistance they received around nutrition and hydration. Most people either managed their meals independently or received support from their family or friends. One person told us they received support from care workers to make their breakfast which they enjoyed. Another person said, "I make my own drink but they are very helpful and will make one if I ask." We saw care records ensured appropriate support was in place. For example, one person's care plan stated, 'Independent with preparation of meals, and hot and cold drinks', and 'able to use the microwave independently to warm microwave meals'. Staff told us before they left their visit they made sure people had access to food and drink.

A range of professionals were involved in people's care where appropriate. The provider employed an occupational therapist who carried out an assessment if this was identified as a requirement at the initial

assessment. We spoke with the occupational therapist who told us the arrangements worked well and referrals were made in a timely way. We saw from people's care records that where staff had any concerns around a person's health and well-being, other professionals were contacted. For example, a GP was contacted when concerns were raised about one person's medicines. Information was shared with a social worker when one person's condition started to deteriorate. Staff we spoke with told us good systems were in place to monitor people's health needs.

Good

Is the service caring?

Our findings

People told us they were happy with the service they received. One person described staff as 'very nice'. Another person told us staff were very polite. Another person told us they were 'decent ladies'. Another person described the service as 'absolutely fantastic'. Everyone we spoke with responded positively when we asked if staff were friendly and caring.

Staff we spoke with were confident the service was caring; they told us the service was flexible and met people's preferences. One member of staff said, "We always talk to people and try to offer what they want. We do try very hard to accommodate." Another member of staff said, "We provide a really good service to people. Sometimes they make great progress and the service adapts to this. It also works the other way and sometimes people need a bit longer. We have guidance but everything is not set in stone so it works for people."

People understood that the focus of the service was to enable them to develop daily living skills and promote independence. They said the service did this successfully. One person told us staff had helped them to 'get moving' and encouraged them to 'help myself'.

People told us they received a brochure when they first started using the service about what to expect. We reviewed the brochure which provided people with an overview of the service. This informed people about the aims of the service and the type of service that could be offered. It explained people would need to sign an agreement and agree the service delivery plan.

The provider promoted people's rights and had systems in place to ensure people were not discriminated against. Staff received training around equality and diversity, working in a person-centred way, privacy and dignity, and handling information. We saw during staff supervision discussions were held around good care principles. People who used the service and staff told us people were treated fairly and with respect.

Good

Is the service responsive?

Our findings

The provider had a clear system for receiving and allocating care packages. When a referral was received they screened the information to ensure the person met the reablement service criteria and their needs could be met. The reablement co-ordinator told us they looked at the vision of being able to reduce or cancel a care package within 21 days, and were confident they achieved this. The management team explained the assessment and care planning process which included a pre-visit at the person's home. One person who used the service told us a member of staff from the office had visited them at home and discussed what help they needed.

Staff we spoke with told us they had a daily handover which ensured they were kept up to date and were made aware of any changes. They said they discussed home visits and the level of support people required. Staff told us the service was flexible and responded to people's individual needs. People who used the service confirmed this.

The reablement co-ordinator shared with us a new style assessment and care plan that was being piloted in a sister reablement service. They explained this was because they had identified that the current format lacked detail and opportunity to record in full guidance that enabled appropriate care delivery.

We reviewed three people's care records and found basic information was recorded around people's current ability, previous ability and goals. Where people were independent we saw this was identified, for example, with cooking and managing medicines. Aids and equipment had been provided, where appropriate, as part of the assessment and care planning process. We saw a member of staff had suggested a 'perching stool' for one person. This was followed up by a visit from the occupational therapist and the equipment had been provided. Staff made a record of the home visits, which showed the care people had received and the progress they had made.

People's care was regularly reviewed to ensure they were achieving the identified goals. We saw the care package was reviewed and where appropriate the level of support was reduced.

Although we saw people's care records included important information we found the care plans were not always clear about the tasks that people received support with. For example, one person's visit records showed they had received help with a shower and staff had prompted them to take their medicines but their plan stated they were independent with medicines, and washing and dressing. The reablement co-ordinator agreed to ensure this person's care plan was reviewed. They said they were confident that when the new format was introduced the care planning process would be more robust.

People we spoke with said they did not have any concerns about the service and would feel comfortable raising any issues with the support workers and management team. People received a brochure when they commenced the service which provided details about how people could make complaints, comments or suggestions for improving the service. The reablement co-ordinator said they had not received any formal complaints since the service was registered in April 2017.

The provider had received 15 compliments in the last three months. Comments included, 'Can't fault the service they have helped in lots of ways', 'I would give the reablement service 10/10, 'I appreciate everything they have done; they've got me back on my feet', 'Carers have been supportive, professional, friendly and punctual.

Requires Improvement

Is the service well-led?

Our findings

The provider had a range of systems in place to help ensure the service delivered safe, quality care. For example, they had a call monitoring system which showed staff arrival and departure visit times. If timings did not meet the agreed visit times an alert was received. The provider used an electronic system for checking progress around staff training and support.

Although we saw the provider had some effective systems in place, we identified a few issues that had not been picked up through their monitoring systems. Recruitment checks were carried out but we found there was a discrepancy that related to one staff member's employment history; this had not been picked up by the provider. NICE guidance for Managing medicines for adults receiving social care in the community states providers should have a competency assessment for care workers and this should be reviewed annually. We saw some staff had been observed assisting with medicines but competency assessments had not been completed. We found differences between the care being delivered to one person and details in their care plan had not been picked up during a formal review. There was no formal audit of the care records.

The provider maintained an accident and incident overview which detailed events and actions taken to keep people safe and prevent repeat events. However, we saw two incidents were recorded on people's care notes but incident forms had not been completed; these related to an accident and a medication error. The care records evidenced clearly that appropriate action had been taken but because incident forms were not completed the overview did not reflect the actual number of incidents that had occurred so monitoring could not be effective. The reablement co-ordinator communicated the findings to all staff to make sure relevant documentation was completed in future. They said they would ensure this was closely monitored.

People who used the service told us the service was well-led. We saw from the provider's quality assurance services that people would recommend the service to others. Staff also told us the service was well-led. They said the management structure ensured there was always management support.

The service had a registered manager. They were on annual leave at the time. The reablement co-ordinator was the person who provided key information and facilitated the inspection. They were knowledgeable about the service and could provide all relevant information. They provided examples of how the management team were driving improvement and using learning from other situations to develop their service. For example, they were introducing a new care planning format following findings from an inspection at a sister service.

The reablement co-ordinator and other members of the management team worked in a transparent and responsive way. Any issues identified at the inspection were dealt with promptly and shared across other services to ensure everyone benefitted from the learning.

People were consulted and encouraged to share their experience of the service. Practitioners carried out reviews with each person throughout the care package and a quality assurance review as their package ended. Feedback was recorded and the provider maintained an overview.

Staff also had opportunities to share their views through regular team meetings and supervisions, and daily handovers. Staff received updates about the service which ensured they were kept informed. We saw at recent team meetings staff had discussed topics that included policies and procedures, human resource issues, medication and data protection. The provider had systems in place to share meeting minutes with staff who had not attended so key information was communicated to all.

Providers have a responsibility to notify CQC about certain significant events such as safeguarding, serious injury and police incidents. Before the inspection we checked our records and found we had not received any notifications since the service was registered in April 2017. The care co-ordinator told us no notifiable incidents had occurred.