

Cambridgeshire County Council Cambridgeshire County Council Reablement Service North (Huntingdon Team)

Inspection report







Hinchingbrooke Hospital
Re Ablement Team Room
Huntingdon
Cambridgeshire
PE29 6NT

Tel: 01480416088
Website: www.cambridgeshire.gov.uk

Date of inspection visit:
04 September 2019
13 September 2019

Date of publication:
08 October 2019

Ratings

Overall rating for this service	Good 
Is the service safe?	Requires Improvement 
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

Cambridgeshire County Council Reablement Service North (Huntingdon Team) is a domiciliary care agency. It provides personal care to adults living in their own homes in Huntingdon and surrounding areas, 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. The service also provides support for people to avoid admission to hospital and mainstream domiciliary care.

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. At the time of this inspection, 44 people received the regulated activity, personal care. In the last 12 months, 403 people received care and or support from this service.

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

Staff did not always follow the provider's policy when administering people's medicines. This meant senior staff were unable to effectively monitor that people's medicines were administered safely and in line with the prescriber's instructions.

Staff worked well together. They understood, and met, people's needs, supporting them to regain their independence. People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Staff assessed and minimised any potential risks to people. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination.

The provider had systems in place to make sure they only employed staff once they had checked they were suitable to work with people who used the service. There were enough staff to meet people's needs safely. Staff had the time to ensure people's needs were met safely, and in a way that suited them. Staff were trained and very well supported to meet people's assessed needs.

People 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. People were involved in making decisions about their care and support.

Staff were respectful when they spoke with, and about, people. People praised staff and the service they received from them. Support was person-centred and met each person's specific needs and goals. People and their relatives were involved in developing and reviewing their, or their family member's, care plans.

People and their families felt able to raise concerns. The provider had systems in place, including a complaints procedure, to deal with any concerns or complaints. The registered manager promoted a culture that focused on people as individuals. The provider had put robust systems in place to effectively monitor the service and bring about further improvement.

Staff were proud to work for the service and worked in partnership with external professionals to help support and promote people's well-being.

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 (our last inspection report was published on 14 March 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?

The service not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Cambridgeshire County Council Reablement Service North (Huntingdon Team)

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.

Inspection team

Two inspectors carried out this announced inspection.

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 a short period notice of the inspection because, prior to visiting the service, we wanted to speak with staff and people who use the service.

What we did before the inspection

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

During the inspection

Inspection activity started on 4 September 2019 and ended on 13 September 2019. On 4 September 2019 we spoke on the telephone with four people who use the service and three other people's relatives about their experience of the care provided.

We visited the office location on 5 September 2019 and spoke to 11 staff members. These included the registered manager, the service manager, two care co-ordinators, two assistant team managers, four reablement workers, and an occupational therapist.

We sampled a range of records. These included seven people's care and medication records. We also looked at a variety of records relating to the management of the service, including audits, investigations and meeting minutes.

We received feedback via email from seven external health and or social care professionals during the inspection period. We also received feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.



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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Staff were not always following the provider's medicines policy. Although staff were clearly making the decision about which medicines the person should take, and when, they had not recorded which medicines the person had taken.
- On one occasion a person had taken a medicine at the wrong time after a support worker prompted them to do so. Staff sought medical advice and the person did not suffer any harm. The person's records showed they were "very confused" about when they should take their medicines and that, on occasion, staff spent considerable time prompting them to take their medicines. There were no records relating to the specific medicines and doses the person took.
- One person's risk assessment and care plan stated staff should administer their medicines. The risk assessment indicated staff could leave out medicines for the person to take later. However, it did not specify which medicines or provide staff with any directions in relation to this. Records showed staff had left medicines for the person to take later, on at least six occasions prior to their last review. However, senior staff had not considered this practice during the review. A staff member raised the lack of guidance with senior staff 10 days after the review which they then rebooked for the following week, during our inspection. This meant the practice may have continued for a further six days without staff having clear guidance.
- Following our inspection, the registered manager told us they were reviewing the provider's policy and would liaise with other reablement providers to improve practice.
- Staff were trained and their competency to administer medicines was regularly assessed.
- Senior staff audited medicine records regularly to ensure that medicines were administered to people as prescribed.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they, or their family member felt safe receiving the service. One relative said. "I feel very safe, I haven't had any [staff] who I don't feel safe with."
- Staff had received training and understood how to safeguard people from harm or poor care. Staff knew how to recognise, report and escalate any concerns to protect people from harm. They were confident the

registered manager would take seriously any concerns they raised.

Assessing risk, safety monitoring and management

- People's risk assessments contained basic information and guidance to support people and staff to reduce the risk of harm occurring. However, staff explained how they supported people in a safe way.
- The service employed occupational therapists who carried out assessments and provided staff with guidance to follow, for example in relation to helping people to move safely. They described one person whose needs had changed significantly and needed more help to move. They told us, "We have made the techniques far safer and assessed [the person] with new equipment and made suggestions for more safer chairs."
- Staff encouraged and referred people to use technology to increase their safety and independence. For example, life-line pendants that alert a contact centre where a person was at risk of falls; and equipment for medicines management and eating and drinking.

Staffing and recruitment

- The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service. Staff and records confirmed the registered manager followed these processes and carried out thorough checks before staff worked with people. These included references and a criminal record check.
- There were enough staff to meet people's needs. Staff rosters were planned to ensure they had enough time to travel between calls and provide the care the person required. One person said, "I'm never rushed, they let me take my time and do what I need to do, they really are very good." People told us they saw a lot of different staff, and the time staff arrived varied, but that they didn't mind this.
- Staff felt they had enough time to carry out their role. A staff member told us, "You are not overstretched and have time between visits to read paperwork and ensure you have read care plans and risk assessments."

Preventing and controlling infection

- Staff completed training in infection control and there were effective processes in place to reduce the spread of infection. One person told us, "[Staff] wash their hands, wear gloves and aprons."
- Staff had access to, and used, disposable protective equipment such as gloves.

Learning lessons when things go wrong

- Staff reported any accidents, incidents, or 'near misses'. A senior staff member had reviewed these and investigated where appropriate, they had taken steps to reduce the risk of recurrence where possible. For example, where staff had missed people's visits, staff had been supervised and where appropriate, retrained and their performance monitored.
- Any learning was shared with the staff team via meetings, supervisions and training.



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 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 prior to using the service and regularly reviewed to ensure staff could meet people's needs. An external care professional told they had noticed the time it took to start people's care had decreased. This meant people got the care and support they needed quickly and enabled swift discharge from hospital.
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet. Staff received training in equality and diversity.
- The management team ensured that staff delivered up to date care in line with good practice and current guidance. For example, a staff member told us someone they supported had a urinary tract infection. Senior staff supported them to access the relevant NICE guidance and put this guidance into practice.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were well trained. One person said, "They are smashing, so good. They really know what they are doing." External care professionals shared this view. One told us, "The level of competency of the teams is clear in their work and knowledge. They are well trained and always open to learning from others."
- Staff were competent, knowledgeable and enthusiastic about working at the service. They had been trained to support people with a diverse range of needs.
- New staff received comprehensive training and induction into their roles. One staff member told us, "I was bombarded with [training] when I first started." The induction programme incorporated the Care Certificate. This is a nationally recognised training programme for staff working in health care.
- The registered manager understood the importance of continuously developing staff members' skills and sharing best practice. Staff told us their managers supported them to access additional training relevant to their roles. One staff member told us they had completed training to increase their awareness of people's needs in relation to learning disability and alcohol dependency. They said, "Before [the training] I wouldn't have recognised [signs] or picked up on it. I've been a lot more understanding to different people in different ways. [The training] keep you sharp."

- Staff felt very well supported, both formally through supervision sessions and annual appraisal, and more informally, by the management team. One staff member described the support they received from managers as "absolutely phenomenal." They said, "I've never had such support. ... It's a very strong team." Another staff member described how they become anxious before supervision meetings, that their manager understood this and took the time to contact them to reassure them before the meeting. They said, "[My manager] has been really good...it is really nice to know that they have listened to me and acted on it."

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

- Staff supported people to have enough to eat and drink, and to maintain a healthy diet. One person told us how staff always made sure they had plenty of fluids in reach before they left. A relative told us that staff supported their family member to make their own meals, as their goal was to do this independently.
- Staff were aware where people had dietary needs, and these were reflected in people's care plans.

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

- Staff shared information with each other and external professionals, such as GPs, occupational therapists, and care managers. An external care professional told us people really benefitted from the way staff "draws on the support of other services such as occupational therapy, technology enabled care, welfare benefit advice and so on."
- The provider had recently recruited occupational therapists. This meant people's needs were assessed more quickly than previously and improved people's outcomes.
- Staff followed external care professional's advice. This helped to ensure that people received effective care that maintained their health and wellbeing.

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 with appropriate legal authority. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager told us that no-one using the service was deprived of their liberty.
- Staff knew how the MCA and DoLS applied to their work.
- People told us that staff always obtained their consent before providing care. One person said, "they always ask me first and tell me what we are doing next."
- Where people lacked the mental capacity to make certain decisions, staff supported people in the least restrictive way, to be involved in decision making, and to express their choices.



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 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 and relatives made very positive comments about the staff and the service they received. People described staff as, "kind", "wonderful", and "excellent." One person said, "I cannot praise them enough." This was typical of the comments we received. Staff had received numerous compliments about the service and staff member's caring nature. They used words such as 'wonderful', 'fantastic', 'invaluable', 'professional' to describe staff and the service they received.
- External care professionals also praised staff. One told us they felt staff always went 'the extra mile'. They said, 'I have heard [staff] say 'It's what we do and it's our job'. My view is that it is how they do it which is so positive and the kindness they show in how they provide the service.' Staff and external care professionals told us they would be happy with their family member's receiving care from this service. One professional said, "I would not hesitate to have the Reablement Team support my mother if she needed it."

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

- People and relatives told us they were fully involved in the planning of their care and support, and in setting goals towards regaining their independence. They said staff respected the decisions they made about their care.
- Staff said they had plenty of time to read people's care plans and were rostered enough time to travel between calls and spend with people. One staff member told us, "It is so different to other agencies, [managers] really make sure that we have the time to read [records] and know what we are going in to."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity. One person told us, "[Staff] are very good, very respectful." Staff described how they respected people's dignity. For example, putting a towel across a person's lap when they were supporting them to wash.
- Staff recognised that people needed to feel in control of their lives and were skilled in, and passionate about, supporting people to regain their independence. One staff member told us, "I like that we help

people keep their independence. I like the positivity, helping them get better. I love seeing improvements." People described the positive effect of the service on them. One person told us that prior to using the service, they had been in hospital for a fortnight and hadn't walked during that period. They said, "When I first came [home], to have them with me was such a blessing. Now I am getting stronger I can do more for myself. They have been very good."

- Staff stored all records in the office securely.



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 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 and relatives told us staff supported people in a way that met their individual needs and preferences and helped people to regain their independence. One person complimented the service and wrote, 'You take people for whom life has changed so much and help them feel able to cope again. What you do for people is amazing and life-changing.'
- External care professionals had a high level of confidence in, and made positive comments about, the service provided. One care professional told us, 'The staff are forward-thinking, person-centred, and creative in their solutions and totally dedicated to achieving the goals of the person they're supporting.'
- Staff involved people in their assessments and the development of their care plans. These contained clear goals and guidance for staff. People usually received the service for around six weeks. Therefore, care records did not contain very detailed information about each person. However, people told us, and staff demonstrated, that they were skilled at building relationships quickly with people and sharing relevant information across the team. This ensured staff effectively met people's needs.
- Staff reviewed people's goals and care plans regularly. People told us their care plans were accurate and that they were happy with the content.
- Staff were very flexible and able to respond very quickly to requests for support. One person told us they had been discharged from hospital and were unable to wash for a few days. They explained their GP had put them in touch with the service and staff responded quickly. They helped the person to wash and then put a care plan in place to help the person work towards doing this independently.

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

- Staff supported people to maintain relationships and access the community. One person told us how staff arranged their call times to help them get ready, so they could meet up with friends. A relative told us that staff understood they were very involved in their family members care and prompted this relationship by involving them in decisions.
- Staff supported people to regain interests. For example, a support worker told us they read in the person's

care plan that they were in the navy and spoke with them about this. They said, "[The person] really loved me talking about this and got all of [their] photos out. It lifted [the person's] spirits. It's so important to give people the opportunity to share their history. And it's nice for us as well."

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 registered manager provided information in other formats where this supported people to understand it. This included providing information in easy-read format, for example, pictorial guidance on skin integrity. The registered manager told us they could access a translation service to communicate with people who did not speak or understand English.

Improving care quality in response to complaints or concerns

- People knew how to complain and had confidence they would be listened to. People and relatives said they were very satisfied with the care and support they received and had no reason to complain. One person told us, "I would contact the office, but I can honestly say [the staff] are all smashing. All of them."
- Systems were in place to deal with any concerns or complaints. The registered manager had not received any complaints about the service in the last 12 months.

End of life care and support

- Staff had access to basic training in end of life care.
- Staff were not supporting anyone with end of life care at the time of our inspection. The registered manager told us the service did not provide specialist end of life care. They told us that if a person required end of life care they would do this with support from external health professionals, such as specialist nurses, following any guidance they put in place. This helped to ensure staff understood people's wishes and the care they needed and how to provide this.



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 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.

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

- Senior staff carried audits including care and medication records. They took action where improvement was needed. However, they had failed to identify that staff were not following the provider's medicines policy. Following our inspection, the registered manager told us they were acting to address this.
- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.
- Staff were clear about their roles and knew when and how to raise any concerns. Staff were held to account for their performance when required.
- External professionals praised the registered manager. One professional told us the service had a 'very strong manager with good experience and knowledge.'

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 registered manager and staff were passionate about providing people with a high quality, personalised service. This was evident throughout our inspection and from the positive feedback we received.
- Staff felt valued and well supported by the registered manager and senior team. An external professional said, 'The staff are all very hard working and committed to supporting people.'
- Communication with people, their relatives, and professionals was open and transparent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People and their relatives were given opportunities to comment on the service provided regularly. This included formal face to face and telephone reviews, surveys and informal feedback. The provider's survey

feedback was overwhelmingly positive about the staff and the service people received. Everyone who responded said they would recommend the service.

- Staff worked well together and demonstrated the values and vision of the service.
- Staff attended regular staff meetings where they had opportunities to discuss their views on the service provided. They also attended one to one formal supervision as well as meeting with senior staff regularly.
- The registered manager used information gathered from audits, surveys and feedback to develop the service and make improvements. The registered manager and staff were committed to learning and to improving outcomes for people using the service. One professional told us the registered manager was, 'Committed to improving the knowledge and skills of her colleagues to better deliver person-centred outcomes, and to support people to live happier and healthier lives in the way they choose.'
- Staff worked in partnership with a range of professionals to ensure that people received joined up care. External professionals made very positive comments about the registered manager and staff and the service they provided. An external professional said the registered manager was, 'forward- thinking, flexible, responsive and great to work with.'